

FILED
APR 14 2011 ✓



OHIO ETHICS COMMISSION

FINANCIAL DISCLOSURE STATEMENT

Please type or print clearly in blue or black ink.

This statement is to be filed in **2011**

For the calendar year of **2010**

I. PERSONAL CONTACT INFORMATION: All filers should provide the following information. Please check the box next to your preferred mailing address.

Name (Last) MADIGAN	First MARY LOUISE	Middle T		For office use only: <input type="checkbox"/> nc <input type="checkbox"/> wi <input type="checkbox"/> io
<input type="checkbox"/> Home Address 12900 LAKE AVE #127	City LAKEWOOD	State OH	Zip 44107	
County CUYAHOGA	Home Telephone Number (216) 228 9578			
Current Employer Name CUYAHOGA COUNTY HEALTH & HUMAN SERVICES	E-mail address: mlmadigan@hotmail.com			
<input type="checkbox"/> Employer Street Address 1219 ONTARIO ST.	City CLEVELAND	State OH	Zip 44113	
County CUYAHOGA	Employer Telephone Number (216) 698 2921			

II. PUBLIC SERVICE ---All filers should complete the relevant portions of this section.

A. PUBLIC AGENCY OR POLITICAL SUBDIVISION: I am filing this statement because I served in 2010 or 2011 with, or am a candidate to serve with:

Name of Public Agency or Political Subdivision:
LAKEWOOD

B. ELECTED OFFICIALS AND CANDIDATES (including appointees to elected office and candidates):

Office	Salary	Candidate in 2011						
Title of the office in which I serve, or served, or for which I am a candidate: CITY COUNCIL REPRESENTATIVE	<input checked="" type="checkbox"/> Less than \$16,000 <input type="checkbox"/> \$16,000 or more	Yes <input checked="" type="checkbox"/> Date of first election (primary, special, or general) at which your candidacy will be voted on: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15%;">Month</td> <td style="width: 15%;">Day</td> <td style="width: 15%;">Year</td> </tr> <tr> <td style="text-align: center;">09</td> <td style="text-align: center;">13</td> <td style="text-align: center;">2011</td> </tr> </table>	Month	Day	Year	09	13	2011
Month	Day	Year						
09	13	2011						
<input type="checkbox"/> I was appointed to an unexpired term.								

C. EMPLOYEES AND APPOINTEES—My public position is or was:

<input type="checkbox"/> Department Director (or equivalent rank) <input type="checkbox"/> Department Assistant Director (or equivalent rank) <input type="checkbox"/> Department Deputy Director (or equivalent rank) <input type="checkbox"/> Department Division Chief (or equivalent rank) <input type="checkbox"/> Schedule "E-2" or "C" employee (State) <input type="checkbox"/> School Superintendent, Treasurer, Business Manager <input type="checkbox"/> Sanitary District Board Member	<input type="checkbox"/> Board, Commission, or Retirement System Member <input type="checkbox"/> Executive Director or Chief Executive Officer <input type="checkbox"/> College or University Trustee <input type="checkbox"/> College or University President <input type="checkbox"/> Retired Judge Sitting By Assignment <input type="checkbox"/> Court Magistrate <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other—Title:
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D. DATES OF PUBLIC SERVICE (Candidates do not complete unless already serving in a public position):

Start Date: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td style="text-align: center;">01</td><td style="text-align: center;">01</td><td style="text-align: center;">2008</td></tr> </table>	Month	Day	Year	01	01	2008	End Date (if applicable): <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td style="text-align: center;">12</td><td style="text-align: center;">31</td><td style="text-align: center;">2011</td></tr> </table>	Month	Day	Year	12	31	2011
Month	Day	Year											
01	01	2008											
Month	Day	Year											
12	31	2011											

E. MULTIPLE FILING POSITIONS: Complete if you are required to file a financial disclosure statement for any other public position.

