OKLAHOMA ETHICS COMMISSION

PHONE: (405) 521-3451 • FAX: (405) 521-4905 • WEBSITE: WWW.OK.GOV/ETHICS

FINANCIAL DISCLOSURE STATEMENT
FOR ELECTED STATE OFFICERS

Amended: YES

Full Name of State Officer	Filing Year	Name of State Office	Term of Office
JOHNNY TADLOCK	2016	STATE REPRESENTATIVE, DISTRICT 1	11/23/2016 - 11/22/2018

Electronic Mail Address	Work Phone Number	Mailing Address, City, State, Zip Code

"Elected state officer" shall mean a state officer who is subject to election or retention.

☑ I understand that as an elected state officer, as defined above, I am required to comply with the Rules of the Oklahoma Ethics Commission and that, according to the Oklahoma Supreme Court, those Rules have the "weight of statutes."

☑ I have read and understand the Conflicts of Interest Rules in Rule 4 of the Ethics Rules.

☑ I understand the Ethics Commission Rules are available in the Oklahoma statutes at Title 74, Chapter 62, Appendix I, and on the Ethics Commission website at www.ethics.ok.gov.

☑ I understand the Ethics Commission provides continuing education programs, educational materials and is available to answer questions and provide analysis regarding the application of Ethics Rules to specific fact situations.

1. **Private Gain.**

☑ I understand that elected state officers cannot use his/her State office (1) for his/her own private gain; (2) for the endorsement of any product, service or enterprise; (3) for the private gain of a family member or person with whom he/she is affiliated in a nongovernmental capacity, including nonprofit organizations of which he/she is a member or officer; or (4) for the private gain of persons with whom he/she is seeking employment or business relations.

2. **Solicitation of funds for civic, community or charitable organizations.**

☑ I understand it is not a misuse of office to promote or solicit funds for civic, community or charitable organizations, including those promoting businesses or industries, or civic, community or charitable fundraising events provided I receive nothing for doing so except the costs associated with the participation in a fund-raising promotion or event paid for from funds of a charitable organization.

3. **Use of office, title or authority.**

☑ I understand an elected state officer cannot use or permit the use of his/her office or title or any authority associated with his/her state office in a manner that is intended to coerce or induce another person, including a subordinate, to provide any benefit, financial or otherwise to the state officer, the family members of the state officer, or person with whom he/she is affiliated in a nongovernmental capacity, except to the extent otherwise permitted or authorized by the Constitution, statutes or by the Ethics Rules.

4. **Material Financial Interest.**

☑ I understand I must disclose, on this form, any material financial interest as defined below, that I, my spouse or my dependent(s) had in the preceding calendar year covering January 1, 2016 through December 31, 2016.

A material financial interest shall mean one or more of the interests identified below:

- an ownership interest in a private business, including but not limited to, a closely held corporation, limited liability company, Subchapter S corporation or partnership for which I, my spouse or my dependent(s) is a director, officer, owner, manager, employee, or agent or any private business, closely held corporation or limited liability company in which I, my spouse or my dependent(s) owns or has owned stock, another form of equity interest, stock options, debt instruments, or has received dividends or income worth $20,000.00 or more;
- an ownership interest of 5% or more in a publicly traded corporation or other business entity;
- an ownership interest in a publicly traded corporation or other business entity from which dividends or income, not to include salary, of $50,000.00 or more were derived during the preceding calendar year;
- an interest that arises as a result of service as a director or officer of a publicly traded corporation or other business entity;
- income derived from employment, other than compensation pertaining to the office subject to election or retention, in the amount of $20,000.00 or more.

Disclose in the table below the name and address of all entities in which you, your spouse or your dependents had a material financial interest in the preceding calendar year, and who has the interest.

Name and Address of Entity	**Description (optional)**	**Filer / Spouse / Dependent**
MCCURTAIN COUNTY HEALTH DEPARTMENT 1400 S LYNN LANE 74745		SPOUSE
Name and Address of Entity	**Description (optional)**	**Filer / Spouse / Dependent**
JOHNNY TADLOCK 2979 LEGATES RD IDABEL, OKLAHOMA 74745	RANCH	FILER

☑ **Amended Financial Disclosure Statement Certification**. I certify this amendment is not made for the purpose of reporting information that was intentionally omitted or misstated on the original or previously filed Financial Disclosure Statement.

Acknowledgement: By signing, electronic or otherwise, my name below, I, acknowledge that the information submitted is complete, true and accurate as of the date submitted. I understand the failure to provide such information is a violation of the Ethics Rules of Oklahoma. I understand that I can update the information above at any time by filing an amended Financial Disclosure Statement.

5/10/2017 — Date

JOHNNY TADLOCK — Signature