



Form No. OEC-2012

OHIO ETHICS COMMISSION

**FINANCIAL DISCLOSURE STATEMENT**This statement is to be filed in **2013**Financial information for calendar year **2012**Please type or print clearly. See instructions for assistance with this page.**SECTION A. PERSONAL CONTACT INFORMATION**

Last Name

King

First Name

Brandon

MI

L

**SECTION B. STATUS (Check all that apply)**

- ☒ Candidate  
☐ Write-in Candidate  
☐ Elected to an office  
☐ Appointed to an unexpired term in elective office  
☐ Public Official  
☐ Public Employee  
☐ Voluntary Filer

**CANDIDATES:** Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year
1	1	0 5 2013

**FILED****OCT 08 2013**

OHIO ETHICS COMMISSION

**SECTION C. PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

Council

- ☒ Seeking  
☐ Hold  
☐ Held

Public Entity you serve in 2013, served in 2012, or will serve if elected

Public Salary:

- ☐ Uncompensated  
☒ Less than \$16,000  
☐ \$16,000 or more

Start

Date:

Month	Day	Year
0	1	0 1 2 0 1 4

End

Date:

Month	Day	Year
1	2	3 1 2 0 1 8

**SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

- ☐ Seeking  
☐ Hold  
☐ Held

Public Entity in which you were/are an official, employee, candidate, or appointee

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☐ \$16,000 or more

Start

Date:

Month	Day	Year

End

Date:

Month	Day	Year

**FOR OHIO ETHICS COMMISSION USE ONLY**

- ☐ Walk-in  
☐ Inter Office  
☐ No Check  
Rev'd by:

☒ Filer has answered every required question.  
☐ Filer has not answered these questions:

#2 p 7 Complete

Date incomplete form

returned to filer: 10-11-13

Date completed form

returned to OEC: 10-21-13

1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions [page 4](#))

☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount
A American Merchandising Services	Sales, Mkt	
B King Management Group, Ltd.	Rental	
C Merck & Co., Inc.	Stock Dividends	
D		
E		
F		

2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions [page 5](#))

☐ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions [page 5](#))

☒ There are no immediate family members whose names I am required to list.

Husband/Wife Residing in Household	Dependent Children

4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions [page 5](#))

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

☒ There are no business names that I am required to list.

Business Name	Business Name
A	C
B	D

5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions [page 6](#))

☐ I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A 13308 Euclid Ave., East Cleveland, Ohio 44112
B
C
ou are not required to disclose your personal residence or real property held primarily for personal recreation

**6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions [page 6](#))

☐ I have no creditors that I am required to list.

Creditor	Creditor
A American Express	D
B	E
C	F

**7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions [page 6](#))

☐ I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

**8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions [page 6](#) and [7](#))

☐ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A King Management Group, Ltd.	Rental, Real Estate
B Merck & Co., Inc.	Common Stock
C Wells Fargo	Stocks, Options & ETFs
D Stifel, Nicolaus & Company, Inc.	Stocks, Options & ETFs
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE USE THIS <a href="#">ATTACHMENT PAGE</a> .	

**9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions [page 7](#))

☐ I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A King Management Group, Ltd.	Managing Partner
B King B., 3/19 Living Trust	Trustee

**SKIP QUESTIONS 10 AND 11 IF YOU ARE A:**

- College or university trustee
- Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

**10. FOOD OR BEVERAGES - SKIP THIS QUESTION IF LISTED IN BOX ABOVE:**

(For help, see instructions [page 8](#))

☐ I have no sources of meals, food, or beverages that I am required to list.

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D

11. TRAVEL EXPENSES - SKIP THIS QUESTION IF LISTED IN BOX ON PAGE 3:

(For help, see instructions [page 8](#))

☐ I have no sources of travel expenses that I am required to list.

Source of Travel Expenses	Amount
A	
B	
C	
D	
E	
F	

12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to question 13.

☐ I have no information that I am required to list.

(For help, see instructions [page 9](#))

Non-Disputed Information
A
B

13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:

(For help, see instructions [page 9](#) and [10](#))

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2012, I served in, or in 2013, I am serving in or a candidate for, the position indicated on page 1 of this statement.

*If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.*

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. Any person who fails to file a complete statement by the appropriate filing deadline will be assessed a late filing fee and may be subject to criminal penalty.

My filing fee is:

(For help, see instructions [page 2](#))

- ☒ Enclosed (check or money order payable to "Ohio Ethics Commission")
- ☒ Submitted Online
- ☐ My public agency is required to pay my filing fee

YOUR SIGNATURE IS REQUIRED HERE:

Date: 10-7-13



Form No. OEC-2012  
OHIO ETHICS COMMISSION  
**FINANCIAL DISCLOSURE STATEMENT**

This statement is to be filed in 2013  
Financial information for calendar year 2012

COPY

Please type or print clearly. See instructions for assistance with this page.

**SECTION A. PERSONAL CONTACT INFORMATION**

Last Name

King

First Name

Brandon

MI

L

**SECTION B. STATUS (Check all that apply)**

- ☒ Candidate  
☐ Write-in Candidate

**CANDIDATES:** Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year
1	1	05
2013		

INCOMPLETE

FILED

OCT 08 2013

OHIO ETHICS COMMISSION

**OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

Council

☒ Seeking  
☐ Hold  
☐ Held

Public Entity you serve in 2013, served in 2012, or will serve if elected

Public Salary:

- ☐ Uncompensated  
☒ Less than \$16,000  
☐ \$16,000 or more

Start

Date:

Month	Day	Year
0	1	01
2	0	14

End

Date:

Month	Day	Year
1	2	31
2	0	18

**SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

Public Entity in which you were/are an official, employee, candidate, or appointee

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☐ \$16,000 or more

Start

Date:

Month	Day	Year

End

Date:

Month	Day	Year

**FOR OHIO ETHICS COMMISSION USE ONLY**

- ☐ Walk-in  
☐ Inter Office  
☐ No Check

Rev'd by:

- ☐ Filer has answered every required question.  
☒ Filer has not answered these questions:

#2 & 7

EB

Date incomplete form

returned to filer: \_\_\_\_\_

Date completed form

returned to OEC: \_\_\_\_\_

1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions [page 4](#))

☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount
A American Merchandising Services	Sales, Mkt	
B King Management Group, Ltd.	Rental	
C Merck & Co., Inc.	Stock Dividends	
D		
E		
F		

2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions [page 5](#))

☒ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:

☒ There are no immediate family members whose names I am required to list.

(For help, see instructions [page 5](#))

Husband/Wife Residing in Household	Dependent Children

4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions [page 5](#))

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

☒ There are no business names that I am required to list.

Business Name	Business Name
A	C
B	D

5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions [page 6](#))

☐ I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A 13308 Euclid Ave., East Cleveland, Ohio 44112
B
C
You are not required to disclose your personal residence or real property held primarily for personal recreation

6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions [page 6](#))

☐ I have no creditors that I am required to list.

Creditor	Creditor
A American Express	D
B	E
C	F

7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions [page 6](#))

☒ I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions [page 6](#) and [7](#))

☐ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A King Management Group, Ltd.	Rental, Real Estate
B Merck & Co., Inc.	Common Stock
C Wells Fargo	Stocks, Options & ETFs
D Stifel, Nicolaus & Company, Inc.	Stocks, Options & ETFs
E	
F	

IF YOU NEED ADDITIONAL SPACE, PLEASE USE THIS [ATTACHMENT PAGE](#).

9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions [page 7](#))

☐ I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A King Management Group, Ltd.	Managing Partner
B King B., 3/19 Living Trust	Trustee

SKIP QUESTIONS 10 AND 11 IF YOU ARE A:

- College or university trustee
- Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

10. FOOD OR BEVERAGES - SKIP THIS QUESTION IF LISTED IN BOX ABOVE:

(For help, see instructions [page 8](#))

☐ I have no sources of meals, food, or beverages that I am required to list.

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D



Form No. OEC-2013

OHIO ETHICS COMMISSION

**FINANCIAL DISCLOSURE STATEMENT**

13

This statement is to be filed in **2014**Financial information for calendar year **2013**

Please type or print clearly. See instructions for assistance with this page.

**SECTION A. PERSONAL CONTACT INFORMATION**

Last Name

king

First Name

brandon

MI

**SECTION B. STATUS (Check all that apply)**

- ☐ Candidate  
☐ Write-in Candidate  
☒ Elected to an office  
☐ Appointed to an unexpired term in elective office  
☐ Public Official  
☐ Public Employee  
☐ Voluntary Filer

**CANDIDATES:** Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year
		2014

FOR OFFICIAL USE ONLY

**FILED**

Online

**5/30/2014**

7:14 PM

Confirm #: 1905141414301

**SECTION C. PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

council member

- ☐ Seeking  
☒ Hold  
☐ Held

Public Entity you serve in 2014, served in 2013, or will serve if elected

East Cleveland

Public Salary:

- ☐ Uncompensated  
☒ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month	Day	Year
0	1	0 2 2 0 1 4

End Date:

Month	Day	Year
1	2	3 1 2 0 1 8

**SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

- ☐ Seeking  
☐ Hold  
☐ Held

Public Entity you serve in 2014, served in 2013, or will serve if elected

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month	Day	Year

End Date:

Month	Day	Year

**FOR OHIO ETHICS COMMISSION USE ONLY**

- ☐ Walk-in  
☐ Inter Office  
☐ No Check

Rev'd by:

☒ Filer has answered every required question.☐ Filer has not answered these questions:

Date incomplete form

returned to filer: \_\_\_\_\_

Date completed form

returned to OEC: \_\_\_\_\_



**1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 4)

☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount
A American Merchandising Services	Marketing, Sales,	
B King Management Company	Marketing, Management,	
C Merck & Company	Dividend	
D		
E		
F		

**2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

☒ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

**3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:**☒ There are no immediate family members whose names I am required to list.