Public Position:	Start Date:
Public Agency:	End Date:

If you need help completing this form, contact the Ohio Ethics Commission at 614-466-7090.
 If you are a judicial employee and need help completing this form,
 contact the Board of Commissioners on Grievances and Discipline at 888-664-8345 or 614-387-9370.

GENERAL INFORMATION

AM I REQUIRED TO FILE THIS FORM?

Yes, if you served at any time in 2010 or 2011, or are a candidate in 2011, for any of these positions:

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ELECTED OFFICES:

- Governor
- Lieutenant Governor
- Attorney General
- Auditor
- Secretary of State
- Treasurer
- Justice—Supreme Court of Ohio
- Member, State Board of Education (elected or appointed)

APPOINTEES AND EMPLOYEES:

- Department Director, Assistant Director, Deputy Director, Division Chief (or person of Equivalent Rank)
- Member or Chief Executive Officer—State Board or Commission (see list at www.ethics.ohio.gov)
- Member or Chief Executive Officer—Five state retirement systems
- Member or designated employee—Ohio Retirement Study Council
- State Employee paid under Schedule “E-2” or “C”
- Administrator, Director of Investments, and CIO—BWC
- Member—Ohio Workers’ Compensation Board of Trustees
- Member or President—Public College or University Board of Trustees

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- County Elected Office
- City Elected Office
- Judge
- Member—School District Board of Education or Educational Service Center (ESC) governing board with a total student count of 12,000 or more (see list at ethics.ohio.gov)

- Superintendent—School District or ESC
- Treasurer—School District or ESC
- Business Manager—School District or ESC
- Member—Municipal School District Board of Education (Cleveland Metropolitan School District)
- Magistrate

CANDIDATES: This is a personal Financial Disclosure Statement (FDS) that must be filed with the Ohio Ethics Commission *before* the election. Judicial candidates must file with the Board of Commissioners on Grievances and Discipline. You must file **regardless** of whether you spend money on your campaign. *This form is not the same as the campaign finance report listing campaign contributions and expenditures that is filed with the Secretary of State or County Board of Elections.*

WHY MUST I FILE?

- Filing is required by law – R.C. 102.02.
- Filing is part of the responsibility of choosing to hold or compete for public office or employment.
- Disclosure assists public servants to identify potential conflicts of interest.
- Disclosure allows citizens to become aware of potential conflicts of interest and increases confidence in government integrity and openness.
- Disclosure is required by law; however, a filer may be prohibited from accepting a particular item or thing of value whether or not the source or item is to be disclosed as required.

HOW OFTEN MUST I FILE? WHAT TIME PERIOD IS COVERED BY THIS STATEMENT?

- Financial disclosure is an annual requirement.
- No person is required to file more than one Financial Disclosure Statement for any one calendar year.
- Each FDS contains a complete calendar year of financial information.
Example: A candidate in 2011 is required to file a statement for 2010—the last year with a complete calendar year of financial information—even though he or she was not a candidate in 2010.
- A person who leaves a filing position must file a statement in the year after leaving the position and to disclose financial information for his or her last year of public service.
Example: A state employee who retires in June 2010 must file a statement in 2011 disclosing financial information for the complete 2010 calendar year.

IS THIS STATEMENT A PUBLIC RECORD?

- Yes, the statements filed by most public officials and employees are public records, except:
 - o For those required to file a confidential statement, please remember that portions of the statement that reflect the potential for conflict of interest are public records.
- For your own security, **please do not disclose** the following with your financial disclosure statement:
 - o Social Security Number;
 - o Credit card, bank account, or other financial account numbers; or
 - o IRS or other records (including tax returns and investment statements) unless you block this information.

WHAT IS MY FILING DEADLINE?

