

JOINT LEGISLATIVE ETHICS COMMITTEE

Financial Disclosure Statement

2000

Please include complete addresses and telephone numbers for both your home and your employer. PLEASE PRINT OR TYPE (Do not use pencil)

[X] House OR [] Senate District 93

1. NAME OF PERSON FILING STATEMENT

COLLIER THOMAS F LAST FIRST MIDDLE INITIAL

2. HOME ADDRESS

500 E. BURGESS ST. MOUNT VERNON OH 43050 STREET CITY STATE ZIP CODE

KNOX COUNTY TELEPHONE NUMBER (740) 397-7288

3. NAME OF EMPLOYER (Other than the General Assembly)

SELF - THOMAS COLLIER + ASSOC INC - H-CA DUNDELEIGH, LLC

500 E. BURGESS ST. MOUNT VERNON OH 43050 STREET CITY STATE ZIP CODE

KNOX COUNTY TELEPHONE NUMBER (740) 397-7288 740-397-2290

4. PLEASE CHECK THE APPROPRIATE BOX, AND FILL IN THE REQUESTED INFORMATION.

a. MEMBERS OF THE GENERAL ASSEMBLY DURING 2000 OR 2001

[X] Elected OR [X] Appointed to the General Assembly

If appointed, what was the date of your appointment: 9/12/00

If elected or appointed, what are (were) the dates of your most current term: From: 1/1/01 To: 12/31/02

b. CANDIDATES FOR THE GENERAL ASSEMBLY DURING 2001

[] Date of first election (primary, special, or general) in which your candidacy is to be voted upon: ___/___/___

c. EMPLOYEES OF THE GENERAL ASSEMBLY OR LEGISLATIVE SERVICE COMMISSION

[] Designated by JLEC as a required filer Date of employment: ___/___/___

d. VOLUNTARY FILERS

[] Name of Agency of Voluntary Filer: _____

OFFICE OF LEGISLATIVE INSP. GENERAL APR 13 AM 8:49

FINANCIAL DISCLOSURE STATEMENT INSTRUCTIONS

YOU MUST COMPLETE THIS FORM IF:

- ◆ You are a member of the General Assembly during 2001;
- ◆ You were a member of the General Assembly during 2000;
- ◆ You are a candidate for the General Assembly during 2001; OR
- ◆ You are an employee of the General Assembly or the Legislative Service Commission who has been designated by the Joint Legislative Ethics Committee as a required filer.

FILING FEE: Each form must be accompanied by a **\$25 FILING FEE** (check or money order only made payable to JLEC). If you are an employee (non-elected) of the General Assembly or the Legislative Service Commission, your agency is required to pay the \$25 fee.

PENALTIES: Any person who fails to file a complete financial disclosure statement by the appropriate deadline may be assessed a late filing fee of one-half of the filing fee for each day the statement is late, up to a maximum of \$100 and may also be subject to criminal prosecution. In addition, any person who files a false statement may be subject to criminal prosecution.

FILING DEADLINES: The filing deadline is **MONDAY, APRIL 16, 2001**, unless one of the following applies:

CANDIDATES: A candidate for the General Assembly (including incumbents who are candidates) must file not later than **30 days prior to the earliest election**, including any primary election, in which he or she is a candidate.

WRITE-IN CANDIDATES: A write-in candidate (including incumbents who are write-in candidates) must file not later than **20 days prior to the earliest election**, including any primary election, in which he or she is a candidate.

APPOINTEES TO THE GENERAL ASSEMBLY: Any person appointed to fill a vacancy for an unexpired term in the General Assembly must file within **15 days after he or she qualifies for office**.

EMPLOYEES: An employee of the General Assembly or the Legislative Service Commission must file by **April 16, 2000**, unless you were employed or promoted after that date, then you must file **90 days after employment or promotion**.

NOTE: No person is required to file more than one financial disclosure statement for any given calendar year with the appropriate ethics agency.

FOR MORE INFORMATION, PLEASE CONTACT THE JOINT LEGISLATIVE ETHICS COMMITTEE, OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL AT (614) 728-5100.

**CANDIDATES: THIS IS A PERSONAL FINANCIAL DISCLOSURE STATEMENT
THIS IS NOT A CAMPAIGN FINANCE RELATED REPORT**

1. INCOME

Complete EITHER Section A or Section B, whichever is the appropriate section.