(For help, see instructions page 5)

Husband/Wife Residing in Household	Dependent Children

**4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

☒ There are no business names that I am required to list.

Business Name	Business Name
A	C
B	D

**5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A 13308 Euclid Ave., East Cleveland, Ohio 44112, Cuyahoga
B
C
You are not required to disclose your personal residence or real property held primarily for personal recreation.

**6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no creditors that I am required to list.

Creditor	Creditor
A	D
B	E
C	F

**7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

**8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6 and 7)

☐ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A King Management Group	Management Company
B	
C	
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.	

**9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 7)

☐ I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A King Management Group	Managing Partner
B	

**SKIP QUESTIONS 10 AND 11 IF YOU ARE A:**

- College or university trustee
- Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

**10. FOOD OR BEVERAGES - SKIP THIS QUESTION IF LISTED IN BOX ABOVE:**

(For help, see instructions page 8)

☐ I have no sources of meals, food, or beverages that I am required to list.

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D

**11. TRAVEL EXPENSES - SKIP THIS QUESTION IF LISTED IN BOX ON PAGE 3:**

(For help, see instructions page 8)

☐ I have no sources of travel expenses that I am required to list.

Source of Travel Expenses	Amount
A	
B	
C	
D	
E	
F	

**12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12.** All other filers should skip this question and go to question 13.☐ I have no information that I am required to list.

(For help, see instructions page 9)

Non-Disputed Information
A
B

**13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:**

(For help, see instructions page 9 and 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2013, I served in, or in 2014, I am serving in or a candidate for, the position indicated on page 1 of this statement.

***If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.***

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. **Any person who fails to file a complete statement by the appropriate filing deadline will be assessed a late filing fee and may be subject to criminal penalty.**

**Deliver completed statement to:** Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215**My filing fee is:**

(For help, see instructions page 2)

- ☐ Enclosed (check or money order payable to "Ohio Ethics Commission")
- ☒ Submitted Online
- ☐ My public agency is required or has agreed to pay my filing fee.

**YOUR SIGNATURE IS REQUIRED HERE:***brandon king***Date:** 5/30/2014 7:14 PM

Confirmation Number: 1905141414301

Rev'd 12.30.13



Form No. OEC-2014

OHIO ETHICS COMMISSION

**FINANCIAL DISCLOSURE STATEMENT**This statement is to be filed in **2015**Financial information for calendar year **2014**

14

Please type or print clearly. See instructions for assistance with this page.

**SECTION A. PERSONAL CONTACT INFORMATION**

Last Name

king

First Name

brandon

MI

**SECTION B. STATUS (Check all that apply)**

- ☐ Candidate  
☐ Write-in Candidate  
☒ Elected to an office  
☐ Appointed to an unexpired term in elective office  
☐ Public Official  
☐ Public Employee  
☐ Voluntary Filer

**CANDIDATES:** Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year
		2015

FOR OFFICIAL USE ONLY

**FILED**

Online

**1/14/2015**

4:15 PM

Confirm #: 1601150715141

**SECTION C. PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

council member

- ☐ Seeking  
☒ Hold  
☐ Held

Public Entity you serve in 2015, served in 2014, or will serve if elected

East Cleveland

Public Salary:

- ☐ Uncompensated  
☒ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month	Day	Year
0	1	0 2 2 0 1 4

End Date:

Month	Day	Year
0	1	0 1 2 0 1 8

**SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

- ☐ Seeking  
☐ Hold  
☐ Held

Public Entity you serve in 2015, served in 2014, or will serve if elected

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month	Day	Year

End Date:

Month	Day	Year

**FOR OHIO ETHICS COMMISSION USE ONLY**

- ☐ Walk-in  
☐ Inter Office  
☐ No Check

Rev'd by:

- ☒ Filer has answered every required question.  
☐ Filer has not answered these questions:

Date incomplete form  
returned to filer: \_\_\_\_\_  
Date completed form  
returned to OEC: \_\_\_\_\_

**1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 4)

☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount*
A American Merchandising Services	Marketing, Sales,	
B King Management Company	Marketing, Management,	
C Merck & Company	Dividend	
D CWRU	Consulting	
E		
* Check instructions to see whether you are required to disclose amounts of income.		

**2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

☒ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

**3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:**☒ There are no immediate family members whose names I am required to list. (For help, see instructions page 5)

Husband/Wife Residing in Household	Dependent Children

**4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

☒ There are no business names that I am required to list.

Business Name	Business Name
A	C
B	D

**5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A 13308 Euclid Ave., East Cleveland, Ohio 44112, Cuyahoga
B
C
You are not required to disclose your personal residence or real property held primarily for personal recreation.

**6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no creditors that I am required to list.

Creditor	Creditor
A	D
B	E
C	F

**7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

**8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6 and 7)

☐ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A King Management Group	Management Company
B	
C	
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.	

**9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 8)

☐ I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A King Management Group	Managing Partner
B	

**SKIP QUESTIONS 10 AND 11 IF YOU ARE A:**

- College or university trustee
- Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

**10. FOOD OR BEVERAGES - SKIP THIS QUESTION IF LISTED IN BOX ABOVE:**

(For help, see instructions page 8)

☐ I have no sources of meals, food, or beverages that I am required to list.

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D

**11. TRAVEL EXPENSES - SKIP THIS QUESTION IF LISTED IN BOX ON PAGE 3:**

(For help, see instructions page 9)

☐ I have no sources of travel expenses that I am required to list.

Source of Travel Expenses	Amount
A	
B	
C	
D	
E	
F	

**12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12.** All other filers should skip this question and go to question 13.☐ I have no information that I am required to list.

(For help, see instructions page 9)

Non-Disputed Information
A
B

**13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:**

(For help, see instructions page 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2014, I served in, or in 2015, I am serving in or a candidate for, the position indicated on page 1 of this statement.

***If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.***

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. **Any person who fails to file a complete statement by the appropriate filing deadline will be assessed a late filing fee and may be subject to criminal penalty.**

**Deliver completed statement to:** Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215**My filing fee is:**

(For help, see instructions page 2)

- ☐ Enclosed (check or money order payable to "Ohio Ethics Commission")
- ☒ Submitted Online
- ☐ Included in my attorney registration fees (Judges, Magistrates, and Judicial Candidates Only)
- ☐ My public agency is required or has agreed to pay my filing fee.

**YOUR SIGNATURE IS REQUIRED HERE:***brandon king***Date:** 1/14/2015 4:15 PM

Confirmation Number: 1601150715141

Page 4 of 4

Rev'd 12.30.14



Form No. OEC-2015

OHIO ETHICS COMMISSION

**FINANCIAL DISCLOSURE STATEMENT**

15

This statement is to be filed in **2016**Financial information for calendar year **2015**

Please type or print clearly. See instructions for assistance with this page.

**SECTION A. PERSONAL CONTACT INFORMATION**

Last Name

king

First Name

brandon

MI

**SECTION B. STATUS (Check all that apply)**

- ☐ Candidate  
☐ Write-in Candidate  
☒ Elected to an office  
☐ Appointed to an unexpired term in elective office  
☐ Public Official  
☐ Public Employee  
☐ Voluntary Filer

**CANDIDATES:** Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year
		2016

FOR OFFICIAL USE ONLY

**FILED**

Online

**1/21/2016**

12:31 PM

Confirm #: 1201160431212

**SECTION C. PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

council member

- ☐ Seeking  
☒ Hold  
☐ Held

Public Entity you serve in 2016, served in 2015, or will serve if elected

East Cleveland

Public Salary:

- ☐ Uncompensated  
☒ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month	Day	Year
0	1	0 2 2 0 1 4

End Date:

Month	Day	Year
1	2	3 1 2 0 1 7

**SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

- ☐ Seeking  
☐ Hold  
☐ Held

Public Entity you serve in 2016, served in 2015, or will serve if elected

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month	Day	Year

End Date:

Month	Day	Year

**FOR OHIO ETHICS COMMISSION USE ONLY**

- ☐ Walk-in  
☐ Inter Office  
☐ No Check  
Rev'd by:

- ☒ Filer has answered every required question.  
☐ Filer has not answered these questions:

Date incomplete form  
returned to filer: \_\_\_\_\_  
Date completed form  
returned to OEC: \_\_\_\_\_



**1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 4)

☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount* (if required)
A American Merchandising Services	Marketing, Sales,	
B King Management Company	Marketing, Management,	
C Merck & Company	Dividend	
D CWRU	Consulting	
E		
* Check instructions to see whether you are required to disclose amounts of income.		

**2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

☒ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

**3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:**☒ There are no immediate family members whose names I am required to list. (For help, see instructions page 5)

Spouse Residing in Household	Dependent Children

**4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

☒ There are no business names that I am required to list.

Business Name	Business Name
A	C
B	D

**5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A 13308 Euclid Ave., East Cleveland, Ohio 44112, Cuyahoga
B
C
You are not required to disclose your personal residence or real property held primarily for personal recreation.

**6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no creditors that I am required to list.

Creditor	Creditor
A	D
B	E
C	F

**7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

**8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6 and 7)

☐ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A King Management Group	Management Company
B	
C	
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.	

**9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 8)

☐ I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A King Management Group	Managing Partner
B	

**SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FILE AS A:**

- College or university trustee
- Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

**10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ABOVE MUST ANSWER THIS QUESTION:**☐ I have no sources of meals, food, or beverages that I am required to list.

(For help, see instructions page 8)

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D

**11. TRAVEL EXPENSES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ON PAGE 3 MUST ANSWER THIS QUESTION:**

☐ I have no sources of travel expenses that I am required to list. (For help, see instructions page 9)

Source of Travel Expenses	Amount
A	
B	
C	
D	
E	
F	

**12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12.** All other filers should skip this question and go to question 13.

☐ I have no information that I am required to list. (For help, see instructions page 9)

Non-Disputed Information
A
B

**13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:**

(For help, see instructions page 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2015, I served in, or in 2016, I am serving in or a candidate for, the position indicated on page 1 of this statement.