<u>Candidate in 2011</u>	Thirty (30) days before the <i>earliest</i> primary, special, or general election where your name will appear on the ballot. For example:	
(A person becomes a candidate when his or her name has been certified to the ballot)	<u>First Election</u>	<u>Deadline</u>
	May 3 Primary	Monday, April 4, 2011
	November 8 General	Tuesday, October 11, 2011
<u>Write-in Candidate in 2011</u>	Twenty (20) days before the <i>earliest</i> primary, special, or general election in which you are a candidate. For example:	
	<u>First Election</u>	<u>Deadline</u>
	May 3 Primary	Wednesday, April 13, 2011
	November 8 General	Wednesday, October 19, 2011
Appointee to a vacancy for an unexpired term of elected office in 2011	Within fifteen (15) days after qualifying for office. A person qualifies for office when he or she is sworn in to the office.	
Any other person appointed, promoted, or employed to a filing position during 2011	<u>Employment, Promotion, or Appointment</u>	<u>Deadline</u>
	Before February 15, 2011	Friday, April 15, 2011
	After February 15, 2011	Within ninety (90) days of job action
<u>ALL OTHERS</u>	FRIDAY, APRIL 15, 2011	

The Ohio Ethics Commission must receive the statement, or the statement must have a U.S. postmark or date from a commercial delivery service, by the deadline. Faxed statements cannot be accepted.

WHAT ARE THE FILING FEES?

- Filing fees are based on the public position for which the individual is filing.
- Filing fees are listed in question 1 on page 4.

WHAT ARE THE PENALTIES?

- There are penalties if you do not file your complete, factual statement by the applicable deadline.
- The late filing fee: \$10 for each day the statement is late (\$250 maximum late filing fee).
- Any person who fails to file a statement or who files a false statement may be subject to prosecution.

WHERE DO I SEND MY COMPLETED STATEMENT AND/OR GET HELP?

Most public officials and employees, including most candidates and appointees:

OHIO ETHICS COMMISSION
 William Green Building
 30 West Spring Street, L3
 Columbus, Ohio 43215-2256
 (614) 466-7090
www.ethics.ohio.gov

Judge, magistrates, and candidates for and appointees to judicial offices:

SUPREME COURT OF OHIO
 Board of Commissioners
 on Grievances and Discipline
 65 South Front Street, 5th Floor
 Columbus, Ohio 43215
 (888) 664-8345 or (614) 387-9370
www.supremecourt.ohio.gov/BOARDS/BOC

FREQUENTLY ASKED QUESTIONS:

www.ethics.ohio.gov/FDS_faq.html

Answer every required question. If any required question is unanswered, the statement is incomplete under the law and will be returned. If you have nothing to list, check the box indicating that you have nothing to list. You may be required to list the same information under more than one question. If you need more space to fully answer any question, attach additional sheets, with your name and the applicable question number(s) on each sheet.

1. PUBLIC POSITION: Please check the box next to the position for which you are filing. Answer **only** the questions listed for that position.

I served in 2010 or 2011 in, am a candidate in 2011 for, or have been appointed in 2011 to, this position:	FILING FEE
<input type="checkbox"/> State Elected Officer, Candidate, or Appointee (Skip questions 2 and 3; answer questions 4 through 15)	\$65.00
<input type="checkbox"/> State Board of Education, Member, Candidate, or Appointee (Skip questions 2 and 3; answer questions 4 through 15)	\$25.00
<input type="checkbox"/> State Employee (Skip questions 2 and 3; answer questions 4 through 15)	\$40.00*
<input type="checkbox"/> State Board or Commission, Compensated Member or Employee (Skip questions 2 and 3; answer questions 4 through 15)	\$40.00*
<input type="checkbox"/> State Board or Commission, Uncompensated Member (Skip questions 2 and 3; answer questions 4 through 15 and Statement of Interest)	\$40.00*
<input type="checkbox"/> Ohio Livestock Care Standards Board, Member (Skip questions 2 and 3; answer questions 4 through 15 and Statement of Interest)	\$25.00
<input type="checkbox"/> College or University Board of Trustees, Member (Answer questions 2 through 9 and 15 and Statement of Interest; skip questions 10 through 14)	\$40.00*
<input type="checkbox"/> College or University President (Skip questions 2 and 3; answer questions 4 through 13 and 15)	\$40.00*
<input type="checkbox"/> County Elected Officer, Candidate, or Appointee (Skip questions 2 and 3; answer questions 4 through 13 and 15)	\$40.00
<input type="checkbox"/> City Elected Officer, Candidate, or Appointee (salary \$16,000/year or more) (Skip questions 2 and 3; answer questions 4 through 13 and 15)	\$25.00
<input checked="" type="checkbox"/> City Elected Officer, Candidate, or Appointee (salary less than \$16,000/year) (Answer questions 2 through 9 and 15; skip questions 10 through 14)	\$25.00
<input type="checkbox"/> School Board or ESC Governing Board, Member (Answer questions 2 through 9 and 15; skip questions 10 through 14)	\$20.00
<input type="checkbox"/> School District or ESC Superintendent, Treasurer, or Business Manager (Skip questions 2 and 3; answer questions 4 through 13 and 15 and Statement of Interest)	\$20.00
<input type="checkbox"/> Judicial Officer (including magistrates) or Judicial Candidate (Skip questions 2 and 3; answer questions 4 through 13 and 15)	No fee**
<input type="checkbox"/> Board of Directors of Sanitary District, Member (Answer questions 2 through 9 and 15; skip questions 10 through 14)	\$40.00
<input type="checkbox"/> Other or Voluntary Filer (Skip questions 2 and 3; answer questions 4 through 13 and 15)	\$40.00