A. IF YOU ARE A MEMBER OF THE GENERAL ASSEMBLY IN 2001 OR WERE A MEMBER OF THE GENERAL ASSEMBLY IN 2000: You are required to list EVERY source of income and must identify the amount of each source of income received in accordance with the following ranges using the appropriate letter: A. \$0 - \$999; B. \$1,000 - \$9,999; C. \$10,000 - \$24,999; D. \$25,000 - \$49,999; E. \$50,000 - \$99,999; F. \$100,000 or more. Also, list each source of income received by any other person for your use or benefit. "Income" includes gross income for federal tax purposes and interest and dividends on all governmental securities. You are not required to list the sources of income of your spouse, unless the income was received specifically for your use or benefit.

You are not required to list the individual items of income from your business or profession, only the name of any business, governmental agency, or employer from which you received income EXCEPT (1) you must list the source and dollar amount of income received, or shared with a partner in your business or profession, that is attributable to services or goods provided to a client or customer who is a "legislative agent" AND/OR (2) you must list the source and dollar amount of income received from a person or entity that is doing or seeking to do business with the General Assembly. Attorneys, physicians, and psychologists should list each practice separately but need not disclose the names of their clients or patients, unless those clients or patients are legislative agents. If the client or patient is a legislative agent, you must disclose each client or patient, unless excepted under Revised Code 102.02(A)(2)(c).

For each source of income listed, briefly describe the services for which the income was received.

EXAMPLE:

SOURCE OF INCOME	SERVICE PERFORMED	AMOUNT (A, B, C, D, E, OR F)
State of Ohio	Senator/Representative	D
Smith and Jones Law Firm	Lawyer	C
Friendly National Bank	Interest on Savings Account	A
ABC Pension Fund	Retirement Income	C
XYZ Corporation	Stock Dividends	B
Christopher Columbus - Legislative Agent	Boat Insurance Policy	\$143.00

IF NONE, CHECK HERE

SOURCE OF INCOME	SERVICE PERFORMED	AMOUNT (A, B, C, D, E, OR F)
A. STATE OF OHIO	REPRESENTATIVE	C
B. CITY OF MOUNT VERNON	CITY COUNCIL	B
C. HI-GO DIVERSIFIED LLC	PARTNER	C
D. THOM COLLIER + ASSOC.	OWNER - SPEAKING CONSULTING	B
E.		
F.		

B. IF YOU ARE A CANDIDATE (but not an incumbent candidate) FOR THE GENERAL ASSEMBLY OR AN EMPLOYEE OF THE GENERAL ASSEMBLY OR THE LEGISLATIVE SERVICE COMMISSION: You are required to list each source of gross income. You are not required to disclose any dollar amounts except as indicated below. Also, list each source of income received by any other person for your use or benefit. Remember to list your employment as a source of income. "Income" includes gross income for federal tax purposes and interest and dividends on all governmental securities. You are not required to list the sources of income of your spouse, unless the income was received for your use or benefit.

You are not required to list the individual items of income from your business or profession, only the name of any business, governmental agency, or employer from which you received income EXCEPT (1) you must list the source and dollar amount of income received, or shared with a partner in your business or profession, that is attributable to services or goods provided to a client or customer who is a "legislative agent" AND/OR (2) you must list the source and dollar amount of income received from a person or entity that is doing or seeking to do business with the General Assembly. Attorneys, doctors, and psychologists should list each practice separately but need not disclose the names of their clients or patients, unless those clients or patients are legislative agents. If the client or patient is a legislative agent, you must disclose each client or patient, unless excepted under Revised Code 102.02(A)(2)(c).

For each source of income listed, briefly describe the services for which the income was received.

IF NONE, CHECK HERE

SOURCE OF INCOME	SERVICE PERFORMED	AMOUNT (If required)
A.		
B.		
C.		
D.		
E.		
F.		

2. IMMEDIATE FAMILY MEMBERS

List the names of members of your immediate family. "Immediate family" is defined as your spouse residing in your household and any dependent child.

IF NONE, CHECK HERE

A. DIANE M. COLLIER - WIFE	C. NATOLIE D. COLLIER - DAUGHTER
B. CATHERN E. COLLIER - DAUGHTER	D.

3. BUSINESS NAMES

List all names under which you or members of your immediate family do business.

IF NONE, CHECK HERE

A. Hi-Co DIVERSIFIED, LLC	C.
B. THOM COLLIER + ASSOC.	D.

4. INVESTMENTS

List the names of each corporation incorporated or authorized to do business in Ohio and each trust, business trust, partnership, or association transacting business in Ohio in which you or any other person for your use or benefit had an investment of more than \$1,000 during 2000 (at fair market value as of December 31, 2000, or the date of disposition, whichever is earlier) or in which you hold an office or have a fiduciary relationship (regardless of any monetary investment, including holding office in a not-for-profit corporation.) Include all investments even though they constitute a source of income. You do not have to disclose accounts with banks, building and loan associations, savings and loan associations, and credit unions if the amount is a deposit or withdrawable share account. For each listing, give a brief description of the investment, office, or relationship.

