State of Oklahoma

STATEMENT OF NO CHANGE

TO PRIOR F-1R OR F-2R

Please type or print clearly in black ink. *Please consult Title 74 O.S. Supp.2007, Ch. 62 App., 257:15-1-1 et seq. and Ethics Manual to complete this statement.*

FORM

F-3R

REV. 2/08

EC OFFICE USE

1. NAME OF FILER: (No nicknames, please) **BIRTH DATE:**

FILER'S COMPLETE MAILING ADDRESS AND WORK PLACE TELEPHONE NUMBER:
Mailing address Work place telephone number

City State Zip

Number Assigned by Ethics Commission

2. FILING STATUS: [ ] YEARLY Calendar Year Covered:

[ ] FINAL (required within 60 days of end of service) Date Service Ended:

☐	Chief administrative officer or first deputy	Date of appointment employment or assumed duties	Title of office		Governmental entity served
☐	State employee	Date of employment	Job classification		Governmental entity served
☐	State officer--Public Member [board/commission council/authority/public trust]	Date appointed, elected or assumed duties of office Member [compensated]	Term of office	Title of office	Governmental entity served
☐	Candidate for elective state office	Month/year of General Election or Special General Election	Office sought	Term of office sought	Governmental entity to be served if elected

3. I hereby certify that there has been no change in any information reported in my Statement of Financial Interests for the calendar year prior to the calendar year for which this statement is due to be filed.

4. Certification. I hereby certify that the statements contained herein are true and correct to the best of my knowledge.

FILER'S signature **Date**

X

FORM F-3R: STATEMENT OF NO CHANGE FOR COMPENSATED AND UNCOMPENSATED FILERS

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK. Reports are public records and may be copied. All filers, including candidates, may file this statement if a full Form F-1R or F-2R has been filed for a prior year and does not require updating.

1. Name of filer. Include your first, middle and last name; do not use nicknames unless it is added in addition to the name and enclosed in quotes [e.g. William "Bill" Jones]; give your numerical birth date [e.g. 04/04/44]; give your complete mailing address including the zip code [this is essential for you to receive future notices]; give your work place (daytime) telephone number so that we may contact you, if necessary, concerning your report.

2. Filing status. Show whether you are filing the first statement for the reporting period [previous calendar year] by checking "Yearly" or, whether it changes information previously filed for this same period by checking "Amended". Check "Final" if you have left public service. ***CALENDAR YEAR COVERED.*** Calendar year covered is the year which began on January 1 and ended December 31 previous to filing the report. Check your status as a filer. A *chief administrative officer and first deputy* are the director and first assistant director of any governmental entity. A *state employee* is someone who is not the chief administrative officer, first deputy or a state officer ***BUT WHO DOES*** determine policy or make final spending decisions for ***AND WHO IS COMPENSATED BY*** any governmental entity. A *state officer* is someone who is an elected, appointed or employed officer in the executive, judicial or legislative branch of Oklahoma government. In this instance, state officer does not include a public member who is not compensated by the state. A *candidate* is someone running for state office including an incumbent.

3. Certification of no change. This statement certifies that there has been no change in the information to be reported for the current calendar year from that reported by the filer for the previous calendar year.

4. File with: **Ethics Commission, 2300 N Lincoln Blvd, Rm B5, Oklahoma City, OK 73105-4812 ! 405/521-3451 ! FAX 521-4905**