* The law requires the public agencies for these filers to pay their filing fees. All other filers are responsible for their own fees and must file by the applicable deadline.

** Judges and magistrates are not required to pay filing fees because the ethics agency that oversees them is supported by the biennial registration fee judges pay.

2. INCOME: List every source from which you received income valued at over five hundred dollars (\$500) during 2010. Remember to list your employer as a source of income. Following each source of income, briefly describe the services you provided in return for the income.

“Income” includes gross income for federal income tax purposes, and interest and dividends on all governmental securities. Income also includes sources of income received by another person for your use or benefit. If you are the beneficiary of a trust, and you or the trust received income in 2010, you must disclose the trust and sources of income to the trust.

EXAMPLES:

SOURCE OF INCOME	Service Provided
A Your Public Employer	Your position
B Smith & Jones Co., L.P.A.	Private law practice
C Aggressive Growth Fund	Mutual fund
D Grady Corporation	Stock Dividend (Henson Brokerage Account)
E ABC Pension Fund	Retirement
F XYZ Corporation	Stock dividends
G Friendly National Bank	Interest on savings account
H Smith Family Trust	Income received from trust
I MNO Corporation	Investment dividends paid to trust

You are *not required* to disclose:

- **Spouse’s Income:** You are **not required** to disclose spouse’s income, unless earned specifically for your use or benefit.
- **Remainder Beneficiary:** You are **not required** to disclose income to a trust if you are a remainder or contingent beneficiary.
- **Clients or Customers:** You are **not required** to disclose the individual names of your clients, patients, or customers of a business or practice, just the business or practice that was the source of income to you.

I HAVE NO SOURCES OF INCOME OVER \$500.

SOURCE OF INCOME OVER \$500	Service Provided
A CUYAHOGA COUNTY - HUMAN SERVICES	SOCIAL PROGRAM ADMINISTRATOR
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	

If you need more space to fully answer the question, please attach additional sheet(s), with your name and the question number on the sheet.

Questions? Call the Ohio Ethics Commission at (614) 466-7090.

3. GIFTS: List each source of a gift or multiple gifts valued at over five hundred dollars (\$500) received by you in your own name, or by any other person for your use or benefit in 2010. If the source of a gift valued at over \$500 is a group of persons, you are required to disclose the group as the source of the gift.

EXAMPLES:

- a. You received a \$550 gift certificate from your staff. You must list the staff as the source of a gift valued at over \$500.
- b. You received a membership in a flowers-of-the month club from a vendor. The value of the membership, based on the Web site for the seller, is \$750. If you do not decline the membership, you must list the vendor as the source of a gift valued at over \$500.
- c. You received a birthday gift and a wedding gift, each valued at \$300, from your former college roommate. The giver does not live in the state and has no connection to your public agency. You must disclose the giver as the source of gifts totaling more than \$500.

