



Name: MORTON	MONICA	MARIE
Last	First	Middle
Home Address:		
Street	City State	County Zip
Department/Job Title: FIN	ANCE/ASST FINANCE DIRECT	OR
1. List the names of mem	nbers of your immediate family including your	r spouse and any dependent
children.		
	UNI (FISHER) (2-200)	
2 1:4 11		
List all name under wh     NA	nich you or members of your immediate famil	y do business.
137.		
<ol><li>List the names of any employee.</li></ol>	person or organizations, other than the City,	for whom you do work as ar
NA		
	which your spouse or any dependent child re vious calendar year, with the exception of yo	
	eportable for Ohio and/or federal income tax	the Company of the Company of the Company of
whether such income	is derived from outside employment, busines	s operations, or investment.
	uired to list each source of income, you are	
Control of the Contro	received income from a business or profess ame of the business and not individual accou	the same of the sa
	ssion. Attorneys, doctors and psychologists s	
	irce of income listed, give a brief description	of the nature of the income
patients. For each sou (e.g. investment, law page) Source: NA		

	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 is 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 a office or has a fiduciary relationship (regardless or monetary investment). This section does not require disclosure or information concerning deposits or withdrawable share accounts in bank savings and loans, credit unions, or other similar financial institutions.  NA
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 you personal primary residence. List by address or other description and include the nature of the interest held.
	NA
ATTE	STATION
I ackn mater	owledge that I have a continuing duty to supplement the information provided herein as ar ial changes may occur, and that I am under an obligation to advise my superior(s) or areas when the otential for conflict of interest may arise in the performance of my responsibilities.
	er acknowledge that a false filing of this statement may be grounds for removal from my office of sall from my employment.
l swea	ar or affirm that this statement and any attachments thereto, have been prepared or careful yed by me and constitute a complete, truthful, and correct disclosure of all information require

2-16-2021