

Form No. OEC-2012
OHIO ETHICS COMMISSION

FINANCIAL DISCLOSURE STATEMENT

This statement is to be filed in 2013

Financial information for calendar year 2012

Last Name	First Name	MI
King	Brandon	L
SECTION B. STATUS (Check all that apply—		
_ "	ANDIDATES: Please list the date of	FUED
二	e first election (primary, special,	FILED
	general) when your name will	OCT 0 8 2013 4
Appointed to an unexpired appear in elective office	ppear on the ballot.	
	Ionth Day Year	OHIO ETHICS COMMISSION
Public Employee	1 0 5 2013	28
Voluntary Filer		
SECTION C. PUBLIC POSITION, OFFICE, OR	JO8 ————————————————————————————————————	00 RES
Position/Title (Example: council member, sh	*	✓ Seeking
Council		☐ Hold ⊆ S
Public Entity you serve in 2013, served in 20	12 or will serve if elected	Held IX O
rubic Entry you serve in 2013, served in 20	12, or will serve if elected	5 2
Public Salary: Uncompensated Start Mont	h Day Year End	Month Day Year
V Less than \$16,000 Date:	Date:	
\$16,000 or more	1 0 1 2 0 1 4	
SECTION D. ADDITIONAL PUBLIC POSITION		Continu
Position/Title (Example: council member, sh	erill, board member, or job title)	Seeking Hold
		Held
Public Entity in which you were/are an offici	ial, employee, candidate, or appoint	tee
Public Salary:		
Uncompensated Start Mont		
Less than \$16,000 Date:	Date	e:
S16,000 or more	1	
FOR OI	HIO ETHICS COMMISSION USE ONLY	
	ered every required question.	Date incomplete form
Inter Office Filer has not a	nswered these questions:	returned to filer: 10-11-13
☐ No Check		Date completed form

Source of Income			Ši	ervice Prov	ided:		Amount
A American Merchandising Services		Sales, M	lkt				
B King Management Group, Ltd.	Rental						
C Merck & Co., Inc.		Stock Di	vidends				
D							
E							
F							
SOURCES OF GIFTS - ALL FILERS MUST ANSWE	R THIS QUES	TION:			(For	help, see	e instructions pag
] I have no sources of gifts that I am requi	ired to list				·		
Source of Gift		**			Source c	f Gift	
A			D				
В			E				
C			F				· · · · ·
7. - .	s whose n					help, see	e instructions <u>pag</u>
There are no immediate family member Husband/Wife Residing in Housel Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST AN	s whose n	QUESTION	m require	d to list.	(For	help, see	e instructions <u>pag</u>
There are no immediate family member Husband/Wife Residing in Housel Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST AR	nold NSWER THIS	QUESTION	m require	d to list.	(For	help, see	e instructions pag
There are no immediate family member Husband/Wife Residing in Housel Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST AN	nold NSWER THIS	QUESTION	m require	d to list.	(For	help, see	e instructions pag
There are no immediate family member Husband/Wife Residing in Housel Dependent Children Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST AG you or anyone you listed in Question 3 ow There are no business names that I am r Business Name	nold NSWER THIS	QUESTION	m require	d to list.	(For Depende (For of the busin	help, see	e instructions pag
There are no immediate family member Husband/Wife Residing in Housel Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST AG you or anyone you listed in Question 3 ow There are no business names that I am r Business Name	nold NSWER THIS	QUESTION	m require	d to list.	(For Depende (For of the busin	help, see	e instructions pag
Husband/Wife Residing in Househ Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST AGE You or anyone you listed in Question 3 ow There are no business names that I am re Business Name A B LAND (REAL ESTATE) IN OHIO - ALL FILERS M	NSWER THIS INS OF OPER REQUIRED TO	QUESTION rates a bu	m require	d to list.	(For of the business	help, see help, see eess.	e instructions pag
There are no immediate family member Husband/Wife Residing in Househ Dependent Children Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST AN you or anyone you listed in Question 3 ow There are no business names that I am r Business Name	NSWER THIS INS OF OPER REQUIRED TO	QUESTION Tates a but of list.	m require I: Usiness, lis C D JESTION:	d to list.	(For Of the business	help, see	e instructions pag
There are no immediate family member Husband/Wife Residing in Housel Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST AN You or anyone you listed in Question 3 ow There are no business names that I am re Business Name A B LAND (REAL ESTATE) IN OHIO - ALL FILERS M I have no real estate that I am required	NSWER THIS INS OF OPER REQUIRED TO SECULATE THE SECULATION OF THE SECURATION OF THE SECULATION OF THE	QUESTION Tates a but of list.	m require I: Usiness, lis C D JESTION:	d to list.	(For Of the business	help, see	e instructions pag

6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTI	(For help, see instructions page 6)	
☐ I have no creditors that I am required to list.		
Creditor		Creditor
A American Express	D	
В	E	
С	F	
	<u> </u>	
7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION	V:	(For help, see instructions <u>page 6</u>)
have no debtors that I am required to list.	400.00 (100.00000000000000000000000000000	
Debtor		Debtor
A	С	
В	D	
8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QU	ESTION:	(For help, see instructions page 6 and 7)
☐ I have no investments that I am required to list.		(, o, , o, p, o o o o o o o o o o o o o o
Corporation, Trust, Business Trust, Partnership, or A	ssociation	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		Stocks, Options & ETTS
F	· · · ·	
IF YOU NEED ADDITIONAL SPACE, P	HEASE HISE THIS A	TTACHAMENT DAGE
II TOO NEED ADDITIONAL SPACE, P	FEWNE ONE THINK	TREMIENT FACE.
9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWE	R THIS QUESTION:	(For help, see instructions page 7)
☐ I have no offices or fiduciary relationships that I am requi	red to list.	
Corporation, Trust, Business Trust, Partnership, or A	ssociation	Office or Nature of Relationship
A King Management Group, Ltc.		Managing Partner
8 King B., 3/19 Living Trust	- 	Trustee
SKIP QUESTIONS 10 AND 11 IF YOU ARE A:	c:	to the tracta recovery to the tracta
 College or university trustee Candidate for a city, township, school district, or ESC 		nip, school district, ESC, or sanitary district mployee serving in a position that is paid
position that is paid less than \$16,000 a year	less than \$1	
10. FOOD OR BEVERAGES - SKIP THIS QUESTION IF LISTED IN BOX ABOI have no sources of meals, food, or beverages that I am r		(For help, see instructions <u>page 8</u>)
		Source of English Davis
Source of Food or Beverages		Source of Food or Beverages
A	С	
Į B	D	

11. TRAVEL EXPENSES - s	KIP THIS QUESTION IF LIS	TED IN BOX ON PAGE 3:	(1	For help, see instructions page 8)
☐ I have no sources of t	ravel expenses that	I am required to list.		
	Source	of Travel Expenses		Amount
A				
В				
С				
D				
E				
F				
12. NON-DISPUTED INFO trustees) are REQUIRED to answ I have no information	er Question 12. All other	filers should skip this question	and go to question 13.	members (except college and university For help, see instructions page 9)
	- that I am required	Non-Disputed Inform		or help, see instructions page 3)
A	- 45 American	:Non-Disputed infor	nation	
B				
				
me, and constitut listed on page 1 is • I acknowledge an statement is a cri Revised Code, pui • I acknowledge an	e my complete, trut s a correct mailing a d understand that, a minal misdemeanor nishable by a fine of d understand that fi	hful, and correct disclos ddress. Imong other potential vi of the first degree, in vi not more than \$1,000, i ling a false statement m	ure of all required info olations and penalties, olation of Sections 102 mprisonment of not m ay be grounds for rema	.02(D) and 2921.13(A)(7) of the ore than six months, or both.
·		rsuant to Sections 3.04		
• I acknowledge the 1 of this statemen	•	in, or in 2013, I am servi	ng in or a candidate for	, the position indicated on page
If you have any questions	before signing this	form, please contact th	e Ohio Ethics Commiss	ion at (614) 466-7090.
response to any required	ing to list in respons question is omitted, te statement by the	e to any question, check the Commission will ret	the box indicating that urn the statement to y	stion you are required to you have nothing to list. If the ou as incomplete. Any person late filing fee and may be
My filing fee is: Enclosed (check or me Submitted Online My public agency is re		to "Ohio Ethics Commiss		For help, see instructions page 2)
YOUR SIGNATURE IS REQ	UIRED HERE:	JUY		Date: ///-



Form No. OEC-2012 OHIO ETHICS COMMISSION

<u></u>	
This statement is to be filed in 20:	13

FINANCIAL DISCLOSURE STATEMENT Financial information for tale dar year 2012 Please type or print clearly. See instructions for assistance with this page. SECTION A. PERSONAL CONTACT INFORMATION ---Last Name First Name King Brandon Ł SECTION B. STATUS (Check all that apply-Candidate CANDIDATES: Please list the date of FILED Write-in Candidate the first election (primary, special, OCT 0 8 2013 or general) when your name will appear on the ballot. OHIO ETHICS COMMISSION Month Day Year INCOMPLETE 2013 FICE, OR JOB rosmony rine sexumple, educies ...amber, sheriff, board member, or job title) Council Public Entity you serve in 2013, served in 2012, or will serve if elected Public Salary: Uncompensated Start | Month | Day Year End | Month | Day Year ☑ Less than \$15,000 Date: Date: 1 2 3 1 2 0 1 ☐ \$16,000 or more -SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB

Position/Title (Example: co	ouncil mer	mber, sher	iff, boa	rd member, c	or job title)			Seeking Hold
Public Entity in which you	were/are	an official	, emplo	yee, candida	te, or appointee		وليا	
Public Salary:			<u> </u>			— →	<u></u>	3
Uncompensated Less than \$16,000 S16,000 or more	Start Date:	Month	Day	Year	End Date:	Month Da	·/	

	FOR OHIO ETHICS COMMISSION USE ON	LY,×
☐ Walk-in ☐ Inter Office	Filer has answered every required question. Filer has not answered these questions:	Date incomplete form returned to filer:
No Check Rev'd by:	#2 +7 EB	Date completed form returned to OEC:

ou are not required to disclose your personal residence or real property held primarily for personal recreation

	editor			Creditor
A American Express			D	
3			E	
			F	
DEBTORS OVER \$1,000 - A			:	(For help, see instructions page
D	ebtor			Debtor
4			С	
B			D	
Corporation; Trust, B	78.	irtnership, or As	sociation	Nature:of:Investment Rental, Real Estate
Merck & Co., Inc.				Common Stock
: Wells Fargo				Stocks, Options & ETFs
Stifel, Nicolaus & Compa	ny, Inc.			Stocks, Options & ETFs
;				
(F.)	OU NEED ADDIT	IONAL SPACE, PI	EASE USE THIS A	TTACHMENT PAGE.
OFFICES/FIDUCIARY RELA		that I am requir	ed to list.	(For help, see instructions pag
] I have no offices or fiduc	lusiness Trüst, Pa	rtnership, or As	Sociation services	
Corporation, Trust, B		rtnership, or As	Sociation was grown	Managing Partner
Corporation, Trust, B	o, Ltc.	artnership, or:As	- Chapter	
Corporation Trust, B A King Management Group B King B., 3/19 Living Trust SKIP QUESTIONS 10 AND 1 • College or university trus • Candidate for a city, tow position that is paid less	1 IF YOU ARE A: stee nship, school dist than \$16,000 a ye	rict, or ESC ear	• City, townsh official or er less than \$1	Managing Partner Trustee nip, school district, ESC, or sanitary district mployee serving in a position that is paid 6.000 a year
Corporation Trust, B A King Management Group B King B., 3/19 Living Trust SKIP QUESTIONS 10 AND 1 College or university trust Candidate for a city, tow	1 IF YOU ARE A: stee nship, school dist than \$16,000 a ye	rict, or ESC ear f usted in BOX ABC	• City, townsh official or er less than \$1	Managing Partner Trustee nip, school district, ESC, or sanitary district mployee serving in a position that is paid

Đ

В

13

This statement is to be filed in 2014

Financial information for calendar year 2013

SECTION A. PERSONAL C	ONTACT INFORMATI	ON	First N	ame						MI
king			brand							
SECTION B. STATUS (Che Candidate Write-in Candidate Elected to an office Appointed to an une term in elective office Public Official Public Employee Voluntary Filer	xpired	CANDIDATES: Please the first election (pri general) when your r on the ballot.	mary, spe	cial, or			F 5/3	Online 30/2 7:14 P	014	
Position/Title (Example: council member Public Entity you serve in East Cleveland	council member, sher	iff, board member, o				Seek Hold Held	1			
Public Salary:	Start Date:		End Date	e:						
Uncompensated	Month Day	Year	Month Day Year							
Less than \$16,000 \$16,000 or more	0 1 0 2	2 0 1 4	1 2	3 1	2 0	1	8			
Public Entity you serve in	ouncil member, sher	iff, board member, o				Seek Hold Held	1			
Public Salary:	Start Date:		End Date	e:						
Uncompensated Less than \$16,000 \$16,000 or more	Month Day	Year	Month	Day	Y	ear				
	FOR	OHIO ETHICS COMM	IISSION U	SE ONLY						
☐ Walk-in ☐ Inter Office ☐ No Check Rev'd by:		vered every required answered these ques	•	,		retu e com	rned t iplete	e form to filer: d form o OEC:		

1.	SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QU	ESTION:	(Fo	or help, see instructions page 4
	I have no sources of income that I am required to lis	st.		
	Source of Income		Service Provided	Amount
Α	American Merchandising Services	Marketii	ng, Sales,	
В	King Management Company	Marketii	ng, Management,	
С	Merck & Company	Dividen	d	
D				
Е				
F				
2.	SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUEST	TON:	(Fc	or help, see instructions page 5
/	I have no sources of gifts that I am required to list.			
	Source of Gift		Source o	of Gift
Α			D	
В			E	
С	F			
	Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS of you or anyone you listed in Question 3 owns or ope There are no business names that I am required to	rates a bu	•	or help, see instructions page 5
	Business Name		Business	Name
Α			С	
В			D	
5.	LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWE	R THIS QUE	STION: (Fo	or help, see instructions page 6
		-	state) in Ohio	
Α	(List address or, if		vailable, plat number and county)	
В		, c 10 ga		
С				
	You are not required to disclose your personal	l residen	ce or real property held prima	rily 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.			
Constitution of the consti		Consulta a co	
Creditor		Creditor	
Α	D		
В	E		
С	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	С		
В	D		
8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTI	ION:	(For help, see instructions page 6 and 7)	
☐ I have no investments that I am required to list.	1014.	(1 of fielp, see instructions page o and 7)	
Corporation, Trust, Business Trust, Partnership, or Asso		Nature of Investment	
A King Management Group		Management Company	
В			
С			
D			
E			
F			
		SERABATE OUTET	
IF YOU NEED ADDITIONAL SPACE, P	LEASE ATTACH A	SEPARATE SHEET.	
9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER TI	HIS OTTESTION:	(For holp, conjusting page 7)	
		(For help, see instructions page 7)	
☐ I have no offices or fiduciary relationships that I am required	to list. 	1	
Corporation, Trust, Business Trust, Partnership, or Asso	ociation	Office or Nature of Relationship	
A King Management Group		Managing Partner	
В			
SKIP QUESTIONS 10 AND 11 IF YOU ARE A:			
College or university trustee	ip, school district, ESC, or sanitary district		
Candidate for a city, township, school district, or ESC	nployee serving in a position that is paid		
position that is paid less than \$16,000 a year	less than \$16	5,000 a year	
40. 500D OD DEL/5D4656			
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 requ	ired to list.		
Source of Food or Beverages		Source of Food or Beverages	
Α	С		
R	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	
В	
С	
D	
E	
F	
12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commit	
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	
Α	
В	
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 pand constitute my complete, truthful, and correct disclosure of all required informage 1 is a correct mailing address. 	
 I acknowledge and understand that, among other potential violations and penalt a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and punishable by a fine of not more than \$1,000, imprisonment of not more than six 	2921.13(A)(7) of the Revised Code,
 I acknowledge and understand that filing a false statement may be grounds for refrom public employment pursuant to Sections 3.04 and 124.34 of the Revised Co. 	
 I acknowledge that, in 2013, I served in, or in 2014, I am serving in or a candidate this statement. 	for, the position indicated on page 1 of
If you have any questions before signing this form, please contact the Ohio Ethics Comm	nission at (614) 466-7090.
Before signing this statement, please review to make sure that you have answered each q you have nothing to list in response to any question, check the box indicating that you have required question is omitted, the Commission will return the statement to you as incomplete statement by the appropriate filing deadline will be assessed a late filing fee a	ve nothing to list. If the response to any lete. Any person who fails to file a
Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Columbus	s, OH 43215
My filing fee is: ☐ 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.	(For help, see instructions page 2)
YOUR SIGNATURE IS REQUIRED HERE: brandon king	Date: 5/30/2014 7:14 PM

Page 4 o

Confirmation Number: 1905141414301



OHIO ETHICS COMMISSION

FINANCIAL DISCLOSURE STATEMENT

This statement is to be filed in 2015

Financial information for calendar year 2014

Last Name				First N	lame	MI				
king				brand	on					
SECTION B. STATUS (Che	ck all that apply)	CANDID	ATEC 01			FO	R OFFICIAL USE ONLY —			
Candidate Write-in Candidate				ase list the o			FILED			
✓ Elected to an office				orimary, spe r name will			Online			
Appointed to an une	xpired	on the b	•	i iidiiic wiii	аррсы		1/4//2015			
term in elective office	e					1/14/2015				
Public Official		Month	Day	Year			4:15 PM			
Public Employee				2015		Confi	rm #: 1601150715141			
─ Voluntary Filer										
Public Entity you serve in East Cleveland	2015, served in 20)14, or will	serve if ele	ected						
Public Salary:	Start Date:			End Date	e:					
Uncompensated	Month Day	Ye	ear	Month	Day	Year				
Less than \$16,000	0 1 0 2	2 2 0	1 4	0 1	0 1	2 0 1 8	3			
\$16,000 or more										
SECTION D. ADDITIONAL	PUBLIC POSITION	I, OFFICE,	OR JOB -							
Position/Title (Example: c	ouncil member, sh	eriff, boar	d member	, or job title)	Seekir	ng			
						Hold				
Public Entity you serve in	2015 served in 20)14 or will	serve if ele	erted		☐ Held				
Tubile Effecty you serve in	2013, 30, 400 111 20	,14, 01 Will	Serve ii eie	ctcu						
Public Salary:	Start Date:			End Dat	e:					
Uncompensated	Month Day	,			Day	Year				
Less than \$16,000				Month	,					
\$16,000 or more										
	F	OR OHIO F	THICS COM	1MISSION U	SE ONLY					
Walk-in				ed question		Date incom	nlete form			
Inter Office	Filer has no				•		ed to filer:			
No Check			•			Date comp				
Rev'd by:						ed to OEC:				