***If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.***

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. **Any person who fails to file a complete statement by the appropriate filing deadline will be assessed a late filing fee and may be subject to criminal penalty.**

**Deliver completed statement to:** Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215

**My filing fee is:**

(For help, see instructions page 2)

- ☐ Enclosed (check or money order payable to "Ohio Ethics Commission")
- ☒ Submitted Online
- ☐ Included in my attorney registration fees (Judges, Magistrates, and Judicial Candidates Only)
- ☐ My public agency is required or has agreed to pay my filing fee.

**YOUR SIGNATURE IS REQUIRED HERE:** brandon king

**Date:** 1/21/2016 12:31 PM

Confirmation Number: 1201160431212



Form No. OEC-2016

OHIO ETHICS COMMISSION

**FINANCIAL DISCLOSURE STATEMENT**

16

This statement is to be filed in **2017**Financial information for calendar year **2016**

Please type or print clearly. See instructions for assistance with this page.

**SECTION A. PERSONAL CONTACT INFORMATION**

Last Name

king

First Name

brandon

MI

**SECTION B. STATUS (Check all that apply)**

- ☒ Candidate  
☐ Write-in Candidate  
☒ Elected to an office  
☐ Appointed to an unexpired term in elective office  
☐ Public Official  
☐ Public Employee  
☐ Voluntary Filer / Other

**CANDIDATES:** Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year
09	12	2017

FOR OFFICIAL USE ONLY

**FILED**

Online

**5/4/2017**

9:01 AM

Confirm #: 0905175001046

**SECTION C. PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

council member (appointed to Mayor 12/20/2016)

- ☐ Seeking  
☒ Hold  
☐ Held

Public Entity you serve in 2017, served in 2016, or will serve if elected

East Cleveland

Public Salary:

- ☐ Uncompensated  
☒ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month	Day	Year
01	02	0114

End Date:

Month	Day	Year
12	31	2017

**SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

Mayor (appointed 12/20/2016)

- ☐ Seeking  
☒ Hold  
☐ Held

Public Entity you serve in 2017, served in 2016, or will serve if elected

East Cleveland

Public Salary:

- ☐ Uncompensated  
☒ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month	Day	Year
01	02	0114

End Date:

Month	Day	Year
12	31	2017

**FOR OHIO ETHICS COMMISSION USE ONLY**

- ☐ Walk-in  
☐ Inter Office  
☐ No Check

Rev'd by:

☒ Filer has answered every required question.☐ Filer has not answered these questions:

Date incomplete form

returned to filer: \_\_\_\_\_

Date completed form

returned to OEC: \_\_\_\_\_

**1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 4)

☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount* (if required)
A American Merchandising Services	Mkt., mgr., Sales	
B Merck	Stock Dividends	
C Case Western Reserve University	Adviser, Board Member	
D		
E		
* Check instructions to see whether you are required to disclose amounts of income.		

**2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

☒ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

**3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:**☒ There are no immediate family members whose names I am required to list. (For help, see instructions page 5)

Spouse Residing in Household	Dependent Children

**4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

☐ There are no business names that I am required to list.

Business Name	Business Name
A King Management Group, Ltd	C
B	D

**5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A 13308 Euclid Ave., East Cleveland, Ohio 44112
B
C
You are not required to disclose your personal residence or real property held primarily for personal recreation.

**6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no creditors that I am required to list.

Creditor	Creditor
A	D
B	E
C	F

**7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

**8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6 and 7)

☒ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A	
B	
C	
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.	

**9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 8)

☐ I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A King Management Group, Ltd	Managing Partner
B	

**SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FILE AS A:**

- College or university trustee
- Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

**10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ABOVE MUST ANSWER THIS QUESTION:**☐ I have no sources of meals, food, or beverages that I am required to list.

(For help, see instructions page 8)

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D

**11. TRAVEL EXPENSES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ON PAGE 3 MUST ANSWER THIS QUESTION:**

☐ I have no sources of travel expenses that I am required to list. (For help, see instructions page 9)

Source of Travel Expenses	Amount
A	
B	
C	
D	
E	
F	

**12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12.** All other filers should skip this question and go to question 13.

☐ I have no information that I am required to list. (For help, see instructions page 9)

Non-Disputed Information
A
B

**13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:**

(For help, see instructions page 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2016, I served in, or in 2017, I am serving in or a candidate for, the position indicated on page 1 of this statement.

***If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.***

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. **Any person who fails to file a complete statement by the appropriate filing deadline will be assessed a late filing fee and may be subject to criminal penalty.**

**Deliver completed statement to:** Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215

**My filing fee is:**

(For help, see instructions page 2)

- ☐ Enclosed (check or money order payable to "Ohio Ethics Commission")
- ☒ Submitted Online
- ☐ Included in my attorney registration fees (Judges, Magistrates, and Judicial Candidates Only)
- ☐ My public agency is required or has agreed to pay my filing fee.

**YOUR SIGNATURE IS REQUIRED HERE:** brandon king

**Date:** 5/4/2017 9:01 AM

Confirmation Number: 0905175001046



Form No. OEC-2017

OHIO ETHICS COMMISSION

**FINANCIAL DISCLOSURE STATEMENT**

17

This statement is to be filed in **2018**Financial information for calendar year **2017**

Please type or print clearly. See instructions for assistance with this page.

**SECTION A. PERSONAL CONTACT INFORMATION**

Last Name

king

First Name

brandon

MI

**SECTION B. STATUS (Check all that apply)**

- ☐ Candidate  
☒ Write-in Candidate  
☒ Elected to an office  
☐ Appointed to an unexpired term in elective office  
☐ Public Official  
☐ Public Employee  
☐ Voluntary Filer / Other

**CANDIDATES:** Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month		Day		Year	
0	5	0	8	2018	

FOR OFFICIAL USE ONLY

**FILED**

Online

**4/29/2018**

12:33 PM

Confirm #: 1204184233299

**SECTION C. PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

Mayor

- ☐ Seeking  
☒ Hold  
☐ Held

Public Entity you serve in 2018, served in 2017, or will serve if elected

East Cleveland

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☒ \$16,000 or more

Start Date:

Month		Day		Year	
1	2	1	9	2	0

End Date:

Month		Day		Year	
1	2	3	1	2	0

**SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

precinct committee

- ☒ Seeking  
☐ Hold  
☐ Held

Public Entity you serve in 2018, served in 2017, or will serve if elected

East Cleveland

Public Salary:

- ☐ Uncompensated  
☒ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month		Day		Year	

End Date:

Month		Day		Year	

**FOR OHIO ETHICS COMMISSION USE ONLY**

- ☐ Walk-in  
☐ Inter Office  
☐ No Check  
Rev'd by:

- ☒ Filer has answered every required question.  
☐ Filer has not answered these questions:

Date incomplete form  
returned to filer: \_\_\_\_\_  
Date completed form  
returned to OEC: \_\_\_\_\_



**1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 4)

☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount* (if required)
A American Merchandising Services	Mkt., mgr., Sales	
B Merck	Stock Dividends	
C		
D		
E		
* Check instructions to see whether you are required to disclose amounts of income.		

**2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

☒ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

**3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:**☒ There are no immediate family members whose names I am required to list.

(For help, see instructions page 5)

Spouse Residing in Household	Dependent Children

**4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

☐ There are no business names that I am required to list.

Business Name	Business Name
A King Management Group, Ltd	C
B	D

**5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A 13308 Euclid Ave., East Cleveland, Ohio 44112
B
C
You are not required to disclose your personal residence or real property held primarily for personal recreation.

**6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no creditors that I am required to list.

Creditor	Creditor
A	D
B	E
C	F

**7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

**8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6 and 7)

☒ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A	
B	
C	
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.	

**9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 8)

☐ I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A King Management Group, Ltd	Managing Partner
B	

**SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FILE AS A:**

- College or university trustee
- Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

**10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ABOVE MUST ANSWER THIS QUESTION:**☒ I have no sources of meals, food, or beverages that I am required to list.

(For help, see instructions page 8)

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D

**11. TRAVEL EXPENSES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ON PAGE 3 MUST ANSWER THIS QUESTION:**

☒ I have no sources of travel expenses that I am required to list.

(For help, see instructions page 9)

Source of Travel Expenses	Amount
A	
B	
C	
D	
E	
F	

**12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12.** All other filers should skip this question and go to question 13.

☐ I have no information that I am required to list.

(For help, see instructions page 9)

Non-Disputed Information
A
B

**13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:**

(For help, see instructions page 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2017, I served in, or in 2018, I am serving in or a candidate for, the position indicated on page 1 of this statement.

***If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.***

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. **Any person who fails to file a complete statement by the appropriate filing deadline will be assessed a late filing fee and may be subject to criminal penalty.**

**Deliver completed statement to:** Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215

**My filing fee is:**

(For help, see instructions page 2)

- ☐ Enclosed (check or money order payable to "Ohio Ethics Commission")
- ☒ Submitted Online
- ☐ Included in my attorney registration fees (Judges, Magistrates, and Judicial Candidates Only)
- ☐ My public agency is required or has agreed to pay my filing fee.

**YOUR SIGNATURE IS REQUIRED HERE:** brandon king

**Date:** 4/29/2018 12:33 PM

Confirmation Number: 1204184233299



**FINANCIAL DISCLOSURE STATEMENT**

This statement is to be filed in 2019

Financial information for calendar year 2018

Please type or print clearly. See instructions for assistance with this page. Electronic filing available at [disclosure.ethics.ohio.gov](http://disclosure.ethics.ohio.gov).

