

202100701

Last First Middle

Home Address: [REDACTED]

Street City State County Zip

Department/Job Title: GCWW/Deputy Director

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- Although you are required to list each source of income, you are not required to disclose any dollar amounts. If you received income from a business or profession, name only the source of income, such as the name of the business and not individual accounts, clients, or customers for the business or profession. Attorneys, doctors and psychologists **should not** list their clients or patients. For each source of income listed, give a brief description of the nature of the income (e.g. investment, law practice).

Source:

Source: _____

Source: _____

5. List the name of each corporation incorporated or authorized to do business in Cincinnati, Ohio and each business trust, partnership, or association transacting business in Cincinnati, Ohio in which you, your spouse, or any dependent family member had an interest of more than 5% during the preceding calendar year, or in which you, your spouse, or dependent family member holds an office or has a fiduciary relationship (regardless of monetary investment). This section does not require disclosure of information concerning deposits or withdrawable share accounts in banks, savings and loans, credit unions, or other similar financial institutions.

6. List all interest in real estate located in Cincinnati, Ohio to which you hold legal title or in which, your spouse, or any dependent family member has any beneficial interest other than your personal primary residence. List by address or other description and include the nature of the interest held.

ATTESTATION

I acknowledge that I have a continuing duty to supplement the information provided herein as any material changes may occur, and that I am under an obligation to advise my superior(s) or areas where the potential for conflict of interest may arise in the performance of my responsibilities.

I further acknowledge that a false filing of this statement may be grounds for removal from my office or dismissal from my employment.

I swear or affirm that this statement and any attachments thereto, have been prepared or carefully reviewed by me and constitute a complete, truthful, and correct disclosure of all information required therein.

Signature: _____

Verna J. Arnette

1/25/21

Date