all three tests for Yes No X	spouse or dependent child because they meet	d" income, or liabilities of a mittee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
ave you excluded Yes No X	her "excepted trusts" need not be disclosed. Have you excluded	e on Ethics and certain ot dent child?	TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?
QUESTIONS	- ANSWER <u>BOTH</u> OF THESE QUESTIONS	T INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT
COMPLETE	THAT YOU ARE REQUIRED TO COMPLETE	THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE R
\$5,000 from a Yes No X years?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? HEDULE IF YOU ANSWER "YES"	X No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU A
irrangement with an Yes X No III	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	* ×	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
the reporting has X No Shing?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	×	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?
	rions	F THESE QUEST	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
A \$200 penaity shali be assessed against any Individual who files more than 30 days late.	Period Covered: January 1, 2017 Ato January 31, 2018 In	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Staff File Employing Office: Shared
(Office Use Only)	Check if Amendment	0H 12 18	New Member of or Candidate for State: X U.S. House of Representatives District: Candidates – Date of Election: May 08/20
18 FEB 27 PH 1: 22 LENGT OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	one:	Daytime Telephone:	Name: Jackie Patton
Page 1 of 10 LEGISLATIVE RESOURCE CENTER	FORM B For New Members, Candidates, and New Employees	For New Members	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Jackie Patton Page 2 of 10