1. SOURCES OF INCOME - ALL FILERS MUST ANSWER	THIS QUESTION:	(Fc	or help, see instructions page 4
I have no sources of income that I am require	ed to list.		
Source of Income	Source of Income Service Provided		
A American Merchandising Services	Marketing	g, Sales,	
B King Management Company	Marketing	g, Management,	
C Merck & Company	Dividend		
D CWRU	Consultin	9	
Е			
* Check instructions to see	e whether you are	required to disclose amounts o	f income.
2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER TH	IS QUESTION:	(Fc	or help, see instructions page 5)
✓ I have no sources of gifts that I am required	to list.		
Source of Gift		Source o	of Gift
Α		D	
В		E	
С		F	
Dependent Children 4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWI If you or anyone you listed in Question 3 owns There are no business names that I am requi	or operates a bus		or help, see instructions page 5, ss.
Business Name		Business	Name
A		С	
В		D	
5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST I have no real estate that I am required to lis		ION: (Fo	or help, see instructions page 6
Thave no real estate that familiequired to its	Land (Real Est	ate) in Ohio	
(List address or, i		ilable, plat number and county)	
A 13308 Euclid Ave., East Cleveland, Ohio 44	112, Cuyahoga		
В			
С			
You are not required to disclose your p	personal residenc	e 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.					
Constitution of the consti		Consulta a m			
Creditor		Creditor			
Α	D				
В					
С	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	С				
В	D				
8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUEST	ION:	(For help, see instructions page 6 and 7)			
☐ I have no investments that I am required to list.	1014.	(1 of fielp, see instructions page 6 and 7)			
·		Native of Investment			
Corporation, Trust, Business Trust, Partnership, or Asso	ociation	Nature of Investment			
A King Management Group	Management Company				
В					
С					
D					
E					
F					
	NEASE ATTACH A	CEDADATE CHEET			
IF YOU NEED ADDITIONAL SPACE, P	LEASE ATTACH A	SEPARATE SHEET.			
9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER TO	HIS OUESTION:	(For holp, see instructions name ?)			
I have no offices or fiduciary relationships that I am required		(For help, see instructions page 8)			
Corporation, Trust, Business Trust, Partnership, or Asso	ociation	Office or Nature of Relationship			
A King Management Group		Managing Partner			
В					
SKIP QUESTIONS 10 AND 11 IF YOU ARE A:					
College or university trustee	ip, school district, ESC, or sanitary district				
Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year	nployee serving in a position that is paid				
position that is paid less than \$10,000 a year	less than \$16	o,uuu a year			
10. FOOD OR BEVERAGES - SKIP THIS QUESTION IF LISTED IN BOX ABOVE	i:	(For help, see instructions page 8)			
I have no sources of meals, food, or beverages that I am requ		, ,,			
Source of Food or Beverages		Source of Food or Beverages			
A	С				
D					

11.	TRAVEL EXPENSES - SKIP THIS QUESTION IF LISTED IN BOX ON PAGE 3:	(For he	or help, see instructions page 9			
	I have no sources of travel expenses that I am required to list.					
	Source of Travel Expenses		Amount			
Α						
В						
С						
D						
E						
F						
	. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission materials are REQUIRED to answer Question 12. All other filers should skip this question and go to question 13.	nembers (except college and university			
	I have no information that I am required to list.	(For he	elp, see instructions page 9)			
	Non-Disputed Information					
Α						
В						
13.	 SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT: By signing this statement: I swear or affirm that this statement and any additional attachments have been prepar and constitute my complete, truthful, and correct disclosure of all required information page 1 is a correct mailing address. I acknowledge and understand that, among other potential violations and penalties, kn a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921 punishable by a fine of not more than \$1,000, imprisonment of not more than six months. I acknowledge and understand that filing a false statement may be grounds for remove 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 serving in th	red or can, and the nowingly13(A)(7 ths, or b	rat the address listed on filing a false statement is) of the Revised Code, oth. ublic office or dismissal			
If y	this statement. You have any questions before signing this form, please contact the Ohio Ethics Commission	·	, -			
you	fore signing this statement, please review to make sure that you have answered each questic u have nothing to list in response to any question, check the box indicating that you have not quired question is omitted, the Commission will return the statement to you as incomplete. A mplete statement by the appropriate filing deadline will be assessed a late filing fee and man	thing to	ist. If the response to any on who fails to file a			
De	liver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH	43215				
My	If filing fee is: 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.		elp, see instructions page 2			
YO	UR SIGNATURE IS REQUIRED HERE: brandon king	Date:	1/14/2015 4:15 PM			

Confirmation Number: 1601150715141 Page 4 of 4

15

This statement is to be filed in 2016

Financial information for calendar year 2015

SECTION A. PERSONAL CO	ONTACT INFORMA	ATION			MI			
Last Name king			First Name brandon	First Name				
			brandon					
SECTION B. STATUS (Chec	k all that apply):	CANDIDATES: F	Please list the date of	FOR OFFICIAL US				
Write-in Candidate✓ Elected to an office		the first election	n (primary, special, or	FILE Online)			
Appointed to an unex	· II	on the ballot.	our name will appear	1/21/20	16			
term in elective office Public Official		Month Day	Year	12:31 PM				
☐ Public Employee☐ Voluntary Filer			2016	Confirm #: 1201160431212				
SECTION C. PUBLIC POSIT	ION, OFFICE, OR	JOB						
Position/Title (Example: co	ouncil member, sh	neriff, board memb	er, or job title)	☐ Seeking ✓ Hold				
council member Public Entity you serve in 2	2016 served in 20	on will serve if	elected	Held				
East Cleveland	.010, 3CI VCG III 20	13, 01 Will 301 VC II	ciccicu					
Public Salary:	Start Date:		End Date:	,				
☐ Uncompensated✓ Less than \$16,000	Month Day		Month Day 1 2 3 1	Year 2 0 1 7				
\$16,000 or more	0 1 0 2	2 2 0 1 4	1 2 3 1	2 0 1 7				
SECTION D. ADDITIONAL								
Position/Title (Example: co	ouncil member, sh	ieriff, board memb	per, or job title)	☐ Seeking☐ Hold				
Public Entity you serve in 2	2016, served in 20	115, or will serve if	elected	Held				
Public Salary:	Start Date:		End Date:	War and a second				
☐ Uncompensated☐ Less than \$16,000	Month Day	Year	Month Day	Year				
\$16,000 or more								
			OMMISSION USE ONLY					
☐ Walk-in☐ Inter Office		nswered every req	uired question.	Date incomplete form				
	Filer has no	ot answered these	questions:	returned to filer:				

1. SOURCES OF INCOME - ALL FILERS MUST ANSWER TO	HIS QUESTION:	(For	help, see instructions page 4)	
☐ I have no sources of income that I am required	d to list.			
Source of Income	ource of Income Service Provided			
A American Merchandising Services	Marketi	ng, Sales,	(if required)	
B King Management Company	Marketi	ng, Management,		
C Merck & Company	Dividen	d		
D CWRU	Consult	ing		
Е				
* Check instructions to see	whether you a	re required to disclose amounts of ir	come.	
2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS	OUESTION:	(For	help, see instructions page 5)	
✓ I have no sources of gifts that I am required to		(1.31)	melp, see mistractions page 37	
Source of Gift		Source of	Gift	
А		D		
В		Е		
С	C F			
Spouse Residing in Household Dependent Children 4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER	THIS OUTSTION.	Dependent		
If you or anyone you listed in Question 3 owns o	r operates a bu	-	help, see instructions page 5)	
There are no business names that I am require	ea to list.			
Business Name		Business N	ame 	
В		D		
D		J .		
5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST A		STION: (For	help, see instructions page 6)	
☐ I have no real estate that I am required to list.		state) in Ohio		
(List address or, if		vailable, plat number and county)		
A 13308 Euclid Ave., East Cleveland, Ohio 441	12, Cuyahoga			
В				
С				
You are not required to disclose your pe	ersonal residen	ce or real property held primarily fo	r personal recreation.	