You are *not required* to disclose:

- The nature of the gift;
- Gifts from most family members (spouse, parents, grandparents, children, grandchildren, siblings, nephews, nieces, uncles, aunts, brothers- or sisters-in-law, sons- or daughters-in-law, parents-in-law) or from any person to whom you stand in the place of a parent;
- Gifts received by will or inheritance; or
- Gifts received by distribution from a trust established by a spouse or ancestor.

I HAVE NO SOURCES OF GIFTS THAT I AM REQUIRED TO LIST.

A	D
B	E
C	F

4. IMMEDIATE FAMILY MEMBERS: List the names of your spouse (husband or wife) living in your household and any dependent children.

I HAVE NO IMMEDIATE FAMILY MEMBERS THAT I AM REQUIRED TO LIST.

HUSBAND OR WIFE LIVING IN HOUSEHOLD:	DEPENDENT CHILD:
DEPENDENT CHILD:	DEPENDENT CHILD:
DEPENDENT CHILD:	DEPENDENT CHILD:

5. NAMES OF BUSINESSES: If you, your wife or husband living in your household, or any of your dependent children operates a business, list the name of the business.

EXAMPLES:

- a. You are a partner in a stockholding firm named Smith & Jones. You should list "Smith & Jones."
- b. Your spouse who lives with you owns an accounting firm called Ace Accounting. You should list "Ace Accounting."
- c. Your dependent child mows lawns under a business called Carl's Lawn Service. You should list "Carl's Lawn Service."

THERE ARE NO BUSINESS NAMES THAT I AM REQUIRED TO LIST.

A	C
B	D

6(a). INVESTMENTS: List the name of each corporation, trust, business trust, partnership, or association, incorporated or authorized to do business in Ohio, or transacting business in Ohio, in which you or any person for your use or benefit had an investment during 2010. Include investments even if you have also listed them as sources of income. Give a brief description of the nature of the investment.

- You are required to list any entity in which you had an investment valued at over one thousand dollars [\$1,000] (fair market value) as of December 31, 2010, or the date on which you disposed of the investment (whichever is earlier).
- Trust, Deferred Compensation, or Brokerage or Investment Account (such as 401(k) or 403(b)):** If you have any of these types of investments, even if they are managed by a broker or other professional, you must disclose any individual holdings within the investment that are valued at over \$1000:
 - Trust:** Examples C and D
 - Deferred Compensation:** Examples E, F, and G
 - Brokerage or Investment Account:** Examples H, I, J, K, L, M, and N

EXAMPLES:

CORPORATION, ETC.	Nature of Investment
A Aggressive Growth Fund	Mutual Fund
B XYZ Corporation	Common Stock
C Smith Family Trust	Beneficiary
D Planet Us Company	Stock in Smith Family Trust
E All American Fund	Deferred Compensation Mutual Fund
F Lifeplan 2030	Deferred Compensation Investment
G Stable Value Option	Ohio Deferred Compensation
H 123 Corporation	Stock in Investment Account
I Solidarity Fund	Mutual Fund in Investment Account
J Federated Investment Corp.	Individual Retirement Account
K Popular Company	Stock in IRA
L Top Investment Company	401(k) Account
M Happy Incorporated	Stock in 401(k) Account
N Go Green Foreign Fund	Mutual Fund in 401(k) Account

For more information on investment disclosure, please see www.ethics.ohio.gov/FDS_faq.html.
 You can attach a separate sheet listing investment information rather than listing investments here.

You are **not required** to disclose:

- Deposit or withdrawable share accounts (such as checking and savings accounts, and certificates of deposit (CDs)) with banks, building and loan associations, savings and loan associations, or credit unions; or
- Personal identifying information, such as social security or bank account numbers.

I HAVE NO INVESTMENTS THAT I AM REQUIRED TO LIST.