**SECTION A. PERSONAL CONTACT INFORMATION**

Last Name

King

First Name

Brandon

MI

L

**SECTION B. STATUS (Check all that apply)**

- ☐ Candidate  
☐ Write-in Candidate  
☐ Elected to an office  
☐ Appointed to an unexpired term in elective office  
☒ Public Official  
☐ Public Employee  
☐ Voluntary Filer / Other

**CANDIDATES:** Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year
		2019

FOR OFFICIAL USE ONLY

**FILED**

MAY 01 2019

OHIO ETHICS COMMISSION

**SECTION C. PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

Mayor

- ☒ Seeking  
☒ Hold  
☐ Held

Public Entity you serve in 2019, served in 2018, or will serve if elected

East Cleveland

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☒ \$16,000 or more

Start Date:

Month	Day	Year
01	01	2018

End Date:

Month	Day	Year
12	31	2021

**SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

- ☐ Seeking  
☐ Hold  
☐ Held

Public Entity you serve in 2019, served in 2018, or will serve if elected

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month	Day	Year

End Date:

Month	Day	Year

FOR OHIO ETHICS COMMISSION USE ONLY

- ☐ Walk-in  
☐ Inter Office  
☐ No Check

Rev'd by: *[Signature]*

- ☐ Filer has answered every required question.  
☒ Filer has not answered these questions:

*10 & 11*

Date incomplete form returned to filer: *5.7.19*  
Date completed form returned to OEC: *5.28.19*

**1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 4)

☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount* (if required)
A SEE ATTACHMENT 1		
B		
C		
D		
E		
* Check instructions to see whether you are required to disclose amounts of income.		

**2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

☒ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

**3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:**

☒ There are no immediate family members whose names I am required to list.

(For help, see instructions page 5)

Spouse Residing in Household	Dependent Children
Dependent Children	

**4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

☐ There are no business names that I am required to list.

Business Name	Business Name
A SEE ATTACHMENT 4	C
B	D

**5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A 13308 Euclid Ave., East Cleveland, OH 44112
B
C
You are not required to disclose your personal residence or real property held primarily for personal recreation.

6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6)

☐ I have no creditors that I am required to list.

Creditor	Creditor
A American Express	D US Bank
B Bank of America	E PNC Bank
C Chase	F

7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6)

☒ I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6 and 7)

☐ I have no investments that I am required to list.

Corporation, Trust, Business, Trust, Partnership, or Association	Nature of Investment
A SEE ATTACHMENT 8	
B	
C	
D	
E	
F	

IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.

9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 8)

☐ I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business, Trust, Partnership, or Association	Office or Nature of Relationship
A SEE ATTACHMENT 9	
B	

SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FILE AS A:

- College or university trustee
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ABOVE MUST ANSWER THIS QUESTION:

(For help, see instructions page 8)

☒ I have no sources of meals, food, or beverages that I am required to list.

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D

5/21/19

**11. TRAVEL EXPENSES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ON PAGE 3 MUST ANSWER THIS QUESTION:**

☒ I have no sources of travel expenses that I am required to list.

(For help, see instructions page 9)

Source of Travel Expenses:	Amount:
A	
B	
C	
D	
E	
F	

**12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to question 13.**

☐ I have no information that I am required to list.

(For help, see instructions page 9)

Non-Disputed Information:
A
B

**13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:**

(For help, see instructions page 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2018, I served in, or in 2019, I am serving in or a candidate for, the position(s) indicated on page 1 of this statement.

*If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.*

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. Any person who fails to file a complete statement by the appropriate filing deadline will be assessed a late filing fee and may be subject to criminal penalty.

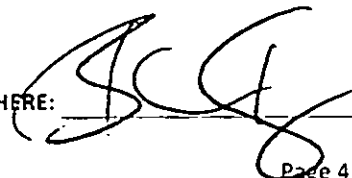
Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215

My filing fee is:

(For help, see instructions page 2)

- ☐ Enclosed (check or money order payable to "Ohio Ethics Commission")
- ☐ Submitted Online
- ☐ My public agency is required or has agreed to pay my filing fee.

YOUR SIGNATURE IS REQUIRED HERE:



Date:

4-25-19

**FINANCIAL DISCLOSURE STATEMENT (supplement)**

This statement is to be filed in 2019

Financial information for calendar year 2018

**1. Sources of Income**

		ORC 102.02	
Item #	Source of Income	Service Provided	Amount
1	American Merchandising Services (AMS)	Marketing, Sales	
2	King Management Group, Ltd. (KMG, Ltd)	Managing Partner	
3	Computershare Trust Company, N.A.	Dividend	
4	American Stock, Transfer & Trust Company, LLC	Dividend	
5	EMC Corp., Mass, EMC	Dividend	
6	General Electric Company, GE	Stock	
7	Merck & Co., Inc., New, MRK	Dividend	
8	HP, Inc	Stock	
9	Hewlett Packard Enterprises Company	Stock	
10	JPMorgan Chase & Company	Stock	
11	Micron Technology, Inc.	Stock	
12	KeyCorp	Dividend	
13	Zimmer Biomet Holdings, Inc	Dividend	
14	Bristol-Myers Squibb Company	Dividend	
15	King B 3/19 Trust	Beneficiary	
16	Dell, Inc.	Stock	



NOTE: Ohio Ethics Commission (Financial Disclosure Statement Instructions)

Amount of Income: You must also disclose the amount of income you received from any source, IF:

1. The source is doing or seeking to do business with the public agency you serve; or
2. You earned the income because you provided goods or services to a legislative agent (lobbyist).

\*NOTE: These filers disclose only sources of income over \$500.00 and are **NOT REQUIRED** to disclose amounts of income:

- ~ College or University Trustee;
- ~ Any official or employee of a City, school district, ESC, or sanitary district if his or her public position is paid less than \$16,000.00; and
- ~ Any candidate for an elective office of a City, school district, or ESC if the office is paid less than \$16,000.00

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2019

Financial information for calendar year 2018

### 4. Names of Businesses

Item # Business Name

3	AMS-05 Ltd. (American Merchandising Services - 05)
5	Brandon King Ltd., AMS 05
6	Greekciti, Inc.
7	HuUey, Inc.
8	Kappa House II, Inc.
10	King Management Group, Ltd
11	KMG 13308 Euclid, Ltd.
12	KMG Elsinore, Ltd.
13	The University of East Cleveland, Inc.

# ATTACHMENT A

## ***NOT NEEDED***

# 18

### FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2019

Financial information for calendar year 2018

#### 6. Creditors Over \$1,000.00

Item #	Creditor
1	American Express
2	US Bank
3	
4	
5	
6	Bank of America
7	
8	
	PNC Bank
10	CHASE
11	
12	
13	

**FINANCIAL DISCLOSURE STATEMENT (supplement)**

This statement is to be filed in 2019

Financial information for calendar year 2018

**8. Investments Over \$1,000.00**

Item #	Corporation, Trust, Business Trust	Nature of Investment
	Partnership, or Association	
1	Wells Fargo Advisors	Brokerage Account
2	Stifel, Nicolaus & Company, Inc.	Brokerage Account
3	Computershare Trust Company, N.A.	Brokerage Account
4	American Stock, Transfer & Trust Company, LLC	Brokerage Account
5	EMC Corp., Mass, EMC	Stock
6	General Electric Company, GE	Stock
7	Merck & Co., Inc., New, MRK	Stock
8	HP, Inc	Stock
9	Hewlett Packard Enterprises Company	Stock
10	JPMorgan Chase & Company	Stock
11	Micron Technology, Inc.	Stock
12	KeyCorp	Stock
13	Zimmer Biomet Holdings, Inc	Mutual Fund
14	Bristol-Myers Squibb Company	Stock
15	King B 3/19 Trust	Beneficiary
16	Dell, Inc.	Stock

**FINANCIAL DISCLOSURE STATEMENT (supplement)**

This statement is to be filed in 2019

Financial information for calendar year 2018

**9. Offices/Fiduciary Relationships**

Item #	Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
1	9Global Institute of Applied Technology, Inc.	
2	American Merchandising Services Corporation	
3	AMS-05 Ltd. (American Merchandising Services - 05)	Authorized Representative
4	Brandon King	
5	Brandon King Ltd., AMS 05	Authorized Representative
6	Greekciti, Inc.	Authorized Representative
7	HuUey, Inc.	Authorized Representative
8	Kappa House II, Inc.	
9	King Barbershop, Inc.	
10	King Management Group, Ltd	Managing Partner
11	KMG 13308 Euclid, Ltd.	Authorized Representative
12	KMG Elsinore, Ltd.	Authorized Representative
13	The University of East Cleveland, Inc.	Authorized Representative
14	* Cleveland Professional University	
15	* Guru Dakshina	
16	* Carpool Assist	
15	King B 3/19 Trust	Trustee

**NOTE: Please, see Attachment B**



Form No. OEC-2019  
OHIO ETHICS COMMISSION

# FINANCIAL DISCLOSURE STATEMENT

This statement is to be filed in 2020

Financial information for calendar year 2019

Please type or print clearly. See instructions for assistance with this page. Electronic filing available at: [disclosure.ethics.ohio.gov](http://disclosure.ethics.ohio.gov)

19

## SECTION A. PERSONAL CONTACT INFORMATION

Last Name

King

First Name

Brandon

MI

L

## SECTION B. STATUS (Check all that apply)

- ☐ Candidate  
☐ Write-in Candidate  
☐ Elected office holder  
☐ Appointed (in 2020) to an unexpired term in elective office  
☒ Public Official  
☐ Public Employee  
☐ Voluntary Filer / Other

**CANDIDATES:** Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year

FOR OFFICIAL USE ONLY

**FILED**

AUG 11 2020

OHIO ETHICS COMMISSION

## SECTION C. PUBLIC POSITION, OFFICE, OR JOB

Position/Title (Example: council member, sheriff, board member, or job title)

MAYOR

- ☐ Seeking  
☒ Hold  
☐ Held

Public Entity you serve in 2020, served in 2019, or will serve if elected

East Cleveland

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☒ \$16,000 or more

Start Date:

Month	Day	Year
0	1	0

End Date:

Month	Day	Year
1	2	3

## SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB

Position/Title (Example: council member, sheriff, board member, or job title)

- ☐ Seeking  
☐ Hold  
☐ Held

Public Entity you serve in 2020, served in 2019, or will serve if elected

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month	Day	Year

End Date:

Month	Day	Year

## FOR OHIO ETHICS COMMISSION USE ONLY

- ☐ Walk-in  
☐ Inter Office  
☐ No Check

Rev'd by: *JP*

- ☒ Filer has answered every required question.  
☐ Filer has not answered these questions:

Date incomplete form returned to filer: \_\_\_\_\_  
Date completed form returned to OEC: \_\_\_\_\_

RECEIVED  
OHIO ETHICS COMMISSION  
2020 AUG 18 A 8:59

**1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 4)

☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount* (if required)
A SEE ATTACHMENT 1		
B		
C		
D		
E		
* Check instructions to see whether you are required to disclose amounts of income.		

