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NAME: _____

OFFICE TELEPHONE:

2013 JUN -5 PM 2:05

MC

KY
State:

☐ **Officer or Employee**

Employing Office: _____

Employing Office:

File an original and 1 copy.

Please indicate whether this is an initial report or an amended report. For amendments, please provide the date of the report you are amending.

☐ YES ☒ NO

Initial Report	Amendment
<input checked="checked" type="checkbox"/>	<input type="checkbox"/>

Date of Report being Amended: _____

Date of Report being Amended:

(For Official Use Only)

[illegible]

(This page will be publicly disclosed.)