CORPORATION, ETC. <small>Attach additional sheets as needed</small>	Nature of Investment
A CITI GROUP 401(K)	RETIREMENT
B COLUMBIA FUNDS	CORE FUNDS
C COLUMBIA FUNDS	GROWTH FUNDS
D CONOCO PHILLIPS	STOCK
E MORGAN STANLEY	INDEX FUND
F	
G	

If you need additional space to fully answer this question, please attach additional sheet(s) with your name and the question number.

6(b). OFFICES AND FIDUCIARY RELATIONSHIPS: List the names of each corporation, trust, business trust, partnership, or association, incorporated or authorized to do business in Ohio, or transacting business in Ohio, in which you held an office or had a fiduciary relationship during 2010. Include any non-profit organization you serve as a board member or trustee.

A person has a "fiduciary relationship" with an entity if he or she has the authority to make decisions in the interest of the entity.

EXAMPLES:

CORPORATION, ETC.	Office or Nature of Relationship
A Buckeye Friends Trust	Trustee
B Smith & Jones Co., L.P.A.	Partner
C Smith Cleaning Company	Member, Board of Directors
D United Community Chest	Board Member, Non-profit organization
E Applied Science Incorporated	President and CEO

I HAVE NO OFFICES OR FIDUCIARY INTERESTS THAT I AM REQUIRED TO LIST.

CORPORATION, ETC. <i>Attach additional sheets as needed</i>	Office or Nature of Relationship
A	
B	
C	
D	

7. CREDITORS (People or businesses to whom you owe money): List the name of any person or business residing or transacting business in Ohio to whom you owe, or owed, more than one thousand dollars (\$1,000) in your own name or in the name of any other person, during 2010. You must list anyone to whom you owed more than \$1,000 at any time during 2010, even if you paid the bill within the grace period.

EXAMPLES:

A You Drive It Auto Lenders, Inc.	D Student Loans Inc.
B The Clothing Store Credit Card	E Bill Jones
C Yellow Bank Credit Card	F Paula Cartwright

You are **not required** to disclose any person or business to whom you owed money if:

- The debt is a mortgage, personal credit line, home equity loan, home equity line of credit, or other debt secured on your personal residence or real estate used primarily for personal recreation; or
- The debt results from the ordinary conduct of your business or profession. **Example:** You own a lawn service company and owe money to your supplier of lawn chemicals and equipment. You are not required to disclose the supplier as a creditor because the debt results from the ordinary conduct of your business.

I HAVE NO CREDITORS THAT I AM REQUIRED TO LIST.

A	F
B	G
C	H
D	I
E	J

8. DEBTORS (People or businesses who owe money to you): List the names of any person or business residing or transacting business in Ohio who owes you, or has owed you more than **one thousand dollars (\$1,000)** in your own name or in the name of any other person for your use or benefit during 2010.

You are *not required* to disclose:

- Banks, building and loan associations, savings and loan association, or credit unions as debtors if the only money owed to you is money you deposited with the financial institution;
- The names of people who owe you money as the result of the ordinary conduct of your business or profession; or
- Clients or patients who owe you money if you are a lawyer, doctor, or psychologist.

I HAVE NO DEBTORS THAT I AM REQUIRED TO LIST.

A	D
B	E
C	F

9. LAND (REAL ESTATE): Excluding your personal residence or property you hold primarily for personal recreation, list all of your leasehold and ownership interests in land or real estate located in Ohio. **EXAMPLE:** If you are a member of a limited liability company, or a partner in a partnership, that owns or leases real property in Ohio, you must disclose the property owned or leased by the company or partnership.

I HAVE NO REAL ESTATE THAT I AM REQUIRED TO LIST.

REAL ESTATE (List address or, if address is unavailable, legal description and county)	
A	
B	
C	
D	

10. FOOD OR BEVERAGES: List any source of payment of meals, food, or beverages that were: (1) valued at over **one hundred dollars (\$100)**; and (2) received in 2010 in connection with your official duties. Remember to list the public agency you serve if it paid or reimbursed you for the cost of meals, food, or beverages valued at over \$100.