**2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

☒ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

**3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:**

☒ There are no immediate family members whose names I am required to list.

(For help, see instructions page 5)

Spouse Residing in Household	Dependent Children

**4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

☐ There are no business names that I am required to list.

Business Name	Business Name
A SEE ATTACHMENT 4	C
B	D

**5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A 13308 Euclid Ave., East Cleveland, OH 44112
B
C
You are not required to disclose your personal residence or real property held primarily for personal recreation.

**6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no creditors that I am required to list.

Creditor	Creditor
A American Express	D US Bank
B Bank of America	E PNC Bank
C Chase	F

**7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

**8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6 and 7)

☐ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A SEE ATTACHMENT 8	
B	
C	
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.	

**9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 8)

☐ I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A SEE ATTACHMENT 9	
B	

**SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FILE AS A:**

- College or university trustee
- Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

**10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ABOVE MUST ANSWER THIS QUESTION:**

☒ I have no sources of meals, food, or beverages that I am required to list.

(For help, see instructions page 8)

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D



11. TRAVEL EXPENSES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ON PAGE 3 MUST ANSWER THIS QUESTION:

☒ I have no sources of travel expenses that I am required to list.

(For help, see instructions page 9)

Source of Travel Expenses	Amount
A	
B	
C	
D	
E	
F	

12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to question 13.

☐ I have no information that I am required to list.

(For help, see instructions page 9)

Non-Disputed Information
A
B

13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:

(For help, see instructions page 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2019, I served in, or in 2020, I am serving in or a candidate for, the position(s) indicated on page 1 of this statement.

*If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.*

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. **Any person who fails to file a complete statement by the appropriate filing deadline will be assessed a late filing fee and may be subject to criminal penalty.**

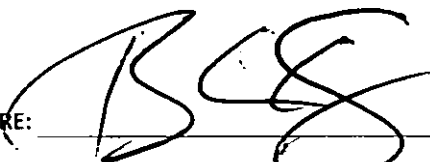
Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215

My filing fee is:

(For help, see instructions page 2)

- ☐ Enclosed (check or money order payable to "Ohio Ethics Commission")
- ☐ Submitted Online
- ☐ My public agency is required or has agreed to pay my filing fee.

YOUR SIGNATURE IS REQUIRED HERE:



Date:

8-7-2020

# ATTACHMENT 1

# 19

## **FINANCIAL DISCLOSURE STATEMENT (supplement)**

This statement is to be filed in 2020

Financial information for calendar year 2019

### **1. Sources of Income**

		ORC 102.02	
Item #	Source of Income	Service Provided	Amount
1	American Merchandising Services (AMS)	Marketing, Sales	
2	King Management Group, Ltd. (KMG, Ltd)	Managing Partner	
3	Computershare Trust Company, N.A.	Dividend	
4	American Stock, Transfer & Trust Company, LLC	Dividend	
5	EMC Corp., Mass, EMC	Dividend	
6	General Electric Company, GE	Stock	
7	Merck & Co., Inc., New, MRK	Dividend	
8	HP, Inc	Stock	
9	Hewlett Packard Enterprises Company	Stock	
10	JPMorgan Chase & Company	Stock	
11	Micron Technology, Inc.	Stock	
12	KeyCorp	Dividend	
13	Zimmer Biomet Holdings, Inc	Dividend	
14	Bristol-Myers Squibb Company	Dividend	
15	King B 3/19 Trust	Beneficiary	
16	Dell, Inc.	Stock	

# ATTACHMENT 4

19

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2020

Financial information for calendar year 2019

### 4. Names of Businesses

Item #	Business Name
3	AMS-05 Ltd. (American Merchandising Services - 05)
5	Brandon King Ltd., AMS 05
6	Greekciti, Inc.
7	HuUey, Inc.
8	Kappa House II, Inc.
10	King Management Group, Ltd
11	KMG 13308 Euclid, Ltd.
12	KMG Elsinore, Ltd.
13	The University of East Cleveland, Inc.

**FINANCIAL DISCLOSURE STATEMENT (supplement)**

This statement is to be filed in 2020

Financial information for calendar year 2019

**8. Investments Over \$1,000.00**

Item #	Corporation, Trust, Business Trust	Nature of Investment
	Partnership, or Association	
1	Wells Fargo Advisors	Brokerage Account
2	Stifel, Nicolaus & Company, Inc.	Brokerage Account
3	Computershare Trust Company, N.A.	Brokerage Account
4	American Stock, Transfer & Trust Company, LLC	Brokerage Account
5	EMC Corp., Mass, EMC	Stock
6	General Electric Company, GE	Stock
7	Merck & Co., Inc., New, MRK	Stock
8	HP, Inc	Stock
9	Hewlett Packard Enterprises Company	Stock
10	JPMorgan Chase & Company	Stock
11	Micron Technology, Inc.	Stock
12	KeyCorp	Stock
13	Zimmer Biomet Holdings, Inc	Mutual Fund
14	Bristol-Myers Squibb Company	Stock
15	King B 3/19 Trust	Beneficiary
16	Dell, Inc.	Stock

**FINANCIAL DISCLOSURE STATEMENT (supplement)**

This statement is to be filed in 2020

Financial information for calendar year 2019

**9. Offices/Fiduciary Relationships**

Item #	Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
1	9Global Institute of Applied Technology, Inc.	
2	American Merchandising Services Corporation	
3	AMS-05 Ltd. (American Merchandising Services - 05)	Authorized Representative
4	Brandon King	
5	Brandon King Ltd., AMS 05	Authorized Representative
6	Greekciti, Inc.	Authorized Representative
7	HuUey, Inc.	Authorized Representative
8	Kappa House II, Inc.	
9	King Barbershop, Inc.	
10	King Management Group, Ltd	
11	KMG 13308 Euclid, Ltd.	Authorized Representative
12	KMG Elsinore, Ltd.	Authorized Representative
13	The University of East Cleveland, Inc.	
14	* Cleveland Professional University	
15	* Guru Dakshina	
16	* Carpool Assist	
15	King B 3/19 Trust	Trustee

**NOTE: Please, see Attachment B**



Form No. OEC-2020  
OHIO ETHICS COMMISSION

# FINANCIAL DISCLOSURE STATEMENT

This statement is to be filed in 2021

Financial information for calendar year 2020

Please type or print clearly. See instructions for assistance with this page. Electronic filing available at: [disclosure.ethics.ohio.gov](https://disclosure.ethics.ohio.gov)

20

## SECTION A. PERSONAL CONTACT INFORMATION

Last Name

King

First Name

Brandon

MI

L

## SECTION B. STATUS (Check all that apply)

- ☐ Candidate  
☐ Write-in Candidate  
☐ Elected office holder  
☐ Appointed (in 2021) to an unexpired term in elective office  
☒ Public Official  
☐ Public Employee  
☐ Voluntary Filer / Other

**CANDIDATES:** Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year

FOR OFFICIAL USE ONLY

**FILED**

MAY 17 2021

OHIO ETHICS COMMISSION

## SECTION C. PUBLIC POSITION, OFFICE, OR JOB

Position/Title (Example: council member, sheriff, board member, or job title)

MAYOR

- ☐ Seeking  
☒ Hold  
☐ Held

Public Entity you serve in 2021, served in 2020, or will serve if elected

East Cleveland

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☒ \$16,000 or more

Start Date:

Month	Day	Year
01	01	2018

End Date:

Month	Day	Year
12	31	2021

## SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB

Position/Title (Example: council member, sheriff, board member, or job title)

- ☐ Seeking  
☐ Hold  
☐ Held

Public Entity you serve in 2021, served in 2020, or will serve if elected

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month	Day	Year

End Date:

Month	Day	Year

## FOR OHIO ETHICS COMMISSION USE ONLY

- ☐ Walk-in  
☐ Inter Office  
☐ No Check

Rev'd by: A.C.

- ☒ Filer has answered every required question.  
☐ Filer has not answered these questions:

Date incomplete form returned to filer: \_\_\_\_\_  
Date completed form returned to OEC: \_\_\_\_\_

RECEIVED  
OHIO ETHICS COMMISSION  
2021 MAY 21 A 8:01

**1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 4)

☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount* (if required)
A SEE ATTACHMENT 1		
B		
C		
D		
E		
* Check instructions to see whether you are required to disclose amounts of income.		

**2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

☒ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

**3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:**☒ There are no immediate family members whose names I am required to list.

(For help, see instructions page 5)

Spouse Residing in Household	Dependent Children
Dependent Children	

**4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

☐ There are no business names that I am required to list.

Business Name	Business Name
A SEE ATTACHMENT 4	C
B	D

**5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A 13308 Euclid Ave., East Cleveland, OH 44112
B
C
You are not required to disclose your personal residence or real property held primarily for personal recreation.

**6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no creditors that I am required to list.

Creditor	Creditor
A American Express	D US Bank
B Bank of America	E
C Chase	F

**7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

**8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6 and 7)

☐ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A SEE ATTACHMENT 8	
B	
C	
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.	

