

**DISCLOSURE STATEMENT**  
**~~ CITY OF PROSPECT, KENTUCKY ~~**

Pursuant to Section 38.03 the Code of Ordinances of the City of Prospect, Kentucky, all city officials, city employees, and candidates for city offices are required to disclose, on a form provided by the City of Prospect Ethics Commission, a statement of financial interests. Such disclosures are to be filed by the first business day in March annually for city officials and employees; and for candidates for city office, 30 days prior to the election, addressing financial interests from the immediate previous calendar year. Separate sheets should be attached to this form if space provided is not sufficient.

**Date of Disclosure Filing** \_\_\_\_\_

**NOTE:**

*This disclosure statement covers the previous 12 month calendar year; or in the case of candidates for city elective office, the immediate past 12 months prior to filing.*

*Nothing requested on this disclosure form shall be construed to require any officer, employee or candidate for city office to disclose any specific dollar amounts or the names of individual clients or customers of businesses listed as sources of income.*

*This completed statement is subject to public disclosure under state law and will be held as an official document of the City of Prospect.*

In compliance with the above requirements, **I**, \_\_\_\_\_,  
(check applicable box) Print Name

- an elected city official** of the City of Prospect
- an appointed city official** of the City of Prospect
- an employee** of the City of Prospect
- a candidate for political office** with the City of Prospect

certify by my signature on the last page of this form that the answers to the inquiries and requests below are true and correct to the best of my knowledge and belief.

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**PLEASE COMPLETE EACH SECTION OF THIS FORM**  
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## GENERAL INFORMATION

NAME : \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS /OCCUPATION: \_\_\_\_\_

EMPLOYER NAME/ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

SPOUSE'S BUSINESS / OCCUPATION: \_\_\_\_\_

SPOUSE'S EMPLOYER NAME/ADDRESS: \_\_\_\_\_

Appointed or elected office held,  
employment position held,  
or elected office sought: \_\_\_\_\_

Please respond to general and financial disclosure information for yourself or your spouse and, where indicated, members of your immediate family (*spouse, children and grandchildren and their spouses, step-children and step-grandchildren and their spouses, parents and parents of a spouse, brothers and sisters and their spouses*) for the following categories:

- real property holdings and leases - **self, spouse & immediate family**
- personal income, honoraria or gifts - **self & spouse**
- business interests and investments - **self & spouse**
- elected or appointed offices in organizations and other entities - **self & spouse**

**NOTE:**  
**SPECIFIC DOLLAR AMOUNTS OF INTERESTS, HOLDINGS, INCOME, GIFTS, ETC. ARE NOT TO BE DISCLOSED.**

**1. (REAL PROPERTY HOLDINGS AND LEASES)**  
**(Includes Personal Residence)**

List all real property owned or leased by you, your spouse, or a member of your immediate family or by a business entity involving real estate in which you, your spouse, or a member of your immediate family have a controlling interest, **located within the city limits of the City of Prospect, Kentucky, including your personal residence.**

**Not applicable**

NAME OF REAL PROPERTY OWNER(S): \_\_\_\_\_  
\_\_\_\_\_

ADDRESS OF REAL PROPERTY: \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNED \_\_\_\_\_ OR LEASED \_\_\_\_\_

~~~~~

NAME OF REAL PROPERTY OWNER(S): \_\_\_\_\_  
\_\_\_\_\_

ADDRESS OF REAL PROPERTY: \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNED \_\_\_\_\_ OR LEASED \_\_\_\_\_

~~~~~

NAME OF REAL PROPERTY OWNER(S): \_\_\_\_\_  
\_\_\_\_\_

ADDRESS OF REAL PROPERTY: \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNED \_\_\_\_\_ OR LEASED \_\_\_\_\_

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**2. PERSONAL INCOME, HONORARIA OR GIFTS**

**For all family members in the household**, payments, honoraria or gifts (*other than authorized salary or compensation for services to the city; or in the event of a candidate for office, campaign contributions and/or services in connection with the campaign*) **totaling more than \$10,000 per source.** *Examples include: salary or wages from employment, independent contractor payments for services, payments from trust funds, rents received, payments received as creditor, payments in representation of individual clients, honoraria for speaking engagements, services to private clients, and gifts or bonuses from employer. Payments from public or private retirement plans or Social Security need not be listed.*