		ş		٦	Г	:	5,5	Por a	incor	ll you	Exc) home incor inten retire	that busin	Provi	mone	n 5	401((do r	prod exce and which		
		Arcadia De	Woodview Yo Rental House	1609 Bay Marysville		Examples:		detailed disc se refer to the	u so choose, ne source i ndent child (C optional coli	i have a priva stment Fund,	ude: Your pe as and vacati ne during the set in, or I ment progran	For an ownership interest in a r that is not publicly traded, st business, the nature of its geographic location in Block A.	ental and othe de a comple al property," a	terest-bearing, list every than \$1,000	ocount mat e	ell IRAs and k) plans) prov	ide complete of use only ti	identity (a) each ass production of income a suceeding \$1,000 at the arad (b) any other reports which generated more income during the year.	Assets ar	
		Arcadia Development LLC	Woodview Youngstown OH Rental House	1609 Bay Laurel Dr. Marysville, OH Rental House	ABC Hedge Fund X	Simon & Schuster	Mega Corp Stock	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the fer left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., 'rental property,' and a city and state.	ror bent and other cash excounts, true the emount in all interest-benting accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that exceeds the reporting thresholds.	For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identity (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.	Assets and/or Income Sources	BLOCK A
						T	Ľ	None				, , , , , , , , , , , , , , , , , , ,			>	Ĭ				
			<u> </u>		_			\$1-\$1,0							ф		"Column M is for assets held by yo child in which you have no interest.	Indicate values a value specify the specify the fran asse included on be "None."		
					-	moetime	H	\$1,001-							ი 		3.5	ation at wa		
			×		-	-	- <u>-</u>		-\$50-000 -\$100,000						ш	ł	OU har	Tase meth s sol	<	
				×	-	╁			1-\$250,000						78		A Sie	sed.		
				,,,	×	┢	十		1-\$500,000						<u> </u>	i	inter	her the	9	BLOCK B
						T	T	-	1-\$1,000,000					:	Ŧ	1	est.	ted in	Value of Asset	<u>~</u>
		×				Ι	L	\$1,000,	01-\$5,000,000						_	1	"Column M is for assets held by your spouse or dependent child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Se t	
						Γ		\$5,000,	01-\$25,000,000								86	rket ng p		
						Ļ	<u> </u>	\$25,000	,001-\$50,000,00	0					~	j	<u> </u>	period value		
			_		<u> </u>	╀	<u> </u>		0,000,000						_		ond:	and should shoul		
					-	╀	-	_	DC Asset over 1	1,000,00	XO*				Ł					
<u> </u>			-			╀	-	NONE	inc.								"None" If the asset gene during the reporting period.	heck D1(k) g		
		.	1	.		╀	×	DIVIDE	ius .								# = =			
		×	×	×	-	╀	┡	RENT	AT								5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	or 52	Type of Income	
$\vdash \vdash$						╀	├-	INTERE								ł	2 2		ē,	티
				,	-	╀	╀-		L GAINS								gene	tal count	2	BLOCK C
 						╀	┝	+	TED/BLIND TRU	21								inco	ä	
					Partnership Income	Royalties	 		rpe of Income (S	pacify: e.	g., Partnership inco	one or Farm Inc	ome)				"None" If the asset generated no income during the reporting period.	Check ell columns that apply. For accounts that generate tax-deferred income (such as 401(s), IRA, or 529 accounts), you may check the Tra-Deferred column. Dividends, interest, and capital gains, even if relevested, must be disclosed as income for assets held in toxable accounts. Check		
		V			3 €	34		None					•		Т	-	. 8		•	
		×			\vdash	╁	 _	\$1-\$200							ł			For assets for assets indicate assets indicate capital gains, Check "None"		
						T		\$201-\$1	,000					#	1			indic indic		
			×				L	\$1,001-	2,500					₹	1					
				×		×		\$2,501-	\$5,000					<	ξ			which you checked "Tax-Deferred" in Block C, you may check the "None" column, the category of income by checking the appropriate box below. Dividends, i even if reinvested, must be disclosed as income for assets held in taxeb if no income was earned or generated.		
Ш					×	Ĺ		\$5,001-	15,000					≤	Current Year			tegor rein ome		
						\perp	<u> </u>	-	\$50,000					≦	3			ecker y of a west was		
┢┷			<u> </u>	ļ	├	+	 		\$100,000					≦	ĮĘ			d Ta: incon ed, a same		
igwdapsilon			<u> </u>		┼-	+	-		1-\$1,000,000					<u> </u>	1			x-Det nuet i	>	
┢─┤					\vdash	+	\vdash		01-\$5,000,000					×	ł			perned be di perned perned	Ð	
$\vdash \vdash$	_		-		-	╁	\vdash		DC Income over	\$1,000.0	100*			<u>_</u>	1			tin E cking lector rated	Amount of Income	
		×				t	T	None		10.4410					t	1		Bed a	<u>s</u>	BLOCK D
			×		T	T	T	\$1-\$200	1					=	1			nt ch	nco	٥
				×			×	\$201-\$1	,000					=	1			you ma come ild in	Ĭ	
								\$1,001-	2,500					₹	ŀ			whici		
						L		\$2,501-	5,000					<	<u> </u>			eck thek thek asses		
Щ			<u> </u>			×	_	\$5,001-						≤	Preceding Year			Thave		
			<u> </u>	_	×	\perp	1		\$50,000					≨	Į,			one" Divid eld ir		
\longmapsto			<u> </u>	ļ	1	+	-	+	-\$100,000 - #4 000 000						鬟			colun lendi n tax		
┞──┤			<u> </u>	<u> </u>	-	+	-		1-\$1,000,000									e ini		
┢					-	+	-		01- \$ 5,000,000 ,000,000	······				×	ł			accc leres		
				<u> </u>	_	_	1								1	Ĭ		l other t, and ounts.		