You are *not required* to disclose any person or entity that provided meals food or beverages to you:

- At a meeting where you participated in a panel, seminar, or speaking engagement;
- At a meeting or convention of a national or state organization to which any state agency, legislative agency, state institution of higher education, political subdivision, or office or agency thereof, pays membership dues; or
- Which you have included under Question #11 as travel expenses paid by your public agency.

I HAVE NO SOURCES OF MEALS, FOOD, OR BEVERAGES THAT I AM REQUIRED TO LIST.

A	D
B	E
C	F

11. TRAVEL EXPENSES: List the source and amount of every payment of travel expenses, incurred in connection with your official duties, for travel inside and outside of Ohio, and received in 2010. You must list each payment or reimbursement separately. You must list the source and amount of payments or reimbursements to you, or to any other person for your use or benefit. Examples of travel expenses include parking fees, lodging, airline tickets, and mileage reimbursements.

EXAMPLE: If you took one trip as a public employee, and your agency paid an airline directly for your plane ticket, you would be required to disclose the name of your agency and the amount the agency paid for the ticket. If the agency wrote one check reimbursing you for your other travel expenses, such as hotel and meals expenses, you would be required to disclose the agency as the source of another payment and the amount of the reimbursement check. Because these are two separate payments—one payment to the airline on your behalf and one reimbursement to you—you must list them separately even though the payments are from the same agency and for the same trip.

You may attach copies of reports filed with your public agency that itemize travel expenses for which you have been paid or reimbursed, if those reports list **every payment or reimbursement** of travel expenses from your public agency.

You are not required to disclose any source of travel expenses to you in connection with travel to a meeting or convention of a national or state organization to which any state agency, legislative agency, state institution of higher education, political subdivision or office or agency thereof, pays membership dues.

I HAVE NO SOURCES OF TRAVEL EXPENSES THAT I AM REQUIRED TO LIST.

SOURCE OF TRAVEL EXPENSES	Amount of Travel Expenses
A	
B	
C	
D	

12. SOURCE OF GIFTS: List each source of a gift or multiple gifts valued at over **seventy-five dollars (\$75)** received by you in your own name or by any other person for your use or benefit in 2010. If the source of a gift valued at over \$75 is a **group of persons**, you are required to disclose the group as the source of the gift.

EXAMPLES:

- a. You received a \$100 gift certificate from your staff. You must list the staff as the source of a gift valued at over \$75.
- b. You received a box of gourmet steaks from a vendor. The value of the box, based on the Web site for the seller, is \$250. If you do not return the box of steaks, you must list the vendor as the source of a gift valued at over \$75.
- c. You received a birthday gift and a wedding gift, each valued at \$60, from a longtime friend. The friend does not live in Ohio or have a connection to your agency. You must disclose your friend as the source of gifts totaling over \$75.

You are not required to disclose:

- The nature of the gift;
- Gifts from most family members (spouse, parents, grandparents, children, grandchildren, siblings, nephews, nieces, uncles, aunts, brothers- or sisters-in-law, sons- or daughters-in-law, parents-in-law) or from any person to whom you stand in the place of a parent;
- Gifts received by will, inheritance, or by distribution from a trust established by a spouse or ancestor.

I HAVE NO SOURCES OF GIFTS THAT I AM REQUIRED TO LIST.

A	D
B	E
C	F

13. INCOME: List every source of income, of any amount, that you received in 2010. Remember to list your employer as a source of income. Following each source of income, briefly describe the services you provided in return for the income.

“Income” includes gross income for federal income tax purposes, and interest and dividends on all governmental securities. Income also includes sources of income received by another person for your use or benefit. If you are the beneficiary of a trust, and you or the trust received income in 2010, you must disclose, as sources of income to you: (1) the trust; **and** (2) sources of income received by the trust.