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

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		
Α	D			
В	E			
С	F			
7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:		/Fan hala ana instructions mass ()		
✓ I have no debtors that I am required to list.		(For help, see instructions page 6)		
Debtor		Debtor		
Α	С			
В	D			
8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTI	ION:	(For help, see instructions page 6 and 7)		
☐ I have no investments that I am required to list.		(· · · · · ·)		
Corporation, Trust, Business Trust, Partnership, or Asso	Nature of Investment			
A King Management Group	Management Company			
В				
С				
D				
E				
F				
IF YOU NEED ADDITIONAL SPACE, P	PLEASE ATTACH A	SEPARATE SHEET.		
9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER TO I have no offices or fiduciary relationships that I am required		(For help, see instructions page 8)		
Corporation, Trust, Business Trust, Partnership, or Asso	ciation	Office or Nature of Relationship		
A King Management Group		Managing Partner		
В				
SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FI College or university trustee Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year	ip, school district, ESC, or sanitary district nployee serving in a position that is paid 5,000 a year			
10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX	ABOVE MUST ANSW	/ER THIS QUESTION:		
☐ I have no sources of meals, food, or beverages that I am requ	ired to list.	(For help, see instructions page 8)		
Source of Food or Beverages		Source of Food or Beverages		
Α	С			

D

В

☐ I have no sources of travel expenses that I am required to list.	(For he	lp, see instructions page 9)
Source of Travel Expenses		Amount
A		
В		
С		
D		
E		
F		
12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and communication to answer Question 12. All other filers should skip this question and go to question		except college and university
☐ I have no information that I am required to list.	(For he	lp, see instructions page 9)
Non-Disputed Information		
A		
В		
13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:	(For heli	o, see instructions page 10)
By signing this statement:	•	,
 I swear or affirm that this statement and any additional attachments have been and constitute my complete, truthful, and correct disclosure of all required info page 1 is a correct mailing address. 		
 I acknowledge and understand that, among other potential violations and penal a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) a punishable by a fine of not more than \$1,000, imprisonment of not more than 	and 2921.13(A)(7	of the Revised Code,
 I acknowledge and understand that filing a false statement may be grounds for from public employment pursuant to Sections 3.04 and 124.34 of the Revised 0 	-	ublic office or dismissal
 I acknowledge that, in 2015, I served in, or in 2016, I am serving in or a candida this statement. 	ate for, the positi	on indicated on page 1 of
If you have any questions before signing this form, please contact the Ohio Ethics Com	nmission at (614)	466-7090.
Before signing this statement, please review to make sure that you have answered earlf you have nothing to list in response to any question, check the box indicating that y to any required question is omitted, the Commission will return the statement to you file a complete statement by the appropriate filing deadline will be assessed a late to penalty.	vou have nothing I as incomplete.	to list. If the response Any person who fails to
Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Columb	bus, OH 43215	
My filing fee is: ☐ Enclosed (check or money order payable to "Ohio Ethics Commission") ✓ Submitted Online ☐ Included in my attorney registration fees (Judges, Magistrates, and Judicial Candida		lp, see instructions page 2)
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

16

This statement is to be filed in 2017

Financial information for calendar year 2016

Last Name			Fi	First Name						МІ							
king					brandon												
SECTION B. STATUS (Checonomics of Candidate Write-in Candidate Elected to an office Appointed to an unexperiment of the control of the	pired	the ger on	NDIDATE first electorial who the ballo onth D 9 1	tion (pr en your	imary,	spe will ar	cial,	or				5	F I 5/4	Onlii 1-/2 1:01	01	7	46
Public Entity you serve in 2 East Cleveland	uncil member, s d to Mayor 12/20	heriff, 0/2016)		-	title)				✓✓	See Ho He		7				
	Start Data					Dota							J				
Public Salary: Uncompensated	Start Date: Month Day	,	Year			End Date: Month Day Year					1						
Less than \$16,000 \$16,000 or more		1 2	0 1	4	1	2	3	1	2	0	1	7					
SECTION D. ADDITIONAL I Position/Title (Example: co Mayor (appointed 12/20/20 Public Entity you serve in 2 East Cleveland	uncil member, s 016)	heriff,	board me	ember,		title)					See Ho He						
Public Salary:	Start Date:				End	Date	e:										
Uncompensated	Month Day	,	Year		Мо	nth	Da	ay		Υ	ear						
Less than \$16,000 \$16,000 or more	0 1 0	1 2	0 1	4	1	2	3	1	2	0	1	7					
		OR OF	IIO ETHIC	S COMI	MISSIC	N U	SE O	NLY									
Walk-in Inter Office	Filer has a	nswer		require	d ques	tion			ı	Date		ompl urne					

SOURCES OF INCOME - ALL FILERS MUST ANSWER I have no sources of income that I am require		(For he	p, see instructions page 4		
Source of Income		Service Provided	Amount* (if required)		
A American Merchandising Services	Mkt., mg	gr., Sales	(ii requireu)		
B Merck	Stock D	ividends			
C Case Western Reserve University	Adviser	, Board Member			
D					
Е					
* Check instructions to see	whether you a	re required to disclose amounts of inco	ome.		
2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS	S QUESTION:	(For he	p, see instructions page 5		
I have no sources of gifts that I am required t	o list.				
Source of Gift		Source of Gi	t		
Α		D			
В		Е			
c		F			
Spouse Residing in Household Dependent Children		Dependent Cl	nildren		
4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWE If you or anyone you listed in Question 3 owns There are no business names that I am require	or operates a bu	•	p, see instructions page 5		
Business Name		Business Name			
A King Management Group, Ltd		С			
В		D			
5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST. I have no real estate that I am required to list		STION: (For he	p, see instructions page 6		
llist address on H	Land (Real Es	state) in Ohio vailable, plat number and county)			
A 13308 Euclid Ave., East Cleveland, Ohio 44		ranasie, piat number and county)			
В					
C					
You are not required to disclose your p	oersonal residen	ce or real property held primarily for	personal recreation.		
1					

✓ I have no creditors that I am required to list.					
Creditor		Creditor			
Α	D				
В	E				
С	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			
А	С				
В	D				
8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUEST I have no investments that I am required to list.	(For help, see instructions page 6 and 7)				
Corporation, Trust, Business Trust, Partnership, or Ass	sociation	Nature of Investment			
A					
В					
С					
D					
Е	E				
F					
IF YOU NEED ADDITIONAL SPACE,	PLEASE ATTACH A	SEPARATE SHEET.			
O OFFICES /FIDUCIADY DELATIONS LIDE					
9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWERI have no offices or fiduciary relationships that I am required		(For help, see instructions page 8)			
Corporation, Trust, Business Trust, Partnership, or Ass	sociation	Office or Nature of Relationship			
A King Management Group, Ltd		Managing Partner			
В					
 SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO F College or university trustee Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year 	 City, townsh 	ip, school district, ESC, or sanitary district nployee serving in a position that is paid 5,000 a year			
10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BO	NV ADOVE BALLET ANCIE	VED THIS OLIECTION.			
I have no sources of meals, food, or beverages that I am req		(For help, see instructions page 8)			
Source of Food or Beverages		Source of Food or Beverages			
A	С				
В					

(For help, see instructions page 6)

6. CREDITORS OVER \$1,000 - all filers 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
Α	
В	
c	
D	
E	
F	
12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board a trustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to q	
I have no information that I am required to list.	(For help, see instructions page 9
Non-Disputed Information	
A	
В	
42. CICNATURE	4
13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT: By signing this statement:	(For help, see instructions page 10
I swear or affirm that this statement and any additional attachments have	/e been prepared or carefully reviewed by me
and constitute my complete, truthful, and correct disclosure of all require page 1 is a correct mailing address.	
 I acknowledge and understand that, among other potential violations are a criminal misdemeanor of the first degree, in violation of Sections 102.0 punishable by a fine of not more than \$1,000, imprisonment of not more 	02(D) and 2921.13(A)(7) of the Revised Code,
 I acknowledge and understand that filing a false statement may be ground from public employment pursuant to Sections 3.04 and 124.34 of the Re 	•
• I acknowledge that, in 2016, I served in, or in 2017, I am serving in or a c this statement.	andidate for, the position indicated on page 1 of
If you have any questions before signing this form, please contact the Ohio Ethi	cs Commission at (614) 466-7090.
Before signing this statement, please review to make sure that you have answer of you have nothing to list in response to any question, check the box indicating to any required question is omitted, the Commission will return the statement file a complete statement by the appropriate filing deadline will be assessed penalty.	that you have nothing to list. If the response to you as incomplete. Any person who fails to
Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, G	Columbus, OH 43215
My filing fee is: ☐ Enclosed (check or money order payable to "Ohio Ethics Commission") ✓ Submitted Online	(For help, see instructions page 2
Included in my attorney registration fees (Judges, Magistrates, and Judicial CMy public agency is required or has agreed to pay my filing fee.	andidates Only)
YOUR SIGNATURE IS REQUIRED HERE: brandon king	Date: 5/4/2017 9:01 AM