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Jackie Patton

Page_

ယ

으

6

Second	-LVIP Blended Lg Cap -LVIP Soc. Awards -LVIP SSGA S&B 500 -AB Vas Global Themetic -Delaware VIP SMID Cap State Teacher's Retirement System Pension Ohlo Public Employee Retirement System Pension Ohlo Public Employee Retirement System Pension Ohlo Public Employee Retirement System Pension Ohlo Public Employee Retirement System Pension Ohlo Public Employee Retirement	-LVIP Blent -LVIP Del I -LVIP SSG -LVIP SSG -AB Vas G -Delaware	-LVIP Blenv -LVIP Del. I -LVIP SSG -AB Vas G -Delaware -Delaware State Teachers F Pension	-LVIP Blen -LVIP Del : -LVIP SSG -AB Vas G	-LVIP Blen -LVIP Del : -LVIP SSG	-LVIP Blen	-LVIP Blen	-LVIP Blenv		-Fidelity VII	-Anes, Funds Int'l	-American	-Fixed Account	+, VIP Blackrock Div	Columbus Board	SP, OC, AS	:		Assets and/o	
None	-AB Vas Global Themetic -Delaware VIP SMID Cap State Teachers Retirement System Pension Ohio Public Employee Retirement System Pension Trustmark Universal Life Insurance Policy	Iobal Themetic VIP SMID Cap tetirement System loyee Retirement	lobal Themetic VIP SMID Cap tetirement System	lobal Themetic VIP SMID Cap	obal Themetic		A S&B 500	-LVIP Del. Soc. Awards	ded Lg Cap	Contra Fund	ds Int'l	Funds Growth	ount	trock Div	of Educ. 403 (B) Plan	SET NAME			or Income Sources	HOCK A
## Note 100 10	L	_								<u> </u>						E#F				
				ļ <u>-</u>				ļ.,						•					1	
No.	┝	\dashv	<u> </u>	<u> </u>	^	_	<u>×</u>	<u> </u>	×	×	×	<u> </u>	U	^		<u> </u>			1	
SEGIO 61 \$100,000	f	<u>. </u>	Ţ	 		<u> </u>		├—				-	_						1	- {
	-	`		-				-	 										┪ <	
	T			×		 	-	_	 			-						₩.	<u> </u>	
	r							┢										<u>.</u>	1 🖺	Š
	t	\dashv		_				\vdash								· ·	\$500,001-\$1,000,000	±	i À	â
## Amount of Income ## Amount																	\$1,000,001-\$5,000,000	-] š	1
																	\$5,000,001-\$25,000,000	٤.	1	
SponseDC Asset over \$1,000,000" E																	\$25,000,001-\$50,000,000	~		
NONE DMIDENDS REST. STATE ST						<u></u>											Over \$50,600,000	۳		Í
DIVIDENDS RENT							L										Spouse/DC Asset over \$1,000,000*	E		
Nebrit N	>	<	1				32.						12.		ŝ		NONE]	
NATEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAXOFFERRED Chem Type of Income (Seach): e.g., Perthership Income (Seach): e.g., Perther	L																DMIDENDS			
Content type of income (Specify: a.g., Parthership income or Farm income)						`	7						` '		, ,	216	RENT] =	L
Other Type of Income (Specific a.g., Parthership Income or Farm Income)	Γ							Γ									INTEREST		3	
Other Type of Income (Specify: e.g., Partnership Income of Farm Income)							<i>′</i> ,			3.7	· ` `			~ ~,	, , ,		CAPITAL GAINS] ≗	8
Other Type of Income (Specify: e.g., Partnership Income of Farm Income)	_	\neg															EXCEPTED/BLIND TRUST		1 ह	ô
Partnership Income or Farm Income)		1	×	×	×	×	×	×	×	×	X	×	×	×		`.	TAX-DEFERRED		1 1	
S1-\$200																	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			
\$201-\$1,000	١	×	×	×	X	×	×	×	- X -	×	×	×	×	×			None -	Г		
\$1.001-\$2.500 \$1.001-\$2.500 \$2.501-\$5.000 \$3.5001-\$5.500.000 \$3.5001-\$5.000.000 \$3.500.001-\$5.000.000 \$3.500.001-\$5.000.000 \$3.500.001-\$5.000.000 \$3.500.000		L																		
\$2,501,451,000 C C C C C C C	_	_							<u> </u>			3 7	·	3.7	(4)			l	ł	ł
S 100,001-\$1,000,000 X S 1,000,001-\$5,000,000 X Over \$5,000,000 X Spouse/DC Income over \$1,000,000* X S 1,000,001-\$1,000 X S 1,001-\$1,000 X S 1,000,001-\$1,000,000 X	ļ_	_		-,				<u> </u>										I ∼		
S 100,001-\$1,000,000 X S 1,000,001-\$5,000,000 X Over \$5,000,000 X Spouse/DC Income over \$1,000,000* X S 1,000,001-\$1,000 X S 1,001-\$1,000 X S 1,000,001-\$1,000,000 X	-	-		ļ				-					· .					Ħ		
## \$100,001-\$1,000,000	-														_			Įį.	ľ	ľ
\$1,000,001-\$5,000,000 \$\times \$1,000,000 \$\times \$1,000,000 \$\times \$1,000,000 \$\times \$	ŀ				'	<u> </u>							· ·				\$10,001-\$00,000 S	ا≱ا		
\$1,000,001-\$5,000,000 ×	-	\dashv						<u> </u>					24		100 1	₹ 0.90 <u>7</u>		=		ı
\$1,001,42,500	-							-				- / -		` ` ` ` ` `	***			1	_ ≥	ſ
\$1.001-\$2.500	-			_			7.7		300								·	1	, m	
\$1,001,42,500	ŀ		_					 - `	£ (2)									1	Į	ළ
\$1.001-\$2.500	-	×	×	×	×3	×	×	×	* X	×	×	×	×	×		法。证		H	1 ≗	Š
\$1,001-\$2,500	_	1				-					~ ```		* ** *** ***				\$1-\$200 =	1	7C0	٥
\$2,501-\$5,000		1	,				. 2			_ 1	`,`,		7000	7			\$201-\$1,000 ==	1	me e	H
\$1,000,001-\$5,000,000 × Over,\$6,000,000 ≥≤																		ا ا		
\$1,000,001-\$5,000,000 × Cover,\$5,000,000 ≥≤		_																<u>§</u>		Į
\$1,000,001-\$1,000,000 × Over \$5,000,000 ≥5		_								\Box								Ē	ľ	1
\$1,000,001-\$5,000,000 × Over \$5,000,000 ×	_	· 1	, ·				` '		``						Ç	` .	\$15,001-\$50,000 ≦	ĕ		
\$1,000,001-\$5,000,000 × Over \$5,000,000 ×	Ľ				- 1	_		L						,] ĝ	1	
Over \$5,000,000 ≥≤						W 484 *			× , , , , , , , ,									1 =		
23	-												: `		, 4	😃		-		ľ
		· 1				Carry of									. 4		\$1,000,001-\$5,000,000 ×	-		

