



Form No. OEC-2016

OHIO ETHICS COMMISSION

FINANCIAL DISCLOSURE STATEMENT

16

This statement is to be filed in **2017**Financial information for calendar year **2016**

Please type or print clearly. See instructions for assistance with this page.

SECTION A. PERSONAL CONTACT INFORMATION

Last Name

Anderson

First Name

David

MI

W

SECTION B. STATUS (Check all that apply)

- ☐ Candidate
☐ Write-in Candidate
☒ Elected to an office
☐ Appointed to an unexpired term in elective office
☐ Public Official
☐ Public Employee
☐ Voluntary Filer / Other

CANDIDATES: Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year
		2017

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FILED

Online

3/12/2017

8:36 PM

Confirm #: 2003170636122

SECTION C. PUBLIC POSITION, OFFICE, OR JOB

Position/Title (Example: council member, sheriff, board member, or job title)

Member of Council, Ward One, Lakewood, Ohio

- ☐ Seeking
☒ Hold
☐ Held

Public Entity you serve in 2017, served in 2016, or will serve if elected

Lakewood

Public Salary:

- ☐ Uncompensated
☐ Less than \$16,000
☒ \$16,000 or more

Start Date:

Month	Day	Year
0	1	0 1 2 0 1 6

End Date:

Month	Day	Year
1	2	3 1 2 0 1 9

SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB

Position/Title (Example: council member, sheriff, board member, or job title)

- ☐ Seeking
☐ Hold
☐ Held

Public Entity you serve in 2017, served in 2016, or will serve if elected

Public Salary:

- ☐ Uncompensated
☐ Less than \$16,000
☐ \$16,000 or more

Start Date:

Month	Day	Year

End Date:

Month	Day	Year

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- ☐ Walk-in
☐ Inter Office
☐ No Check
Rev'd by:

- ☒ Filer has answered every required question.
☐ Filer has not answered these questions:

Date incomplete form
returned to filer: _____
Date completed form
returned to OEC: _____

1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 4)

☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount* (if required)
A City of Lakewood	Member of Council	\$14,000.00
B FrontLine Service	Assessment Specialist, LPC	
C		
D		
E		
* Check instructions to see whether you are required to disclose amounts of income.		

2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 5)

☒ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:☐ There are no immediate family members whose names I am required to list.

(For help, see instructions page 5)

Spouse Residing in Household	Dependent Children
 Anderson	 Anderson
Dependent Children	 Anderson
 Anderson	
 Anderson	

4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

☒ There are no business names that I am required to list.

Business Name	Business Name
A	C
B	D

5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6)

☐ I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A  Lakewood, Ohio
B  Lakewood, Ohio
C  Lakewood, Ohio
You are not required to disclose your personal residence or real property held primarily for personal recreation.

6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6)

☐ I have no creditors that I am required to list.

Creditor	Creditor
A Roundpoint Mortgage	D
B Royal United Mortgage	E
C	F

7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6)

☒ I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6 and 7)

☐ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A American Funds	IRA
B Charter One Bank	Money Market Account
C	
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.	

9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 8)

☒ I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A	
B	

SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FILE AS A:

- College or university trustee
- Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ABOVE MUST ANSWER THIS QUESTION:☒ I have no sources of meals, food, or beverages that I am required to list.

(For help, see instructions page 8)

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D

11. TRAVEL EXPENSES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ON PAGE 3 MUST ANSWER THIS QUESTION:

☒ I have no sources of travel expenses that I am required to list.

(For help, see instructions page 9)

Source of Travel Expenses	Amount
A	
B	
C	
D	
E	
F	

12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to question 13.

☐ I have no information that I am required to list.

(For help, see instructions page 9)

Non-Disputed Information
A
B

13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:

(For help, see instructions page 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2016, I served in, or in 2017, I am serving in or a candidate for, the position indicated on page 1 of this statement.

If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. **Any person who fails to file a complete statement by the appropriate filing deadline will be assessed a late filing fee and may be subject to criminal penalty.**

Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215

My filing fee is:

(For help, see instructions page 2)

- ☐ Enclosed (check or money order payable to "Ohio Ethics Commission")
- ☒ Submitted Online
- ☐ Included in my attorney registration fees (Judges, Magistrates, and Judicial Candidates Only)
- ☐ My public agency is required or has agreed to pay my filing fee.

YOUR SIGNATURE IS REQUIRED HERE:

David W. Anderson

Date: 3/12/2017 8:36 PM

Confirmation Number: 2003170636122