Confirmation Number: 0905175001046



This statement is to be filed in 2018

Financial information for calendar year 2017

Last Name					irst N	ame							M
king			brandon										
SECTION B. STATUS (Checonomics Candidate Write-in Candidate Elected to an office Appointed to an unexpectation of the control of the contro	pired	the first	ATES: Plo election when yo allot.	(primar	y, spe	cial, o	r		F	F	Onli		
Public Official		Month	Day	Υ	ear						12:33	PM	
Public EmployeeVoluntary Filer / Other		0 5	0 8	2	018				Con	firm	#: 12C)41842	33299
East Cleveland Public Salary:	Start Date:			En	d Date	············							
Uncompensated	Month Day	Ve	ear		,		ear						
Less than \$16,000 \$16,000 or more	1 2 1 9		1 7	1	2		1 2		2	1			
Position/Title (Example: co precinct committee Public Entity you serve in 2 East Cleveland	ouncil member, sh	eriff, boar	d membe		title))			Seek Hold Held	١			
Public Salary:	Start Date:			En	d Date								
Uncompensated ✓ Less than \$16,000 \$16,000 or more	Month Day	Ye	ear	,	onth	Day	/	Y	ear				
	FC	OR OHIO E	THICS CO	MMISSI	ON US	SE ON	LY						
☐ Walk-in ☐ Inter Office ☐ No Check	✓ Filer has ar			-		•			retu	rned	te forn to filer	:	

1. SOURCES OF INCOME - ALL FILERS MUST ANSW	ER THIS QUESTION:	(For h	elp, see instructions page 4)
☐ I have no sources of income that I am requ	ired to list.		
Source of Income		Service Provided	Amount* (if required)
A American Merchandising Services	Mkt., m	gr., Sales	
B Merck	Stock D	ividends	
С			
D			
Е			
* Check instructions to s	ee whether you a	re required to disclose amounts of inc	come.
2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER	THIS OUTSTION.	(Family	-1
✓ I have no sources of gifts that I am require	•	(FOI III	elp, see instructions page 5)
Source of Gift		Source of G	ift
Α		D	
В		E	
С		F	
3. NAMES OF SPOUSE RESIDING IN HOUSEHO			-
There are no immediate family members v	vhose names I am	required to list. (For h	elp, see instructions page 5)
Spouse Residing in Household		Dependent (Children
Dependent Children			
4. NAMES OF BUSINESSES - ALL FILERS MUST ANS	WER THIS QUESTION:	(For h	elp, see instructions page 5)
If you or anyone you listed in Question 3 ow	ns or operates a bu	•	
There are no business names that I am req	uired to list.	Ţ	
Business Name		Business Na	me
A King Management Group, Ltd		С	
В		D	
5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MU	ST ANSWED THIS OLIE	STION: /For h	elp, see instructions page 6)
☐ I have no real estate that I am required to		(1011)	eip, see ilistructions page of
		state) in Ohio	
		vailable, plat number and county)	
A 13308 Euclid Ave., East Cleveland, Ohio	44 1Z 		
В			
C V			
You are not required to disclose you	ir personal resider	ice or real property held primarily for	personal recreation.

6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION	5. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:		
✓ I have no creditors that I am required to list.			
Creditor		Creditor	
A	D		
В	E		
С	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	
Α	С		
В	D		
8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUEST I have no investments that I am required to list.		(For help, see instructions page 6 and 7)	
Corporation, Trust, Business Trust, Partnership, or Ass	ociation	Nature of Investment	
A			
В			
С			
D			
E			
F			
IF YOU NEED ADDITIONAL SPACE, I	PLEASE ATTACH A	SEPARATE SHEET.	
9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER T	HIS QUESTION:	(For help, see instructions page 8)	
I have no offices or fiduciary relationships that I am required	to list.	(1,	
Corporation, Trust, Business Trust, Partnership, or Ass	ociation	Office or Nature of Relationship	
A King Management Group, Ltd		Managing Partner	
В			
SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO F			
College or university trustee Condidate for a city township school district, or ESC		ip, school district, ESC, or sanitary district	
 Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year 	official or en less than \$10	nployee serving in a position that is paid 5.000 a year	
	·	· · · · · · · · · · · · · · · · · · ·	
10 FOOD OR REVERAGES - ALL ELLERS EXCEPT THOSE LISTED IN THE RO	AROVE MUST ANSW	VED THIS OLIESTION.	

✓ 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
Α		С
В		D

11. TRAVEL EXPENSES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ON PAGE 3 MUST ANSWER THE I have no sources of travel expenses that I am required to list.	(For help, see instructions page 9)
Source of Travel Expenses	Amount
Α	
В	
С	
D	
Е	
F	
12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and contrustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to question	
I have no information that I am required to list.	(For help, see instructions page 9)
Non-Disputed Information	
A	
В	
13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:	/Fan halm and instructions was 10)
By signing this statement:	(For help, see instructions page 10)
 I swear or affirm that this statement and any additional attachments have bee and constitute my complete, truthful, and correct disclosure of all required in page 1 is a correct mailing address. 	
 I acknowledge and understand that, among other potential violations and per a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) a punishable by a fine of not more than \$1,000, imprisonment of not more than 	and 2921.13(A)(7) of the Revised Code,
 I acknowledge and understand that filing a false statement may be grounds for from public employment pursuant to Sections 3.04 and 124.34 of the Revised 	•
 I acknowledge that, in 2017, I served in, or in 2018, I am serving in or a candid this statement. 	ate for, the position indicated on page 1 of
If you have any questions before signing this form, please contact the Ohio Ethics Cor	mmission at (614) 466-7090.
Before signing this statement, please review to make sure that you have answered en lf you have nothing to list in response to any question, check the box indicating that to any required question is omitted, the Commission will return the statement to you file a complete statement by the appropriate filing deadline will be assessed a late penalty.	you have nothing to list. If the response u as incomplete. Any person who fails to
Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Colum	bus, OH 43215
My filing fee is: ☐ Enclosed (check or money order payable to "Ohio Ethics Commission") ✓ Submitted Online ☐ Included in my attorney registration fees (Judges, Magistrates, and Judicial Candid	(For help, see instructions page 2) ates 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



Form No. OEC-2018 **OHIO ETHICS COMMISSION**

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 pa	age. Electronic filing available at disclosure.ethics.of	io.gov.
SECTION A. PERSONAL CONTACT INFORMATION		
Last Name	First Name	MI
King	Brandon	L
SECTION B. STATUS (Check all that apply)	FOR OFFICIAL USE ONLY	
Candidate CANDIDATES: Please the first election (prin		
Elected to an office general) when your n		
Appointed to an unexpired on the ballot.	MAY 0 1 2019	
term in elective office Public Official Month Day	Year WIAI 0 1 2013	
Public Employee	2019 OHIO ETHICS COMMISSIO	NC
Voluntary Filer / Other		
Position/Title (Example: council member, sheriff, board member, or Mayor Public Entity you serve in 2019, served in 2018, or will serve if electric East Cleveland Public Salary: Start Date: Uncompensated Month Day Year Less than \$16,000 0 1 0 1 2 0 1 8 Start Date: Section D. Additional Public Position, Office, OR Job Position/Title (Example: council member, sheriff, board member, or Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve if electric Public Entity you serve in 2019, served in 2018, or will serve in 2019, served in 2018, or will serve in 2019, served in 2018, or will serve in 2019, serv	End Date: Month Day Year	•
Public Salary: Start Date:	End Date: Month Day Year 20 20 20 20 20 20 20 2	,
Uncompensated Month Day Year Less than \$16,000	Month Day Year & S	
\$16,000 or more	<u> </u>	-
FOR OHIO ETHICS COMM	IISSION USE ONLY	-
☐ Walk-in ☐ Filer has answered every required		
Inter Office Filer has not answered these ques	stions: returned to filer: $5.7.1$	9
Rev'd by:	Date completed form returned to OEC: 5.28.	9
Page 1 of		

Source of Income		Service Provided	-	Amount* (if required)
A SEE ATTACHMENT 1	<u></u>	<u></u>		(ii jegalieo)
В				
c				
D				_
E				
* Check instructions to see whether	r you are requir	ed to disclose amoun	ts of income.	
2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION	N:		(For help, see	e instructions page
✓ I have no sources of gifts that I am required to list.			(i oi neip, see	. matractions page
Source of Gift		Soui	rce of Gift	
Α	D			
В	E			
C	F			
Dependent Children				·
	tes a business, l	st the name of the bu		e instructions page
I. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUE If you or anyone you listed in Question 3 owns or operat	tes a business, l			e instructions page
1. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUE If you or anyone you listed in Question 3 owns or operat There are no business names that I am required to list	tes a business, l		siness.	e instructions page
. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUE If you or anyone you listed in Question 3 owns or operat There are no business names that I am required to list Business Name A SEE ATTACHMENT 4	tes a business, l		siness.	e instructions page
A. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUE If you or anyone you listed in Question 3 owns or operat There are no business names that I am required to list Business Name A SEE ATTACHMENT 4 B 5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER TO I have no real estate that I am required to list.	C D HIS QUESTION:	Busir	ness Name (For help, see	
I. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUE If you or anyone you listed in Question 3 owns or operat There are no business names that I am required to list Business Name A SEE ATTACHMENT 4 B I LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER TO	C D HIS QUESTION: (Real Estate) in is unavailable,	Busir	ness Name (For help, see	
4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUE If you or anyone you listed in Question 3 owns or operat There are no business names that I am required to list Business Name A SEE ATTACHMENT 4 B 5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER TO Thave no real estate that I am required to list. Land (List address or, if address	C D HIS QUESTION: (Real Estate) in is unavailable,	Busir	ness Name (For help, see	e instructions page