SCHEDULE C - EARNED INCOME

Name: Jackie Patton Page 4 of 10

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Course (include date of receipt for the propriet)	Type		Amount
Control (molade date of lecaption inclination)	1 ype	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
Examples: Civil War Roundleble (Oct. 2)	Spouse Speech	\$20,000 \$0	\$1,000 \$1,000
JP Morgan Chase	Spouse Military Benefit	\$550	\$6,835
Columbus City Schools	Salary	\$7,500	\$89,845

SCHEDULE D - LIABILITIES

Name: Jackie Patton Page 5

잌

6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

		SP		SP.		
		Denn	Example			
		Dennis Space	First Bank of Wilmington, DE	Creditor		
		06/2015	5/98	Date Liability Incurred MO/YR		
		Guarantee on business	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000		
				\$50,001- \$100,000	c	
		X	×	\$100,001- \$250,000	Ð	
				\$250,001- \$500,000	en .	Amount of Liability
				\$500,001- \$1,000,000	71	[호 [
	l			\$1,000,001- \$5,000,000	e	billty
				\$5,000,001- \$25,000,000	x	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	L	
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Board/Committee Member	Central Ohio School Nurse Association
Board/Committee Member	National Association for Chronic Disease- Director, School Employee Wellness Advisory Group
Board/Committee Member	Action for Healthy Kids- Urban School Wellness Association
Board/Committee Member	Columbus Public Heath- Chronic Disease Prevention Steering Committee and Committee
Board/Committee Member	United Way of Central Ohio- Healthy Corner Store Committee

