

STATEMENT OF FINANCIAL INTERESTS¹
FOR THE END OF CALENDAR YEAR 2023

Instructions:

Please read the following instructions before completing your Statement of Financial Interests (SOFI).

- a. In your answers, PLEASE DO NOT DISCLOSE ANY DOLLAR VALUES, AMOUNTS, OR BALANCES.
- b. In your answers, every item is applicable for the purpose of this statement. If you have nothing to report or your response is below the financial threshold dollar amount in the particular item, please enter "**None**". Please do not use N/A or "Not applicable" as a response.
- c. If married, you must provide the name of your spouse, and answer each item concerning your spouse, as requested.
- d. Please list the name of the Board/Commission/SPGE to which you were appointed, your Boyle County employment Title/Position, your elected position as a Boyle County Government official, or the Boyle County elected Government office that you are seeking:

- e. Answers must accurately provide information as of December 31 of the reporting year 2023.
- f. For any answer requiring more space than is provided on this form, please attach additional sheets to this statement identifying the section number and name of the additional information.
- g. Please be sure to include your signature as the person completing this form. Please note: the current ordinance requires a notary public, commissioned in Kentucky, when signing the form. This is a safety precaution for the filer as these forms are subject to Open Records.

FILER'S NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____

Filer:

Spouse:

TELEPHONE #: _____

TELEPHONE #: _____

EMAIL: _____

EMAIL: _____

EMPLOYER & POSITION:

EMPLOYER & POSITION:

BUSINESS ADDRESS:

BUSINESS ADDRESS:

¹ Per KRS Chapter 65 and Boyle County Ordinance 280.3, (establishing a code of ethics for county officials and employees of Boyle County, KY, the Cities of Junction City and Perryville) AND Section 21 (Contents of Statement of Financial Interests)

- I. **CREDITORS:** Please list the name and address of any creditor (not including family members) owed ten thousand dollars (\$10,000) or more by the Filer or Spouse or Joint, as of December 31 of the reporting year, **except debts arising from the purchase of a primary residence or the purchase of consumer goods which are bought or used primarily for personal, family or household purposes (credit card debt) or auto loans.**

CREDITOR NAME: _____ CREDITOR NAME: _____

ADDRESS: _____ ADDRESS: _____

- II. **OFFICES/DIRECTORSHIPS:** Please list any offices/directorships held by the filer or filer's spouse/immediate family in any companies (including non-profit organizations) as of December 31 of the reporting year.

Filer:

Spouse/Immediate Family:

- III. **BUSINESS INTERESTS:** Please list the name and address of any business organization located within the state of Kentucky in which the filer or spouse at any time during the preceding calendar year had a financial interest of ten thousand dollars (\$10,000) at fair market value or ten percent (10%) ownership interest or greater. Also list any business organization located outside the state of Kentucky fitting the same criteria **IF** the business has engaged in any business transactions with the county during the past three (3) years or anticipates engaging in any business transactions with the county.

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

- IV. **REAL PROPERTY:** Please list the designation of any real property as **Commercial, Residential, or Rural (Farm)**, other than a primary residence, and the location within the county, in which the filer and/or spouse had an interest of twenty thousand dollars (\$20,000) or greater during the preceding calendar year.

DESIGNATION: _____ DESIGNATION: _____

ADDRESS: _____ ADDRESS: _____

DESIGNATION: _____ DESIGNATION: _____

ADDRESS: _____ ADDRESS: _____

- V. **SOURCES OF INCOME*:** Please list any source (who issued payment) of income for the filer and spouse exceeding ten thousand dollars (\$10,000) as of December 31 of the reporting year, and the type of the income (examples include salary or wages, commissions, dividends, interest, income from professional practices, retirement distributions, rental income, and any other sources of income meeting the criteria). **Do not** include any payments, benefits, income, or other monies received from Social Security (i.e. the Social Security Administration) as well as SSI benefits and payments.

FILER:

SOURCE OF INCOME:

TYPE:

SPOUSE:

SOURCE OF INCOME:

TYPE:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Please note: This section does not require the Filer or Spouse to disclose dollar amounts, names of clients, or customers of businesses listed as sources of income.**

- VI. **BANKRUPTCY DISCLOSURE:** Please list all Bankruptcies that have been filed with any

U.S. Bankruptcy Court within the past ten (10) years (use date of filing) that sought relief under Chapter 7, Chapter 11, Chapter 12, or Chapter 13 of the U.S. Bankruptcy Code for the benefit of the filer and /or their spouse. Please list which chapter(s) under which you and/or your spouse or your business filed:

FILER:

SPOUSE:

_____	_____
_____	_____

VII. CONFLICTS OF INTEREST: This Statement of Financial Interests serves as an annual and end-of-year snapshot of specific financial and other requested items for required disclosure. This can serve to alert the individual of any inherent potential or actual conflicts of interest that may initially or unknowingly exist or may arise in the course of their work or in their campaign for elected office.

During the calendar year, unforeseen Conflicts of Interest may arise in various transactions or matters including but not limited to policy making, administration, budgeting, employment practices, appropriations, regulation, enforcement, procurement, or other county government business. These may involve interests not sought nor disclosed in this annual SOFI statement. Such matters, when recognized or suspected as problematic, require disclosure at the time the transaction or matter at issue is being raised and considered for current or future action on behalf of county government.

Unless provided for otherwise in Ordinance 280.3, compliance with this ordinance requires disclosure of all actual or potential Conflicts of Interest, as they arise and are recognized during the calendar year. Such disclosure is to be promptly reported by the individual to their supervisor or board chairperson for proper resolution prior to the individual participating in and addressing the specific matter or item at issue.

In the case of individuals seeking elected office, such disclosure should be promptly made directly to the Boyle County Ethics Commission at the email address provided herein.

VIII. ACKNOWLEDGEMENTS AND AFFIRMATION:

- a. By signing this SOFI, the Filer acknowledges his/her continuous responsibility to promptly report actual or potential conflicts as they arise during the year. Failure to comply with this requirement could result in a finding of noncompliance with the ethics code and liability for potential penalties.
- b. Any person who intentionally files a SOFI which he or she knows to contain false OR

misleading information or that intentionally omits required information shall be guilty of a Class A misdemeanor.

- c. The undersigned further certifies that he/she has not used their position, power, or influence to affect the course of governmental decisions for personal profit or gain.

By signing this Statement of Financial Interests, you are affirming that neither you nor your spouse has any undisclosed interest (direct or substantial indirect) whether financial, legal, beneficial, tangible or intangible or otherwise, in any person, company, partnership or other entity doing business with or contracting with any county governmental agency or any subdivision thereof located within Boyle County. If the foregoing is not an accurate statement, please attach a sheet outlining the areas of actual or possible conflict.

By signing this Statement of Financial Interests, I am swearing or affirming that the foregoing information included in this statement is true and accurate to the best of my knowledge and belief.

FILER

DATE

COMMONWEALTH OF KENTUCKY
COUNTY OF BOYLE

Subscribed and sworn before me by _____

This _____ of _____.

My commission expires: _____

NOTARY PUBLIC, STATE AT LARGE

Please return the completed form to:
Boyle County Ethics Commission
Boyle County Courthouse, Room 111
321 W. Main Street | Danville, KY. 40422

If you have any questions regarding the conflicts of interest, please direct them to the Boyle County Ethics Commission at ethics@boylecountyky.gov.