



Name:	Brazina	John		Seth
	Last	First		Middle
Home	Address:			
Denari	Street Trans	city sportation and Engineer	State County	Zip
Depart	inent/Job Title.			
1.	List the names of memb children.	ers of your immediate family incl	uding your spouse	and any dependent
2.	List all name under which	ch you or members of your imme	diate family do bus	iness.
3.	List the names of any pe employee.	erson or organizations, other tha	n the City, for who	m you do work as an
4.	\$5,000 during the previous of income which are rep	which your spouse or any depend ous calendar year, with the exce portable for Ohio and/or federal i derived from outside employme	otion of your City on ncome tax purpose	employment. Sources es should be included
	dollar amounts. If you r income, such as the nar the business or professi	red to list each source of incom- eceived income from a business me of the business and not indivi ion. Attorneys, doctors and psyc ce of income listed, give a brief of actice).	or profession, nan dual accounts, clie hologists should n	ne only the source of nts, or customers for ot list their clients or
	Source:		8 P	

Source:
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 or monetary investment). This section does not require disclosure or information concerning deposits or withdrawable share accounts in banks, savings and loans, credit unions, or other similar financial institutions.
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

-34.1mg/2

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: John S Brazina

1/26/21