



Form No. OEC-2013
OHIO ETHICS COMMISSION
FINANCIAL DISCLOSURE STATEMENT

13

This statement is to be filed in **2014**
 Financial information for calendar year **2013**

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

SECTION A. PERSONAL CONTACT INFORMATION

Last Name: First Name: MI:

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

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

Month	Day	Year
		2014

FOR OFFICIAL USE ONLY

FILED

Online

4/14/2014

3:39 PM

Confirm #: 1504140839148

SECTION C. PUBLIC POSITION, OFFICE, OR JOB

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

Public Entity you serve in 2014, served in 2013, or will serve if elected:

Public Salary: Uncompensated Less than \$16,000 \$16,000 or more

Start Date:

Month	Day	Year
1	03	12

 End Date:

Month	Day	Year
06	03	2014

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 2014, served in 2013, 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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<input type="checkbox"/> Walk-in <input type="checkbox"/> Inter Office <input type="checkbox"/> No Check Rev'd by: _____	<input checked="" type="checkbox"/> Filer has answered every required question. <input type="checkbox"/> Filer has not answered these questions: _____	Date incomplete form returned to filer: _____ Date completed form returned to OEC: _____
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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
A The Ohio State University	AVP, Human Resources	
B Verity Credit Union	Interest on Savings/Checking Account	
C US Bank	Interest on Savings/Checking Account	
D Ohio Civil Rights Commission	Commissioner	
E		
F		

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 See Attachment	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)

Husband/Wife Residing in Household	Dependent Children
Alexander R. Fischer	
Dependent Children	
Ethan Fischer	
Anna Fischer	

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 1475 W. Third Avenue, Unit 403, Columbus, OH
B 5415 West North Shore Landing, Buckeye Lake, OH
C
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 American Express	D
B Chase Visa	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 See Attachment	
B	
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 7)

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 Greater Columbus Arts Council	BOARD MEMBER
B	

SKIP QUESTIONS 10 AND 11 IF YOU ARE 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 - SKIP THIS QUESTION IF LISTED IN BOX ABOVE:

(For help, see instructions page 8)

I have no sources of meals, food, or beverages that I am required to list.

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

11. TRAVEL EXPENSES - SKIP THIS QUESTION IF LISTED IN BOX ON PAGE 3:

(For help, see instructions page 8)

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

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 9 and 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 2013, I served in, or in 2014, 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
- My public agency is required or has agreed to pay my filing fee.

YOUR SIGNATURE IS REQUIRED HERE: Lori Barreras

Date: 4/14/2014 3:39 PM

Confirmation Number: 1504140839148

Rev'd 12.30.13