EXAMPLE:

NAME OF CORPORATION, TRUST, BUSINESS TRUST, PARTNERSHIP, OR ASSOCIATION	NAME OF INVESTMENT, OFFICE, OR FIDUCIARY RELATIONSHIP
Acme Corporation	Common Stock
Smith and Jones	Partner
DEF Financial Services	Certificate of Deposit
Public Employees Retirement System of Ohio (PERS)	Mutual Fund
Public Employee Deferred Compensation	Mutual Fund
Smith Cleaning Company	Board of Directors
Brokerage Firm	Money Market Account
ABC Fund	Mutual Fund
XYZ Inc.	President

IF NONE, CHECK HERE

NAME OF CORPORATION, TRUST, BUSINESS TRUST, PARTNERSHIP, OR ASSOCIATION	NAME OF INVESTMENT, OFFICE, OR FIDUCIARY RELATIONSHIP
A. Hi-Co DIVERSIFIED, LLC	PARTNER
B. CHRISTIAN STAR ACADEMY	CORP. MEMBER + BOARD MEMBER
C. WESTERN SOUTHERN LIFE	WHOLE / UNIVERSAL LIFE POLICY
D. PERS	RETIREMENT FUND

5. REAL ESTATE

List all leasehold or ownership interests in real property located in Ohio to which you hold legal title or in which you have any beneficial interest. You do not have to list your personal residence or any real property used primarily for personal recreation. List by address or other description.

IF NONE, CHECK HERE

STREET ADDRESS	CITY	COUNTY	ZIP CODE
A.			
B.			
C.			

6. CREDITORS

List the names of all of your creditors residing or transacting business in Ohio to whom you owe, or have owed, at any time during the calendar year 2000, more than \$1,000 in your own name or in the name of any other person. You must disclose automobile loans, credit card accounts, and all other similar accounts if the balance has exceeded \$1,000 at any time during the calendar year 2000, even if no balance is currently outstanding. You do not have to disclose the debts on your personal residence or real property used primarily for personal recreation, or debts resulting from the ordinary conduct of a business or profession.

IF NONE, CHECK HERE

A. PEOPLES BANK OF GAMBIER	C. IRS
B. CAPITAL ONE (VISA)	D.

7. DEBTORS

List the names of all of your debtors residing or transacting business in Ohio who owe, or have owed, you at any time during the calendar year 2000, more than \$1,000 in your own name or in the name of any other person for your use or benefit. If you are an attorney, a doctor, or a psychologist, you do not have to disclose the names of your clients or patients. You do not have to disclose the names of persons indebted to you if the debt results from the ordinary conduct of your business or profession. Banks, building and loan associations, savings and loan associations, and credit unions need not be listed if the only moneys owed to you by them are moneys which you deposited with such institutions or which are in a withdrawable share account.

IF NONE, CHECK HERE

A.	C.
B.	D.

8. TRAVEL

List the source and amount of each payment of expenses incurred for travel. Travel expenses include payments or reimbursements received by you in your own name, or by any other person for your use or benefit, for travel in connection with your official duties. You must disclose every payment or reimbursement of expenses for travel both inside and outside of Ohio. You must disclose travel payments or reimbursements made to you, or on your behalf, by the General Assembly.

You do not have to disclose expenses incurred at a meeting or convention of a national or state organization to which either house of the General Assembly pays membership dues. The General Assembly pays dues to the following organizations: (1) National Council of State Legislators (NCSL); (2) Council of State Governments (CSG); (3) American Legislative Exchange Council (ALEC); (4) National Conference of Insurance Legislators (NCOIL); (5) State Legislator Leaders Foundation (National Speakers Conference); (6) Eagleton Institute Forum for Women Legislators (American Woman & Political Program for Women for the Legislature); (7) Senate Presidents Forum; and (8) Women in Government.

IF NONE, CHECK HERE

SOURCE	AMOUNT
A. STATE OF OHIO - REPRESENTATIVE	300.-
B. LSC - NEW MEMBER ORIENTATION	509.85
C. H-C	
D.	
E.	