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 QUE	(For help, see instructions page
Debtor	Debtor
Α	С
В	D
INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THI I have no investments that I am required to list. Corporation, Trust, Business Trust, Partnership;	
A SEE ATTACHMENT 8	or Association Nature of Investment
B SEE ATTACHIMENTO	
C	
D	
E	
F VOU NECO ADDITIONAL C	DAGE DISAGE ATTAGE A SERVICE STATE OF THE ST
IF TOO NEED ADDITIONAL S.	PACE, PLEASE ATTACH A SEPARATE SHEET.
. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST AN	(, or melp) and more page
Corporation, Trust, Business Trust, Partnership,	or Association Office or Nature of Relationship
A SEE ATTACHMENT 9	
В	
SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRE • College or university trustee • Candidate for a city, township, school district, or ESC	• City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year
position that is paid less than \$16,000 a year	
	THE BOX ABOVE MUST ANSWER THIS QUESTION:
.O. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN	THE BOX ABOVE MUST ANSWER THIS QUESTION:
10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN	THE BOX ABOVE MUST ANSWER THIS QUESTION: 800 Instructions page

ENSES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ON PAGE 3 MUST ANSWER THIS QUESTION: laye, no sources of travel expenses that I am required to list. (For help, see instructions page 9) Source of Travel Expenses. .. ∍ "Amount C D Ε N F $\mathbf{\alpha}$ D 12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission member stercept 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. Α В 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. Lacknowledge 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 (For help, see instructions page 2) My filing fee is:

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: 4 of 4

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	
ltem#	Source of Income	Service Provided	Amount
1	American Merchandising Services (AMS)	Marketing, Sales	Transfer of the second of the
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	
1000		A Contract of the second	TAN SOLD FOR WAR SOLD

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

ATTACHMENT 4

18

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 1	American Express	
2	US Bank	
3		
4		
5		
6	Bank of America	
. 7		
8		
·	PNC Bank	
10	CHASE	
11		
12		
13		
. •		
· · · · · · · · · · · · · · · · · · ·		
		and the second of the control of the second

FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2019

Financial information for calendar year 2018

8. Investments Over \$1,000.00

Corporation, Trust, Business Trust

Item # Partnership, or Association	Nature of Investment
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

	Corporation, Trust, Business Trust,	Office or
ltem#	Partnership, or Association	Nature of Relationship
1	9Global Institute of Applied Technology, Inc.	The second secon
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
c7 . r	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 $% \left(1\right) =\left(1\right) \left(1\right) \left($	page. Electronic filing	g available at: disclo	sure.ethics.ohio.gov
SECTION A. PERSONAL CONTACT INFORMATION		·	
Last Name	First Name		MI .
King	Brandon		
SECTION B. STATUS (Check all that apply) Candidate Write-in Candidate of the first election		FOR OFFICIA	
Elected office holder special, or general)		• • •	
 □ Appointed (in 2020) to an unexpired term in elective office □ Public Official □ Month Day 	- 1	AUG 1	
Public Employee Voluntary Filer / Other		OHIO ETHICS (COMMISSION
		<u> </u>	*E
Position/Title (Example: council member, sheriff, board member, MAYOR Public Entity you serve in 2020, served in 2019, or will serve if elections to the council member of the council member, sheriff, board member, sheriff,		Seeking Hold Held	•
Public Salary: Start Date:	End Date:		
☐ Uncompensated Month Day Year ☐ Less than \$16,000 0 1 0 1 2 0 1 8	Month Day 1 2 3 1 2	Year 0 2 -1	√ ,
SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB — Position/Title (Example: council member, sheriff, board member,	or job title)	Seeking AUS	RECH
Public Entity you serve in 2020, served in 2019, or will serve if ele-	cted	Held ∞	
		⊳	, 450 100 100 100 100 100 100 100 100 100 1
Public Salary: Start Date:	End Date:	œ	· 출
Uncompensated Less than \$16,000 \$16,000 or more	Month Day	Year	COMMISSION
FOR OHIO ETHICS COM	MISSION LISE ONLY		
☐ Walk-in ☐ Inter Office ☐ No Check ☐ No Check ☐ Rev'd by:	ed question.	Date incomplete for returned to file Date completed for returned to OF	er: m

Source of Income	Service Provided	Amount* (if required)
A SEE ATTACHMENT 1		(g. requires)
В		
С		
D		
E		
* Check instructions to see whether you	are required to disclose amounts of income	2.
2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:	(For help, s	see instructions page
I have no sources of gifts that I am required to list.	,	
Source of Gift	Source of Gift	•
A	D	
В	E	
C	F	
Spouse Residing in Household	Dependent Child	· -
Dependent Children 1. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION If you or anyone you listed in Question 3 owns or operates a	N: (For help, s	ren
Dependent Children I. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION If you or anyone you listed in Question 3 owns or operates a There are no business names that I am required to list.	N: (For help, s business, list the name of the business.	ren
Dependent Children 1. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION If you or anyone you listed in Question 3 owns or operates a There are no business names that I am required to list. Business Name	N: (For help, s business, list the name of the business.	ren
Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION If you or anyone you listed in Question 3 owns or operates a There are no business names that I am required to list. Business Name A SEE ATTACHMENT 4	N: (For help, s business, list the name of the business.	ren
Dependent Children 1. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION If you or anyone you listed in Question 3 owns or operates a There are no business names that I am required to list. Business Name A SEE ATTACHMENT 4 B 5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION I have no real estate that I am required to list.	N: (For help, so business, list the name of the business. Business Name C D UESTION: (For help, so the business)	ren
Dependent Children I. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION If you or anyone you listed in Question 3 owns or operates a There are no business names that I am required to list. Business Name A SEE ATTACHMENT 4 B S. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION I have no real estate that I am required to list. Land (Real	N: (For help, s business, list the name of the business. Business Name C D	ren
Dependent Children 4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION If you or anyone you listed in Question 3 owns or operates a There are no business names that I am required to list. Business Name A SEE ATTACHMENT 4 B 5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION Thave no real estate that I am required to list. Land (Real	N: (For help, so business, list the name of the business. Business Name C D UESTION: (For help, so less that a less than a	ren

Bank of America	Creditor D US Bank E PNC Bank F (For help, see instructions page
Bank of America Chase TORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION: ave no debtors that I am required to list.	E PNC Bank
Chase TORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION: ave no debtors that I am required to list.	F
TORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION: ave no debtors that I am required to list.	
ave no debtors that I am required to list.	(For help, see instructions pag
Debtor	
· · · · · · · · · · · · · · · · · · ·	Debtor
	С
	D
ESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTIO	(For help, see instructions page 6 an
Corporation, Trust, Business Trust, Partnership, or Assoc	iation Nature of Investment
SEE ATTACHMENT 8	
· · · · · · · · · · · · · · · · · · ·	
IF YOU NEED ADDITIONAL SPACE, PLI	EASE ATTACH A SEPARATE SHEET.
CES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THE	
eve no offices or fiduciary relationships that I am required to	(, -, , , , , , , , , , , , , , , , , ,
Corporation, Trust, Business Trust, Partnership, or Assoc	
SEE ATTACHMENT 9	
OLE ATTACHMENT 9	
QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FILE	E AS A:
lege or university trustee	City, township, school district, ESC, or sanitary district
ndidate for a city, township, school district, or ESC sition that is paid less than \$16,000 a year	official or employee serving in a position that is paid less than \$16,000 a year

☑ 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
Α		С
В		D

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	
В	
<u> </u>	
F	
2. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and ustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to que	stion 13.
I have no information that I am required to list.	(For help, see instructions page 9)
Non-Disputed Information	
3	
 SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT: By signing this statement: I swear or affirm that this statement and any additional attachments have and constitute my complete, truthful, and correct disclosure of all required page 1 is a correct mailing address. 	
 I acknowledge and understand that, among other potential violations and a criminal misdemeanor of the first degree, in violation of Sections 102.02(punishable by a fine of not more than \$1,000, imprisonment of not more t 	(D) and 2921.13(A)(7) of the Revised Code,
 I acknowledge and understand that filing a false statement may be ground from public employment pursuant to Sections 3.04 and 124.34 of the Revis 	
 I acknowledge that, in 2019, I served in, or in 2020, I am serving in or a can of this statement. 	ididate for, the position(s) indicated on page 1
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 answere If you have nothing to list in response to any question, check the box indicating to any required question is omitted, the Commission will return the statement to file a complete statement by the appropriate filing deadline will be assessed a lipenalty.	hat you have nothing to list. If the response byou as incomplete. Any person who fails to
eliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Co	lumbus, OH 43215
ly filing fee is: 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.	(For help, see instructions page 2)
OUR SIGNATURE IS REQUIRED HERE:	Date: 8-7 -200

Rev. 1-2020

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	
ltem#	Source of Income	Service Provided	Amount
1	American Merchandising Services (AMS)	Marketing, Sales	. — жыл 2111-111-11
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	di A
16	Dell, Inc.	Stock	

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

Corporation, Trust, Business Trust

Item#	Partnership, or Association	Nature of Investment
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
J.		