EXAMPLES:

SOURCE OF INCOME	Service Provided	Amount (disclose only if you meet (a) or (b))
A Your Public Employer	Your position	
B Smith & Jones Co., L.P.A.	Private law practice	
C Aggressive Growth Fund	Mutual fund	
D ABC Pension Fund	Retirement	
E XYZ Corporation	Stock dividends	\$45.00 (see (b) below)
F 123 Corporation	Dividends on stock held in account	
G Friendly National Bank	Interest on savings account	
H Smith Family Trust	Income received from trust	
I MNO Corporation	Investment dividends paid to trust	

You are **not required** to disclose:

- Spouse’s Income: You are not required to disclose spouse’s income, unless earned specifically for your use or benefit.
- Remainder Beneficiary: You are not required to disclose income to a trust if you are not receiving income from the trust because you are a remainder or contingent beneficiary.
- Amount of Income: You are **not required** to disclose the amount of income you receive from any source, **unless**:
 - (a) The source is doing or seeking to do business with the public agency you serve; or
 - (b) The income is attributable to services or goods provided to a client or customer who is a “legislative agent.” See R.C. 101.70 or contact the Joint Legislative Ethics Committee for a definition of “legislative agent.”

I HAVE NO SOURCES OF INCOME.

SOURCE OF INCOME	Service Provided	Amount (disclose only if you meet (a) or (b))
A		
B		
C		
D		
E		
F		
G		
H		

If you need more space to fully answer the question, please attach additional sheet(s), with your name and the question number on the sheet.

Questions? Call the Ohio Ethics Commission at (614) 466-7090.
 Frequently Asked Questions: www.ethics.ohio.gov/FDS_faq.html

ONLY STATE OFFICIALS AND EMPLOYEES ARE REQUIRED TO ANSWER QUESTION 14. If you are **not** a state official or employee, proceed to question 15.

14. NON-DISPUTED INFORMATION

(For state officials and employees, except college and university officials):

- I am a state official or employee, but I did not receive a statement from a legislative agent, executive agency lobbyist, or employee that contains information described in R.C. 101.73(f)(2) or 121.63(g)(2).
- I am a state official or employee who received a statement from a legislative agent, executive agency lobbyist, or employee that contains information described in R.C. 101.73(f)(2) or 121.63(g)(2). I have disputed the information.
- I am a state official or employee who received a statement(s) from a legislative agent, executive agency lobbyist, or employee that contains information described in R.C. 101.73(f)(2) or 121.63(g)(2). I do not dispute the information contained in the statement(s). I have attached copies of _____ statement(s) to this form. (Please indicate the number of statement copies attached.)

For assistance with this question, contact the Joint Legislative Ethics Committee--(614) 728-5100.

15. SIGNATURE: By signing below, 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.

By signing below, I also 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 also 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.

By signing below, I further acknowledge that during 2010 or 2011, I served in, or was a candidate in 2011 for, a filing position(s) listed on page 1.

Before signing this statement, check to make sure you have answered **every** question you are required to answer (see Question 1 on page 4). If you have nothing to list in a particular question, check the box indicating that you have nothing to list. If a response to any required question is omitted, the statement is incomplete under law and it will be returned to you to complete. **Persons who fail to file a complete statement by the appropriate deadline will be assessed a late filing fee and may be subject to criminal penalty.**

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

YOUR SIGNATURE IS REQUIRED HERE: Mary Louise Madigan

Date of signature: 4.14.11

My filing fee is: \$ 25⁰⁰
(SEE CHART ON PAGE 4)

- Enclosed (check or money order payable to "Ohio Ethics Commission")
- My public agency is required to pay my filing fee.
- I am a judge, magistrate or judicial candidate and have no filing fee.



FOR OFFICE USE ONLY REVIEWED BY las

FILER HAS ANSWERED EVERY REQUIRED QUESTION

FILER HAS NOT ANSWERED THESE QUESTIONS: _____

DATE FORM RETURNED TO FILER ____/____/____

DATE COMPLETED FORM RECEIVED AT OHIO ETHICS COMMISSION ____/____/____

DATE COMPLETED FORM RECEIVED AT BOARD OF COMMISSIONERS ON GRIEVANCES AND DISCIPLINE ____/____/____