**9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 8)

☐ I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A SEE ATTACHMENT 9	
B	

**SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FILE AS A:**

- College or university trustee
- Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

**10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ABOVE MUST ANSWER THIS QUESTION:**

☒ I have no sources of meals, food, or beverages that I am required to list.

(For help, see instructions page 8)

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D



**11. TRAVEL EXPENSES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ON PAGE 3 MUST ANSWER THIS QUESTION:**

☒ I have no sources of travel expenses that I am required to list.

(For help, see instructions page 9)

Source of Travel Expenses	Amount
A	
B	
C	
D	
E	
F	

**12. NON-DISPUTED INFORMATION - All state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12.** All other filers should skip this question and go to question 13.

☐ I have no information that I am required to list.

(For help, see instructions page 9)

Non-Disputed Information
A
B

**13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:**

(For help, see instructions page 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2020, I served in, or in 2021, I am serving in or a candidate for, the position(s) indicated on page 1 of this statement.

*If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.*

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. **Any person who fails to file a complete statement by the appropriate filing deadline may be assessed a late filing fee and may be subject to criminal penalty.**

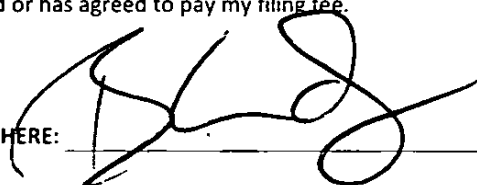
**Deliver completed statement to:** Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215

**My filing fee is:**

(For help, see instructions page 2)

- ☒ Enclosed (check or money order payable to "Ohio Ethics Commission")  
☐ Submitted Online  
☐ My public agency is required or has agreed to pay my filing fee.

**YOUR SIGNATURE IS REQUIRED HERE:**



**Date:**

5-16-2021

# ATTACHMENT 1

# 20

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2021

Financial information for calendar year 2020

### 1. Sources of Income

		ORC 102.02	
Item #	Source of Income	Service Provided	Amount
1	American Merchandising Services (AMS)	Marketing, Sales	
2	King Management Group, Ltd. (KMG, Ltd)	Managing Partner	
3	Computershare Trust Company, N.A.	Dividend	
4	American Stock, Transfer & Trust Company, LLC	Dividend	
5	EMC Corp., Mass, EMC	Dividend	
6	General Electric Company, GE	Stock	
7	Merck & Co., Inc., New, MRK	Dividend	
8	HP, Inc	Stock	
9	Hewlett Packard Enterprises Company	Stock	
10	JPMorgan Chase & Company	Stock	
11	Micron Technology, Inc.	Stock	
12	KeyCorp	Dividend	
13	Zimmer Biomet Holdings, Inc	Dividend	
14	Bristol-Myers Squibb Company	Dividend	
15	King B 3/19 Trust	Beneficiary	
16	Dell, Inc.	Stock	

# ATTACHMENT 4

# 20

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2021

Financial information for calendar year 2020

### 4. Names of Businesses

Item #	Business Name
3	AMS-05 Ltd. (American Merchandising Services - 05)
5	Brandon King Ltd., AMS 05
6	Greekciti, Inc.
7	HuUey, Inc.
8	Kappa House II, Inc.
10	King Management Group, Ltd
11	KMG 13308 Euclid, Ltd.
12	KMG Elsinore, Ltd.
13	The University of East Cleveland, Inc.

# ATTACHMENT 8

# 20

## **FINANCIAL DISCLOSURE STATEMENT (supplement)**

This statement is to be filed in 2021

Financial information for calendar year 2020

### **8. Investments Over \$1,000.00**

<b>Corporation, Trust, Business Trust Partnership, or Association</b>		<b>Nature of Investment</b>
<b>Item #</b>		
1	Wells Fargo Advisors	Brokerage Account
2	Stifel, Nicolaus & Company, Inc.	Brokerage Account
3	Computershare Trust Company, N.A.	Brokerage Account
4	American Stock, Transfer & Trust Company, LLC	Brokerage Account
5	EMC Corp., Mass, EMC	Stock
6	General Electric Company, GE	Stock
7	Merck & Co., Inc., New, MRK	Stock
8	HP, Inc	Stock
9	Hewlett Packard Enterprises Company	Stock
10	JPMorgan Chase & Company	Stock
11	Micron Technology, Inc.	Stock
12	KeyCorp	Stock
13	Zimmer Biomet Holdings, Inc	Mutual Fund
14	Bristol-Myers Squibb Company	Stock
15	King B 3/19 Trust	Beneficiary
16	Dell, Inc.	Stock

# ATTACHMENT 9

# 20

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2021

Financial information for calendar year 2020

### 9. Offices/Fiduciary Relationships

Item #	Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
1	9Global Institute of Applied Technology, Inc.	
2	American Merchandising Services Corporation	
3	AMS-05 Ltd. (American Merchandising Services - 05)	Authorized Representative
4	Brandon King	
5	Brandon King Ltd., AMS 05	Authorized Representative
6	Greekciti, Inc.	Authorized Representative
7	HuUey, Inc.	Authorized Representative
8	Kappa House II, Inc.	
9	King Barbershop, Inc.	
10	King Management Group, Ltd	
11	KMG 13308 Euclid, Ltd.	Authorized Representative
12	KMG Elsinore, Ltd.	Authorized Representative
13	The University of East Cleveland, Inc.	
14	* Cleveland Professional University	
15	* Guru Dakshina	
16	* Carpool Assist	
15	King B 3/19 Trust	Trustee

NOTE: Please, see Attachment B



Form No. OEC-2021

OHIO ETHICS COMMISSION

**FINANCIAL DISCLOSURE STATEMENT**

This statement is to be filed in 2022

Financial information for calendar year 2021

Please type or print clearly. See instructions for assistance with this page. Electronic filing available at: [disclosure.ethics.ohio.gov](https://disclosure.ethics.ohio.gov)**SECTION A. PERSONAL CONTACT INFORMATION**

Last Name

King

First Name

Brandon

MI

L

**SECTION B. STATUS (Check all that apply)**

- ☐ Candidate  
☐ Write-in Candidate  
☐ Elected office holder  
☐ Appointed (in 2022) to an unexpired term in elective office  
☒ Public Official  
☐ Public Employee  
☐ Voluntary Filer / Other

**CANDIDATES:** Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year

FOR OFFICIAL USE ONLY

**FILED**

MAY 12 2022

OHIO ETHICS COMMISSION

**SECTION C. PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

MAYOR

- ☐ Seeking  
☒ Hold  
☐ Held

Public Entity you serve in 2022, served in 2021, or will serve if elected

East Cleveland

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☒ \$16,000 or more

Start Date:

Month	Day	Year
0	1	0

End Date:

Month	Day	Year
1	2	3

**SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

- ☐ Seeking  
☐ Hold  
☐ Held

Public Entity you serve in 2022, served in 2021, or will serve if elected

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month	Day	Year

End Date:

Month	Day	Year

**FOR OHIO ETHICS COMMISSION USE ONLY**

- ☐ Walk-in  
☐ Inter Office  
☐ No Check  
Rev'd by: *MB*

- ☒ Filer has answered every required question.  
☐ Filer has not answered these questions:

Date incomplete form  
returned to filer: \_\_\_\_\_  
Date completed form  
returned to OEC: \_\_\_\_\_

**1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 4)

☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount* (if required)
A SEE ATTACHMENT 1		
B		
C		
D		
E		
* Check instructions to see whether you are required to disclose amounts of income.		

**2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

☒ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

**3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:**☒ There are no immediate family members whose names I am required to list.

(For help, see instructions page 5)

Spouse Residing in Household	Dependent Children

**4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

☐ There are no business names that I am required to list.

Business Name	Business Name
A SEE ATTACHMENT 4	C
B	D

**5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A 13308 Euclid Ave., East Cleveland, OH 44112
B
C
You are not required to disclose your personal residence or real property held primarily for personal recreation.

**6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no creditors that I am required to list.

Creditor	Creditor
A American Express	D US Bank
B Bank of America	E
C Chase	F

**7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

**8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6 and 7)

☐ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A SEE ATTACHMENT 8	
B	
C	
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.	

**9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 8)

☐ I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A SEE ATTACHMENT 9	
B	

**SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FILE AS A:**

- College or university trustee
- Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

**10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ABOVE MUST ANSWER THIS QUESTION:**☒ I have no sources of meals, food, or beverages that I am required to list.

(For help, see instructions page 8)

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D



**11. TRAVEL EXPENSES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ON PAGE 3 MUST ANSWER THIS QUESTION:**

☒ I have no sources of travel expenses that I am required to list.

(For help, see instructions page 9)

Source of Travel Expenses	Amount
A	
B	
C	
D	
E	
F	

**12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to question 13.**

☐ I have no information that I am required to list.

(For help, see instructions page 9)

Non-Disputed Information
A
B

**13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:**

(For help, see instructions page 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2021, I served in, or in 2022, I am serving in or a candidate for, the position(s) indicated on page 1 of this statement.

*If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.*

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. Any person who fails to file a complete statement by the appropriate filing deadline may be assessed a late filing fee and may be subject to criminal penalty.

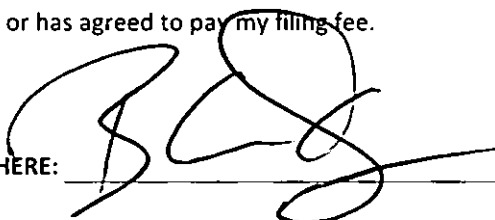
Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215

My filing fee is:

(For help, see instructions page 2)

- ☒ Enclosed (check or money order payable to "Ohio Ethics Commission")  
☐ Submitted Online  
☐ My public agency is required or has agreed to pay my filing fee.