SCHEDULE D - LIABILITIES

	Name: Jackie Patton	Page 6 of 10
ł		
he reporting period by the real property incl	the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting d by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence	nt owed during the reporting ge on your personal residence
ehold furniture or app	ehold furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	you are personally liable); and

period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); toans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabile); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child." Report liabilities of over \$10,000 owed to any one creditor at any time during it

	1	r ·					_	
						DC, 되		
					Example			•
					First Bank of Wilmington, DE	Creditor		
					5/98	Date Liability Incurred MO/YR		
					Mortgage on Rental Property, Dover, DE	Type of Liability		
				,		- \$10,001- \$15,000	>	
	<u>`</u>					\$15,001- \$50,000	æ	
			. ;	,	,	\$50,001~ \$100,000	ဂ	
					×	\$100,001- \$250,000	0	
				* * * * * * * * * * * * * * * * * * * *		\$250,001- \$500,000	m	Amount of Liability
						\$500,001- \$1,000,000	71	t of Lie
		, .	,			\$1,000,001- \$5,000,000	6	ability
						\$5,000,001- \$25,000,000	Ξ	
, .						\$25,000,001- \$50,000,000	_	
						Over \$50,000,000		
·) (V		,	Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

pento and the constituent and the feat continues	penog did the content calculat year. The year calculates and her employees report positions her till the content of year and the previous years.
Position	Name of Organization
Board/Committee Member	United Way of Central Chio- Health Impact Areas Results Committee
Board/Committee Member	Mid- Ohio Food Bank- Integrated Response To Hunger Committee
Board/Committee Member	The Ohio State College of Public Health- Food Insecurity Group Building Initiative For Food & Agriculture Transformation
Board/Committee Member	Healthy Business Council of Ohio
Board/Committee Member	Columbus City Schools Joint Insurance Committee

SCHEDULE D - LIABILITIES

Name: Jackie Patton	Page 7 of 10
orting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting sel property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence	e highest amount owed during the reporting ude: Any mortgage on your personal residence

(unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the rep period. New Members: Members are required to report all liabilities secured by re

						SP, DC, JT		
					Example			
					First Bank of Wilmington, DE	Creditor		
					5/98	Liability Incurred MO/YR	}	
					Mortgage on Rental Property, Dover, DE	Type of Liability		
				,	,	\$10,001- \$15,000	>	
						\$15,001- \$50,000	8	
						\$50,001- \$100,000	n.	
					×	\$100,001- \$250,000	D	
[,	,	\$250,001- \$500,000	m	moun
						\$500,001-	П	1
					_	\$1,000,000		<u>, , , , , , , , , , , , , , , , , , , </u>
3		*	٨	. ^ .	\^	\$1,000,000 \$1,000,001- \$5,000,000	6	iability
	1 9 7 2 7		•		2.00	\$1,000,001-	Б	Amount of Liability
	(b) ()	- X				\$1,000,001- \$5,000,000 \$5,000,001-	<u> </u>	Liability
					5	\$1,000,001- \$5,000,000 \$5,000,001- \$25,000,000	<u> </u>	Liability

SCHEDULE E -- POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

portion and and controls continued from a story year continued	priva and an earlier fear 1101 year cardinates and new employees report positions state in the cardinal year and the presides years.
Position	Name of Organization
Board/Committee Member	National Association For Uniformed Services
Board/Committee Member	Sepsis Alliance
Board/Committee Member	National Education Association
Board/Committee Member	Ohio Education Association
Board/Committee Member	Central Ohio Education Association

SCHEDULE F - AGREEMENTS

Name: Jackie Patton Page_ σ 2 6

employer. Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

Date	Parties to Agreement	Terms of Agreement
2018	Columbus City Schools	Annual employment agreement
2000	State Teachers Retirement System	Pension Plan
2000	Ohio Public Employees Retirement System	Pension Plan

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat Information listed on Schedule C.

•		
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

ć

FILER NOTES (Optional)	TES	Name: Jackie Patton	Page 9 of 10
NOTE NUMBER		NOTES	
			55 55 55

Name: Jackie Patton Page_ 6 **₽**

									NOTE NUMBER
	!								NOTES
					19	19	1		