9. GIFTS

List the source of each gift or gifts worth more than \$75, aggregated for the calendar year 2000, received by you in your own name, or by any other person for your use or benefit. If you are a member of the General Assembly, also list the source of each gift or gifts over \$25, aggregated for the calendar year 2000, received from a legislative agent. You do not have to disclose the source of gifts received under a will or by inheritance. Also, you do not have to disclose the source of gifts received from spouses, parents, grandparents, children, grandchildren, siblings, nephews, nieces, uncles, aunts, cousins, step-relations, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, fathers-in-law, mothers-in-law, or any person to whom you stand in *loco parentis*, or received by way of distribution from any *inter vivos* or testamentary trust established by a spouse or ancestor. If you are a member or staff member of the General Assembly, you are prohibited from receiving a gift or gifts from a legislative agent where the value of the gift or gifts, aggregated per calendar year, exceeds \$75.

IF NONE, CHECK HERE

A. THE OHIO STATE UNIVERSITY	C.
B.	D.

10. MEALS, FOOD AND BEVERAGES

List the source of each payment of expenses for meals and other food and beverages received in connection with your official duties and that exceed \$100 aggregated for the calendar year 2000. Expenses include payments or reimbursements to you. You must include the General Assembly if it was the source of expenses or reimbursements for meals, food, or beverages totaling over \$100 for the calendar year 2000.

You do not have to disclose the source of meals and other food and beverages provided at a meeting at which you participated in a panel, seminar, or speaking engagement or at a meeting or convention of a national or state organization to which either house of the General Assembly pays membership dues, or which you have included in travel expenses paid by the General Assembly. If you are a member or staff member of the General Assembly, you are prohibited from receiving from a legislative agent more than \$75 aggregated per calendar year as payment for meals and other food and beverages.

IF NONE, CHECK HERE

A.	C.
B.	D.

11. NON-DISPUTED INFORMATION

If you have received a statement from a legislative agent or employer which contains information described in Section 101.73(F)(2) and you do not dispute the information contained in the statement, either list below all of the non-disputed information contained in the statement(s) or attach a copy of the statement(s) to this form.

IF NONE, CHECK HERE

A.	B.
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12. LICENSES

Any member of the General Assembly who engages in the conduct or practice of a particular business, profession, trade, or occupation that is subject to licensing or regulation by any branch, department, division, institution, instrumentality, board, commission, or bureau of the state, is required to file a notice that he or she is the holder of a particular license, or is engaged in such activity, as part of the financial disclosure statement. Therefore, if you are a member of the General Assembly, list all licenses held or a description of any regulated activity.

IF NONE, CHECK HERE

License Held	
Regulated Activity	

BEFORE SIGNING THIS STATEMENT, CHECK EVERY QUESTION TO MAKE CERTAIN YOU HAVE DISCLOSED THE NECESSARY INFORMATION OR, IF YOU HAVE NOTHING TO DISCLOSE IN A GIVEN QUESTION, YOU HAVE CHECKED THE BOX MARKED "NONE." IF THE ANSWER TO ANY QUESTION IS OMITTED, THE STATEMENT IS INCOMPLETE UNDER THE LAW AND WILL BE RETURNED TO YOU. PERSONS WHO FAIL TO FILE A COMPLETE STATEMENT BY THE APPROPRIATE DEADLINE MAY BE ASSESSED A LATE FILING FEE AND MAY BE SUBJECT TO CRIMINAL PROSECUTION.

By signing below, I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute a complete, truthful, and correct disclosure of all required information.

By signing below, I also acknowledge awareness and understanding of Sections 102.02(D) and 2921.13(A)(7) of the Ohio Revised Code which prohibit me from knowingly filing a false statement and which are criminal misdemeanors of the first degree, punishable by a fine of not more than \$1,000 or imprisonment of not more than six months, or both. (See Revised Code Sections 102.99(B), 2921.13(D), and 2929.21.)

In addition, I acknowledge awareness and understanding of Sections 3.04 and 124.34 of the Ohio Revised Code under which filing a false statement may be grounds for removal from public office or dismissal from public employment.

By signing below, I also acknowledge that either I have, or my public agency has, paid the **\$25 FILING FEE** (check or money order **ONLY** made payable to JLEC) which **must accompany** this disclosure form.

Your Signature is Required: *Thomas F. Collins* Date 4/10/01

RETAIN A COPY OF THIS STATEMENT FOR YOUR RECORDS

● This statement must be filed with:

JOINT LEGISLATIVE ETHICS COMMITTEE
OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL
50 West Broad Street, Suite 1308
Columbus, Ohio 43215-3365
(614) 728-5100

FOR OFFICE USE ONLY

Reviewed by: *J. J. Rogers*

Date: 4/13/01

Complete

Incomplete

Date form returned to filer: / /

Date completed form returned to OLIG: / /