YOUR SIGNATURE IS REQUIRED HERE:



Date: 5-10-2022

# ATTACHMENT 1

# 21

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2022

Financial information for calendar year 2021

### 1. Sources of Income

		ORC 102.02	
Item #	Source of Income	Service Provided	Amount
1	American Merchandising Services (AMS)		
2	King Management Group, Ltd. (KMG, Ltd)		
3	Computershare Trust Company, N.A.	Dividend	
4	American Stock, Transfer & Trust Company, LLC	Dividend	
5	EMC Corp., Mass, EMC	Dividend	
6	General Electric Company, GE	Stock	
7	Merck & Co., Inc., New, MRK	Dividend	
8	HP, Inc	Stock	
9	Hewlett Packard Enterprises Company	Stock	
10	JPMorgan Chase & Company	Stock	
11	Micron Technology, Inc.	Stock	
12	KeyCorp	Dividend	
13	Zimmer Biomet Holdings, Inc	Dividend	
14	Bristol-Myers Squibb Company	Dividend	
15	King B 3/19 Trust	Beneficiary	
16	Dell, Inc.	Stock	

# ATTACHMENT 4

# 21

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2022

Financial information for calendar year 2021

### 4. Names of Businesses

Item #	Business Name
--------	---------------

3	AMS-05 Ltd. (American Merchandising Services - 05)
---	--

5	Brandon King Ltd., AMS 05
---	---------------------------

6	Greekciti, Inc.
---	-----------------

7	HuUey, Inc.
---	-------------

8	Kappa House II, Inc.
---	----------------------

10	King Management Group, Ltd
----	----------------------------

11	KMG 13308 Euclid, Ltd.
----	------------------------

12	KMG Elsinore, Ltd.
----	--------------------

13	The University of East Cleveland, Inc.
----	--

**FINANCIAL DISCLOSURE STATEMENT (supplement)**

This statement is to be filed in 2022

Financial information for calendar year 2021

**8. Investments Over \$1,000.00**

Item #	Corporation, Trust, Business Trust	Nature of Investment
	Partnership, or Association	
1	Wells Fargo Advisors	Brokerage Account
2	Stifel, Nicolaus & Company, Inc.	Brokerage Account
3	Computershare Trust Company, N.A.	Brokerage Account
4	American Stock, Transfer & Trust Company, LLC	Brokerage Account
5	EMC Corp., Mass, EMC	Stock
6	General Electric Company, GE	Stock
7	Merck & Co., Inc., New, MRK	Stock
8	HP, Inc	Stock
9	Hewlett Packard Enterprises Company	Stock
10	JPMorgan Chase & Company	Stock
11	Micron Technology, Inc.	Stock
12	KeyCorp	Stock
13	Zimmer Biomet Holdings, Inc	Mutual Fund
14	Bristol-Myers Squibb Company	Stock
15	King B 3/19 Trust	Beneficiary
16	Dell, Inc.	Stock

# ATTACHMENT 9

# 20

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2021

Financial information for calendar year 2020

### 9. Offices/Fiduciary Relationships

Item #	Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
1	9Global Institute of Applied Technology, Inc.	
2	American Merchandising Services Corporation	
3	AMS-05 Ltd. (American Merchandising Services - 05)	Authorized Representative
4	Brandon King	
5	Brandon King Ltd., AMS 05	Authorized Representative
6	Greekciti, Inc.	Authorized Representative
7	HuUey, Inc.	Authorized Representative
8	Kappa House II, Inc.	Chairman, Board of Directors
9	King Barbershop, Inc.	
10	King Management Group, Ltd	Chairman, Board of Directors
11	KMG 13308 Euclid, Ltd.	Authorized Representative
12	KMG Elsinore, Ltd.	Authorized Representative
13	The University of East Cleveland, Inc.	Authorized Representative
14	* Cleveland Professional University	
15	* Guru Dakshina	
16	* Carpool Assist	
15	King B 3/19 Trust	Trustee

NOTE: Please, see Attachment B



Form No. OEC-2022

OHIO ETHICS COMMISSION

**FINANCIAL DISCLOSURE STATEMENT**

This statement is to be filed in 2023

Financial information for calendar year 2022

Please type or print clearly. See instructions for assistance with this page.

Electronic filing available at: [disclosure.ethics.ohio.gov](https://disclosure.ethics.ohio.gov)

22

**SECTION A. PERSONAL CONTACT INFORMATION**

Last Name

King

First Name

Brandon

MI

L

**SECTION B. STATUS (Check all that apply)**

- ☐ Candidate  
☐ Write-in Candidate  
☐ Elected office holder  
☐ Appointed (in 2023) to an unexpired term in elective office  
☒ Public Official  
☐ Public Employee  
☐ Voluntary Filer / Other

**CANDIDATES:** Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year

FOR OFFICIAL USE ONLY

**FILED**

APR 26 2023

OHIO ETHICS COMMISSION

**SECTION C. PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

MAYOR

- ☐ Seeking  
☒ Hold  
☐ Held

Public Entity you serve in 2023, served in 2022, or will serve if elected

East Cleveland

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☒ \$16,000 or more

Start Date:

Month	Day	Year
01	01	2022

End Date:

Month	Day	Year
12	31	2025

**SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

- ☐ Seeking  
☐ Hold  
☐ Held

Public Entity you serve in 2023, served in 2022, or will serve if elected

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month	Day	Year

End Date:

Month	Day	Year

**FOR OHIO ETHICS COMMISSION USE ONLY**

- ☐ Walk-in  
☐ Inter Office  
☒ No Check

Rev'd by:

A.C.

- ☒ Filer has answered every required question.  
☐ Filer has not answered these questions:

Date incomplete form  
returned to filer: \_\_\_\_\_  
Date completed form  
returned to OEC: \_\_\_\_\_

RECEIVED  
OHIO ETHICS COMMISSION  
2023 MAY - 11 A 11:03

**1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 4)

☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount* (if required)
A SEE ATTACHMENT 1		
B		
C		
D		
E		
* Check instructions to see whether you are required to disclose amounts of income.		

**2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

☒ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

**3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:**☒ There are no immediate family members whose names I am required to list.

(For help, see instructions page 5)

Spouse Residing in Household	Dependent Children
Dependent Children	

**4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

☐ There are no business names that I am required to list.

Business Name	Business Name
A SEE ATTACHMENT 4	C
B	D

**5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A 13308 Euclid Ave., East Cleveland, OH 44112
B
C
You are not required to disclose your personal residence or real property held primarily for personal recreation.

**6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no creditors that I am required to list.

Creditor	Creditor
A American Express	D US Bank
B Bank of America	E
C Chase	F

**7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

**8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6 and 7)

☐ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A SEE ATTACHMENT 8	
B	
C	
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.	

**9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 8)

☐ I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A SEE ATTACHMENT 9	
B	

**SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FILE AS A:**

- College or university trustee
- Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

**10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ABOVE MUST ANSWER THIS QUESTION:**☒ I have no sources of meals, food, or beverages that I am required to list.

(For help, see instructions page 8)

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D



**11. TRAVEL EXPENSES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ON PAGE 3 MUST ANSWER THIS QUESTION:**

☒ I have no sources of travel expenses that I am required to list.

(For help, see instructions page 9)

Source of Travel Expenses	Amount
A	
B	
C	
D	
E	
F	

**12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to question 13.**

☐ I have no information that I am required to list.

(For help, see instructions page 9)

Non-Disputed Information
A
B

**13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:**

(For help, see instructions page 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2022, I served in, or in 2023, I am serving in or a candidate for, the position(s) indicated on page 1 of this statement.

*If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.*

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. **Any person who fails to file a complete statement by the appropriate filing deadline may be assessed a late filing fee and may be subject to criminal penalty.**

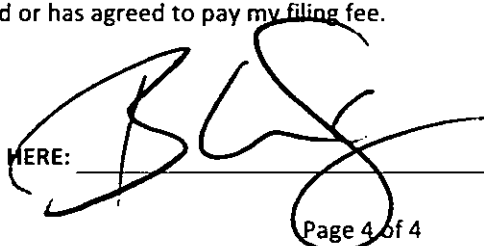
Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215

My filing fee is:

(For help, see instructions page 2)

- ☒ Enclosed (check or money order payable to "Ohio Ethics Commission")  
☐ Submitted Online  
☐ My public agency is required or has agreed to pay my filing fee.

YOUR SIGNATURE IS REQUIRED HERE:



Date:

4-25-23

# ATTACHMENT 1

# 22

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2023

Financial information for calendar year 2022

### 1. Sources of Income

		ORC 102.02	
Item #	Source of Income	Service Provided	Amount
1	American Merchandising Services (AMS)		
2	King Management Group, Ltd. (KMG, Ltd)		
3	Computershare Trust Company, N.A.	Dividend	
4	American Stock, Transfer & Trust Company, LLC	Dividend	
5	EMC Corp., Mass, EMC	Dividend	
6	General Electric Company, GE	Stock	
7	Merck & Co., Inc., New, MRK	Dividend	
8	HP, Inc	Stock	
9	Hewlett Packard Enterprises Company	Stock	
10	JPMorgan Chase & Company	Stock	
11	Micron Technology, Inc.	Stock	
12	KeyCorp	Dividend	
13	Zimmer Biomet Holdings, Inc	Dividend	
14	Bristol-Myers Squibb Company	Dividend	
15	King B 3/19 Trust	Beneficiary	
16	Dell, Inc.	Stock	

# ATTACHMENT 4

22

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2023

Financial information for calendar year 2022

### 4. Names of Businesses

Item #	Business Name
3	AMS-05 Ltd. (American Merchandising Services - 05)
5	Brandon King Ltd., AMS 05
6	Greekciti, Inc.
7	HuUey, Inc.
8	Kappa House II, Inc.
10	King Management Group, Ltd
11	KMG 13308 Euclid, Ltd.
12	KMG Elsinore, Ltd.
13	