**Not applicable**

NAME OF RECIPIENT: \_\_\_\_\_

SOURCE OF INCOME OR GIFT: \_\_\_\_\_

ADDRESS OF INCOME OR GIFT SOURCE: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY PRODUCING INCOME,  
HONORARIA OR GIFT:

\_\_\_\_\_  
\_\_\_\_\_

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NAME OF RECIPIENT: \_\_\_\_\_

SOURCE OF INCOME OR GIFT: \_\_\_\_\_

ADDRESS OF INCOME OR GIFT SOURCE: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY PRODUCING INCOME,  
HONORARIA OR GIFT:

\_\_\_\_\_  
\_\_\_\_\_

~ Space for additional listings on reverse ~

NAME OF RECIPIENT: \_\_\_\_\_

SOURCE OF INCOME OR GIFT: \_\_\_\_\_

ADDRESS OF INCOME OR GIFT SOURCE: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY PRODUCING INCOME,  
HONORARIA OR GIFT:

\_\_\_\_\_  
\_\_\_\_\_

~~~~~

NAME OF RECIPIENT: \_\_\_\_\_

SOURCE OF INCOME OR GIFT: \_\_\_\_\_

ADDRESS OF INCOME OR GIFT SOURCE: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY PRODUCING INCOME,  
HONORARIA OR GIFT:

\_\_\_\_\_  
\_\_\_\_\_

**3. BUSINESS INTERESTS**

List any business interest in which you or your spouse owns at least a five (5) per cent interest totaling \$10,000 or more at any time during the previous calendar year.

*Examples of descriptions of business interests include: family owned business, closely held business, sole proprietorship, partnership, corporation, limited liability company, etc.*

**Not applicable**

NAME OF BUSINESS INTEREST HOLDER: \_\_\_\_\_

SOURCE OF BUSINESS INTEREST: \_\_\_\_\_

ADDRESS OF ENTITY: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS INTEREST: Include type of business entity.

\_\_\_\_\_  
\_\_\_\_\_

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NAME OF BUSINESS INTEREST HOLDER: \_\_\_\_\_

SOURCE OF BUSINESS INTEREST: \_\_\_\_\_

ADDRESS OF ENTITY: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS INTEREST: Include type of business entity.

\_\_\_\_\_  
\_\_\_\_\_

**4. ELECTED OR APPOINTED OFFICES IN ORGANIZATIONS  
AND OTHER ENTITIES**

List any entity, for-profit or non-profit, for which you or your spouse currently serve or served as of the end of the past year in the capacity of an elected or appointed officer, member of the board of directors, or other governing arm of the entity.

**Not applicable**

NAME OF ENTITY / ORGANIZATION: \_\_\_\_\_

PROFIT\_\_ NON-PROFIT\_\_ COMPENSATION RECEIVED \_\_YES \_\_ NO

ADDRESS OF ENTITY / ORGANIZATION: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TITLE AND GENERAL DESCRIPTION OF POSITION HELD: \_\_\_\_\_

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NAME OF ENTITY / ORGANIZATION: \_\_\_\_\_

PROFIT\_\_ NON-PROFIT\_\_ COMPENSATION RECEIVED \_\_YES \_\_ NO

ADDRESS OF ENTITY / ORGANIZATION: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TITLE AND GENERAL DESCRIPTION OF POSITION HELD: \_\_\_\_\_

~~~~~

NAME OF ENTITY / ORGANIZATION: \_\_\_\_\_

PROFIT\_\_ NON-PROFIT\_\_ COMPENSATION RECEIVED \_\_YES \_\_ NO

ADDRESS OF ENTITY / ORGANIZATION: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TITLE AND GENERAL DESCRIPTION OF POSITION HELD: \_\_\_\_\_

\_\_\_\_\_

**ATTESTATION**

The foregoing information is hereby provided to the Ethics Commission of the City of Prospect, Kentucky, and is true and correct to the best of my knowledge and belief.

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature



**ETHICS COMMISSION**  
**CITY OF PROSPECT, KENTUCKY**

**JOHN EMBRY, TERM EXPIRES 12/31/2025**  
**TODDEBERLE, TERM EXPIRES- 12/31/2027**  
**DANCULBRETH, TERM EXPIRES- 12/31/2026**  
**DAVID JERNIGAN, TERM EXPIRES - 12/31/2027**