# ATTACHMENT 8

# 22

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2023

Financial information for calendar year 2022

### 8. Investments Over \$1,000.00

Item #	Corporation, Trust, Business Trust	Nature of Investment
	Partnership, or Association	
1	Wells Fargo Advisors	Brokerage Account
2	Stifel, Nicolaus & Company, Inc.	Brokerage Account
3	Computershare Trust Company, N.A.	Brokerage Account
4	American Stock, Transfer & Trust Company, LLC	Brokerage Account
5	EMC Corp., Mass, EMC	Stock
6	General Electric Company, GE	Stock
7	Merck & Co., Inc., New, MRK	Stock
8	HP, Inc	Stock
9	Hewlett Packard Enterprises Company	Stock
10	JPMorgan Chase & Company	Stock
11	Micron Technology, Inc.	Stock
12	KeyCorp	Stock
13	Zimmer Biomet Holdings, Inc	Mutual Fund
14	Bristol-Myers Squibb Company	Stock
15	King B 3/19 Trust	Beneficiary
16	Dell, Inc.	Stock

# ATTACHMENT 9

# 22

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2023

Financial information for calendar year 2022

### 9. Offices/Fiduciary Relationships

Item #	Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
1	9Global Institute of Applied Technology, Inc.	
2	American Merchandising Services Corporation	
3	AMS-05 Ltd. (American Merchandising Services - 05)	Authorized Representative
4	Brandon King	
5	Brandon King Ltd., AMS 05	Authorized Representative
6	Greekciti, Inc.	Authorized Representative
7	HuUey, Inc.	Authorized Representative
8	Kappa House II, Inc.	
9	King Barbershop, Inc.	
10	King Management Group, Ltd	
11	KMG 13308 Euclid, Ltd.	Authorized Representative
12	KMG Elsinore, Ltd.	Authorized Representative
13	The University of East Cleveland, Inc.	
14	* Cleveland Professional University	
15	* Guru Dakshina	
16	* Carpool Assist	
15	King B 3/19 Trust	Trustee

**NOTE: Please, see Attachment B**



Form No. OEC-2023

OHIO ETHICS COMMISSION

**FINANCIAL DISCLOSURE STATEMENT**

This statement is to be filed in 2024

Financial information for calendar year 2023

Please type or print clearly. See instructions for assistance with this page.

Electronic filing available at: [disclosure.ethics.ohio.gov](https://disclosure.ethics.ohio.gov)

23

**SECTION A. PERSONAL CONTACT INFORMATION**

Last Name

King

First Name

Brandon

MI

L

**SECTION B. STATUS (Check all that apply)**

- ☐ Candidate  
☐ Write-in Candidate  
☐ Elected office holder  
☐ Appointed (in 2024) to an unexpired term in elective office  
☒ Public Official  
☐ Public Employee  
☐ Voluntary Filer / Other

**CANDIDATES:** Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year

FOR OFFICIAL USE ONLY

**FILED**

MAY 13 2024

OHIO ETHICS COMMISSION

**SECTION C. PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

MAYOR

- ☐ Seeking  
☒ Hold  
☐ Held

Public Entity you serve in 2024, served in 2023, or will serve if elected

East Cleveland

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☒ \$16,000 or more

Start Date:

Month	Day	Year
01	01	2022

End Date:

Month	Day	Year
12	31	2025

**SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title)

- ☐ Seeking  
☐ Hold  
☐ Held

Public Entity you serve in 2024, served in 2023, or will serve if elected

Public Salary:

- ☐ Uncompensated  
☐ Less than \$16,000  
☐ \$16,000 or more

Start Date:

Month	Day	Year

End Date:

Month	Day	Year

**FOR OHIO ETHICS COMMISSION USE ONLY**

- ☐ Walk-in  
☐ Inter Office  
☐ No Check

Rev'd by: *XP*

- ☒ Filer has answered every required question.  
☐ Filer has not answered these questions:

Date incomplete form  
returned to filer: \_\_\_\_\_  
Date completed form  
returned to OEC: \_\_\_\_\_

RECEIVED  
OHIO ETHICS COMMISSION  
MAY 14 AM 11:15

**1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 4)

☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount* (if required)
A SEE ATTACHMENT 1		
B		
C		
D		
E		
* Check instructions to see whether you are required to disclose amounts of income.		

**2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

☒ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

**3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:**☒ There are no immediate family members whose names I am required to list.

(For help, see instructions page 5)

Spouse Residing in Household	Dependent Children

**4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

☐ There are no business names that I am required to list.

Business Name	Business Name
A SEE ATTACHMENT 4	C
B	D

**5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A 13308 Euclid Ave., East Cleveland, OH 44112
B
C
You are not required to disclose your personal residence or real property held primarily for personal recreation.

**6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☐ I have no creditors that I am required to list.

Creditor	Creditor
A American Express	D US Bank
B Bank of America	E
C Chase	F

**7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

☒ I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

**8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6 and 7)

☐ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A SEE ATTACHMENT 8	
B	
C	
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.	

**9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 8)

☐ I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A SEE ATTACHMENT 9	
B	

**SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FILE AS A:**

- College or university trustee
- Candidate for a city, school district, or ESC position that is paid less than \$16,000 a year
- City, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year
- JobsOhio board member or employee

**10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ABOVE MUST ANSWER THIS QUESTION:**☒ I have no sources of meals, food, or beverages that I am required to list.

(For help, see instructions page 8)

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D



**11. TRAVEL EXPENSES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ON PAGE 3 MUST ANSWER THIS QUESTION:**

☒ I have no sources of travel expenses that I am required to list.

(For help, see instructions page 9)

Source of Travel Expenses	Amount
A	
B	
C	
D	
E	
F	

**12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to question 13.**

☐ I have no information that I am required to list.

(For help, see instructions page 9)

Non-Disputed Information
A
B

**13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:**

(For help, see instructions page 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2023, I served in, or in 2024, I am serving in or a candidate for, the position(s) indicated on page 1 of this statement.

*If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.*

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. Any person who fails to file a complete statement by the appropriate filing deadline may be assessed a late filing fee and may be subject to criminal penalty.

**Deliver completed statement to:** Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215

**My filing fee is:**

(For help, see instructions page 2)

- ☒ Enclosed (check or money order payable to "Ohio Ethics Commission")  
☐ Submitted Online  
☐ My public agency is required or has agreed to pay my filing fee

**YOUR SIGNATURE IS REQUIRED HERE:**

Date: 5-5-24

# ATTACHMENT 1

# 23

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2024

Financial information for calendar year 2023

### 1. Sources of Income

		ORC 102.02	
Item #	Source of Income	Service Provided	Amount
1	<del>American Merchandising Services (AMS)</del>		
2	<del>King Management Group, Ltd. (KMG, Ltd)</del>		
3	Computershare Trust Company, N.A.	Dividend	
4	American Stock, Transfer & Trust Company, LLC	Dividend	
5	EMC Corp., Mass, EMC	Dividend	
6	General Electric Company, GE	Stock	
7	Merck & Co., Inc., New, MRK	Dividend	
8	HP, Inc	Stock	
9	Hewlett Packard Enterprises Company	Stock	
10	JPMorgan Chase & Company	Stock	
11	Micron Technology, Inc.	Stock	
12	KeyCorp	Dividend	
13	Zimmer Biomet Holdings, Inc	Dividend	
14	Bristol-Myers Squibb Company	Dividend	
15	King B 3/19 Trust	Beneficiary	
16	Dell, Inc.	Stock	

# ATTACHMENT 4

23

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2024

Financial information for calendar year 2023

### 4. Names of Businesses

Item #	Business Name
--------	---------------

3	AMS-05 Ltd. (American Merchandising Services - 05)
---	--

5	Brandon King Ltd., AMS 05
---	---------------------------

6	Greekciti, Inc.
---	-----------------

7	HuUey, Inc.
---	-------------

8	Kappa House II, Inc.
---	----------------------

10	King Management Group, Ltd
----	----------------------------

11	KMG 13308 Euclid, Ltd.
----	------------------------

12	KMG Elsinore, Ltd.
----	--------------------

13	
----	--

# ATTACHMENT 8

23

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2024

Financial information for calendar year 2023

### 8. Investments Over \$1,000.00

Item #	Corporation, Trust, Business Trust	Nature of Investment
	Partnership, or Association	
1	Wells Fargo Advisors	Brokerage Account
2	Stifel, Nicolaus & Company, Inc.	Brokerage Account
3	Computershare Trust Company, N.A.	Brokerage Account
4	American Stock, Transfer & Trust Company, LLC	Brokerage Account
5	EMC Corp., Mass, EMC	Stock
6	General Electric Company, GE	Stock
7	Merck & Co., Inc., New, MRK	Stock
8	HP, Inc	Stock
9	Hewlett Packard Enterprises Company	Stock
10	JPMorgan Chase & Company	Stock
11	Micron Technology, Inc.	Stock
12	KeyCorp	Stock
13	Zimmer Biomet Holdings, Inc	Mutual Fund
14	Bristol-Myers Squibb Company	Stock
15	King B 3/19 Trust	Beneficiary
16	Dell, Inc.	Stock

# ATTACHMENT 9

# 23

## FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2024

Financial information for calendar year 2023

### 9. Offices/Fiduciary Relationships

Item #	Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
1	9Global Institute of Applied Technology, Inc.	
2	American Merchandising Services Corporation	
3	AMS-05 Ltd. (American Merchandising Services - 05)	Authorized Representative
4	Brandon King	
5	Brandon King Ltd., AMS 05	Authorized Representative
6	Greekciti, Inc.	Authorized Representative
7	HuUey, Inc.	Authorized Representative
8	Kappa House II, Inc.	
9	King Barbershop, Inc.	
10	King Management Group, Ltd	
11	KMG 13308 Euclid, Ltd.	Authorized Representative
12	KMG Elsinore, Ltd.	Authorized Representative
13	The University of East Cleveland, Inc.	
14	* Cleveland Professional University	
15	* Guru Dakshina	
16	* Carpool Assist	
15	King B 3/19 Trust	Trustee

NOTE: Please, see Attachment B