19

FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2020

Financial information for calendar year 2019

9. Offices/Fiduciary Relationships

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

NOTE: Please, see Attachment B

Form No. OEC-2020 OHIO ETHICS COMMISSION

This statement is to be filed in 2021

FINANCIAL DISCLOSURE STATEMENT

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 SECTION A. PERSONAL CONTACT INFORMATION-Last Name First Name King Brandon L -SECTION B. STATUS (Check all that apply) FOR OFFICIAL USE ONLY Candidate CANDIDATES: Please list the date FILED Write-in Candidate of the first election (primary, Elected office holder special, or general) when your Appointed (in 2021) to an name will appear on the ballot. MAY 17 2021 unexpired term in elective office ✓ Public Official Month Day Year **Public Employee** OHIO ETHICS COMMISSION ■ Voluntary Filer / Other SECTION C. PUBLIC POSITION, OFFICE, OR JOB Position/Title (Example: council member, sheriff, board member, or job title) Seeking ✓ Hold MAYOR ☐ Held Public Entity you serve in 2021, served in 2020, or will serve if elected East Cleveland **Public Salary:** Start Date: End Date: Month Dav Month Uncompensated Year Day Year Less than \$16,000 2 1 0 0 1 \square \$16,000 or more 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 Start Date: End Date: Public Salary: Uncompensated Month Day Year Month Day Year Less than \$16,000 \$16,000 or more FOR OHIO ETHICS COMMISSION USE ONLY ■ Walk-in Filer has answered every required question. Date incomplete form Inter Office Filer has not answered these questions: returned to filer: ■ No Check Date completed form Rev'd by: A.C. returned to OEC:

 SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUE I have no sources of income that I am required to lis 	V	r help, see instructions page
Source of Income	Service Provided	Amount* (if required)
A SEE ATTACHMENT 1	,	
В		
c		
D		
E		
* Check instructions to see wheth	er you are required to disclose amounts of	income.
2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTI	ON: (FO	r help, see instructions page
☑ I have no sources of gifts that I am required to list.	•	
Source of Gift	Source o	f Gift
A	D .	
8	E	
c	F	<u> </u>
Spouse Residing in Household	Depender	r help, see instructions page
Dependent Children Dependent Children 4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION OF THE PROPERTY OF THE P	UESTION: (Fol	nt Children
Dependent Children 4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS Q	UESTION: (For ates a business, list the name of the business	nt Children
Dependent Children 4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION of anyone you listed in Question 3 owns or open	UESTION: (For ates a business, list the name of the business	r help, see instructions page
Dependent Children 4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUITY of the second of the	UESTION: (For ates a business, list the name of the business.	r help, see instructions page
Dependent Children 4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION of anyone you listed in Question 3 owns or open. There are no business names that I am required to library the substances of the substance of the substances of the substance of the substances of the substances of the substances of the	UESTION: (For ates a business, list the name of the business st.	r help, see instructions page
Dependent Children 4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION of anyone you listed in Question 3 owns or oper. There are no business names that I am required to list. Business Name A SEE ATTACHMENT 4 B 5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER. I have no real estate that I am required to list.	UESTION: (For attest a business, list the name of the business st. Business C C	r help, see instructions page
Dependent Children 4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION of anyone you listed in Question 3 owns or oper. There are no business names that I am required to list. Business Name A SEE ATTACHMENT 4 B 5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER. I have no real estate that I am required to list.	UESTION: (For ates a business, list the name of the business st. Business (C D D THIS QUESTION: (For ates at a county)) I (Real Estate) in Ohio as is unavailable, plat number and county)	r help, see instructions pages.
Dependent Children 4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUITY OF THE PROPERTY	UESTION: (For ates a business, list the name of the business st. Business (C D D THIS QUESTION: (For ates at a county)) I (Real Estate) in Ohio as is unavailable, plat number and county)	r help, see instructions pages.

6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION	l:	(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)
lacksquare I have no debtors that I am required to list.		
Debtor		Debtor
A	С	
В	D	
8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUEST I have no investments that I am required to list.	ION:	(For help, see instructions page 6 and 7)
Corporation, Trust, Business Trust, Partnership, or Ass	ociation	Nature of Investment
A SEE ATTACHMENT 8		
В		·
С		
D		
E		
F	- -	-
IF YOU NEED ADDITIONAL SPACE, I	PLEASE ATTACH A	SEPARATE SHEET.
9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER T		(For help, see instructions page 8)
L have no offices or fiduciary relationships that I am required		V = · · · · · · · · · · · · · · · · · ·
Corporation, Trust, Business Trust, Partnership, or Ass	ociation	Office or Nature of Relationship
A SEE ATTACHMENT 9	-	
8		
SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO F • College or university trustee • Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year	• City, townsh	ip, school district, ESC, or sanitary district apployee serving in a position that is paid 5,000 a year
10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX	X ABOVE MUST ANSW	VER THIS QUESTION:
I have no sources of meals, food, or beverages that I am requ	ired to list.	(For help, see instructions page 8
Source of Food or Beverages		Source of Food or Beverages
Α΄	С	
В	D	

Source of Travel Expenses	Amount
A	
В	
c	
D	-
E	
F	
12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board a rustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to question are question and go to question and go to question are question and go to question are question are question and go to question are question and go to question are question and go to question are question ar	
I have no information that I am required to list.	(For help, see instructions page 9
Non-Disputed Information	
A	
В	
2 CICNATURE	
3. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT: By signing this statement:	(For help, see instructions page 10
 I swear or affirm that this statement and any additional attachments hav and constitute my complete, truthful, and correct disclosure of all require page 1 is a correct mailing address. 	
 I acknowledge and understand that, among other potential violations an a criminal misdemeanor of the first degree, in violation of Sections 102.0 punishable by a fine of not more than \$1,000, imprisonment of not more 	2(D) and 2921.13(A)(7) of the Revised Code,
 I acknowledge and understand that filing a false statement may be ground from public employment pursuant to Sections 3.04 and 124.34 of the Rev 	·
 I acknowledge that, in 2020, I served in, or in 2021, I am serving in or a ca of this statement. 	andidate for, the position(s) indicated on page 1
f you have any questions before signing this form, please contact the Ohio Ethic	cs Commission at (614) 466-7090.
Before signing this statement, please review to make sure that you have answering to have nothing to list in response to any question, check the box indicating to any required question is omitted, the Commission will return the statement file a complete statement by the appropriate filing deadline may be assessed criminal penalty.	that you have nothing to list. If the response to you as incomplete. Any person who fails to
Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, C	Columbus, OH 43215
Ay 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.	
	ب رب سنو
OUR SIGNATURE IS REQUIRED HERE:	Date: 5-16-20

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	
tem#	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	

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.
	·

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

Corporation, Trust, Business Trust

tem#	Partnership, or Association	Nature of Investment
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

20

FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2021

Financial information for calendar year 2020

9. Offices/Fiduciary Relationships

	Corporation, Trust, Business Trust,	Office or
ltem#	Partnership, or Association	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

FINANCIAL DISCLOSURE STATEMENT

This statement is to be filed in 2022

Financial information for calendar year 2021

6.5			i ilialiciai	illioi illation for c	aiciluai yeai 2021
Please type or print clearly.	See instructions f	for assistance with this p	page. Electronic i	filing available at: dis	closure.ethics.ohio.gov
SECTION A. PERSONAL C	ONTACT INFORM	MATION ———			
Last Name			First Name		MI
King	<u> </u>		Brandon		
CECTION D. STATUS (S)	1 114				
SECTION B. STATUS (Che	ck all that apply): 	CANDIDATES: Pleas	ea list the date	FOR OFFI	CIAL USE ONLY —
Write-in Candidate		of the first election (e i	LED
Elected office holderAppointed (in 2022)		special, or general) v	when your	8 81	LL <i>U</i>
unexpired term in ele		name will appear or	the ballot.	MAY]	1 2 2022
Public Official		Month Day	Year		
Public Employee Voluntary Filer / Oth	er			OHIO ETHICS	COMMISSION
	· -				
Position/Title (Example: c			or ioh title)	☐ Seeking	
MAYOR		outering board member, c	<u> </u>	Hold	
Public Entity you serve in	2022 served in 2	2021 or will serve if elec	ted	그 [] Held	OHIO
East Cleveland	2022, 301100 1112		icu		
Public Salary:	Start Date:	·	End Date:		RECEIVED ETHICS COMMISSION NAY 16 - A 11: 0
Uncompensated	Month Day	y Year	Month Day	Year	9 الم
Less than \$16,000		1 2 0 1 8	1 2 3 1	2 0 2 1	A SEC
☑ \$16,000 or more				_ [+ [- [+]]	D :11: 09
SECTION D. ADDITIONAL	PUBLIC POSITIO	N, OFFICE, OR JOB —			60
Position/Title (Example: o	ouncil member, s	sheriff, board member, o	or job title)	Seeking	~ ~
				Hold Held	
Public Entity you serve in	2022, served in 2	021, or will serve if elec	ted		
Public Salary:	Start Date:	·	End Date:		
Uncompensated	Month Day	y Year	Month Day	Year	
Less than \$16,000 \$16,000 or more					
		TOR OLHO ETURG CO.	AICCION LICE ONLY	<u>.</u>	
☐ Walk-in		FOR OHIO ETHICS COMM answered every required		Data in a smallete d	
Inter Office		answered every required not answered these que		Date incomplete returned to	
No Check				Date completed	form
Rev'd by: くつ				returned to	OEC:

Source of Income	Servic	e Provided _.	Amount* (if required)
A SEE ATTACHMENT 1		-	(ii required)
В			
С			
D			
E			
* Check instructions to see wheth	er you are required to d	isclose amounts of income	! e.
2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION	ON:	(For help of	see instructions page !
✓ I have no sources of gifts that I am required to list.		(roi neip, s	see instructions page :
Source of Gift		Source of Gift	
A	D		
В	E		
c	F		
Spouse Residing in Household		Dependent Child	ren
Dependent Children	ates a business, list the r	(For help, s	
Dependent Children Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION of operation 3 owns or operation 4 owns or operation 4 owns or operation 5 owns over 5 owns owns over 5 owns owns over 5 owns over 5 owns owns owns owns owns owns owns owns	ates a business, list the r	(For help, s	
Dependent Children Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION 3 owns or operation of the company of the	ates a business, list the r	(For help, s name of the business.	see instructions page
Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION of anyone you listed in Question 3 owns or operation. There are no business names that I am required to listed business Name A SEE ATTACHMENT 4	ates a business, list the r	(For help, s name of the business.	
Dependent Children Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION 3 owns or operation of anyone you listed in Question 3 owns or operation of the properation of the prope	c	(For help, s name of the business. Business Name	
Dependent Children I. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION IS OF SUBJECT OF THE PROPERTY OF THE PROPERT	C D THIS QUESTION:	(For help, s name of the business. Business Name (For help, s	see instructions page
Dependent Children Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION 3 owns or operation of anyone you listed in Question 3 owns or operation. There are no business names that I am required to list. Business Name A SEE ATTACHMENT 4 B LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER I have no real estate that I am required to list. Land (List address or, if address	C D THIS QUESTION: (Real Estate) in Ohiosis is unavailable, plat nu	(For help, s name of the business. Business Name (For help, s	see instructions page
Dependent Children 1. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION IS OF SUBJECT OF	C D THIS QUESTION: (Real Estate) in Ohiosis is unavailable, plat nu	(For help, s name of the business. Business Name (For help, s	see instructions page

6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION	l:	(For help, see instructions page 6)
I have no creditors that I am required to list.		
Creditor		Creditor
A American Express	D US Ba	nk
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
Α	С	
В	D	
8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUEST. I have no investments that I am required to list.	ION:	(For help, see instructions page 6 and 7)
Corporation, Trust, Business Trust, Partnership, or Asso	ociation	Nature of Investment
A SEE ATTACHMENT 8		
В		
С		
D		
E		
F		
IF YOU NEED ADDITIONAL SPACE, P	LEASE ATTACH A	SEPARATE SHEET.
9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER TI		(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 Asso	ociation	Office or Nature of Relationship
A SEE ATTACHMENT 9		
В		
SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FI College or university trustee Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year	• City, townshi	p, school district, ESC, or sanitary district ployee serving in a position that is paid 5,000 a year
10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX	(ABOVE MUST ANSW	YER THIS QUESTION:
☑ I have no sources of meals, food, or beverages that I am requ		(For help, see instructions page 8)
Source of Food or Beverages		Source of Food or Beverages
Α	c	

D

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	
В	
c	
D	
E	
F	
2. NON-DISPUTED INFORMATION - <u>ALL state employees, state officials and state board a</u> rustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to	
I have no information that I am required to list.	(For help, see instructions page 9
Non-Disputed Information	
Α	
В	
3. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT: By signing this statement: I swear or affirm that this statement and any additional attachments have and constitute my complete, truthful, and correct disclosure of all requirements in a sorrest mailing address.	
 page 1 is a correct mailing address. I acknowledge and understand that, among other potential violations are a criminal misdemeanor of the first degree, in violation of Sections 102.0 punishable by a fine of not more than \$1,000, imprisonment of not more 	2(D) and 2921.13(A)(7) of the Revised Code,
 I acknowledge and understand that filing a false statement may be ground from public employment pursuant to Sections 3.04 and 124.34 of the Rev 	
 I acknowledge that, in 2021, I served in, or in 2022, I am serving in or a ca of this statement. 	andidate for, the position(s) indicated on page 1
you have any questions before signing this form, please contact the Ohio Ethic	rs Commission at (614) 466-7090.
Before signing this statement, please review to make sure that you have answer of you have nothing to list in response to any question, check the box indicating to any required question is omitted, the Commission will return the statement of file a complete statement by the appropriate filing deadline may be assessed criminal penalty.	that you have nothing to list. If the response to you as incomplete. Any person who fails to
Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, C	olumbus, OH 43215
Ay filing fee is: 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.	(For help, see instructions page 2
OUR SIGNATURE IS REQUIRED HERE:	Date: 5-10-20

Rev. 1-2022

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	
tem#	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	

21

FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2022

Financial information for calendar year 2021

4. Names of Businesses

ltem#	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.

21

FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2022

Financial information for calendar year 2021

8. Investments Over \$1,000.00

Corporation, Trust, Business Trust

Item#	Partnership, or Association	Nature of Investment
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

20

FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2021

Financial information for calendar year 2020

9. Offices/Fiduciary Relationships

	Corporation, Trust, Business Trust,	Office or
Item#	Partnership, or Association	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.	essa oss, Baard as Gractors
9	King Barbershop, Inc.	
10	King Management Group, Ltd	and the second second
11	KMG 13308 Euclid, Ltd.	Authorized Representative
12	KMG Elsinore, Ltd.	Authorized Representative
13	The University of East Cleveland, Inc.	the second of epicopole affine
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

returned to OEC:

Please type or print clearly.	See instructions for assistance with this p	page. Electronic fili	ng available at: di	isclosure.ethics.ohi	io.gov
SECTION A. PERSONAL CO	ONTACT INFORMATION —	First Nama			- 41
King		First Name Brandon			<u>MI</u>
Tung		Dianuon			L
SECTION B. STATUS (Che	i i n		FOR OF	FICIAL USE ONLY	
Candidate Write-in Candidate Elected office holder Appointed (in 2023) t	ll abecial, or general)	(primary, when your	F	ILED	!
unexpired term in ele Public Official Public Employee	II Hanc will appear or	Year	APR	26 2023	
Voluntary Filer / Othe	er		ОНЮ ЕТНЮ	CS COMMISSION	
Public Entity you serve in East Cleveland Public Salary: Uncompensated Less than \$16,000 S16,000 or more SECTION D. ADDITIONAL Position/Title (Example: co	Start Date: Month Day Year 0 1 0 1 2 0 2 2 PUBLIC POSITION, OFFICE, OR JOB council member, sheriff, board member, or sh	End Date: Month Day 1 1 2 3 1 2 or job title)	Seeking Hold Held Year 2 0 2 5 Seeking Hold Held	OHIO ETHICS COMMISSION 1 7023 MAY - 1 + A 11: 03 +	
Public Salary: Uncompensated Less than \$16,000 \$16,000 or more	Start Date: Month Day Year	End Date: Month Day	Year		
	FOR OHIO ETHICS COMM	MISSION USE ONLY			
☐ Walk-in ☐ Inter Office ☐ No Check Rev'd by:	Filer has answered every required Filer has not answered these que	-	Date incomplete returned to Date completed returned to	o filer: d form	

,	(For help, see instructions page 4
rvice Provided	Amount* (if required)
 -	(in required)
	<u> </u>
to disclose amounts	s of income.
•	(For help, see instructions page 5
	•
Source	e of Gift
•	
he name of the busi	(For help, see instructions page 5 iness.
Busine	ess Name
<u> </u>	
o t number and count	(For help, see instructions page
.	
roperty held primar	rily for personal recreation.
rop	perty held prima

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 Ba		nk
B Bank of America	E	
c Chase	F	
7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:		
I have no debtors that I am required to list.		(For help, see instructions page 6)
Debtor Debtor		D.L.
		Debtor
A	<u> </u>	
В		
8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION I have no investments that I am required to list.	ON:	(For help, see instructions page 6 and 7)
Corporation, Trust, Business Trust, Partnership, or Asso	ciation	Nature of Investment
A SEE ATTACHMENT 8		
В		-
С	.	
D		
E		
F		-
IF YOU NEED ADDITIONAL SPACE, P	LEASE ATTACH A	SEPARATE SHEET.
9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER TH I have no offices or fiduciary relationships that I am required to		(For help, see instructions page 8)
Corporation, Trust, Business Trust, Partnership, or Asso	ociation	Office or Nature of Relationship
A SEE ATTACHMENT 9		
В		
SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FII College or university trustee Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year	 City, townsh 	ip, school district, ESC, or sanitary district nployee serving in a position that is paid 6,000 a year
10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX		•
✓ I have no sources of meals, food, or beverages that I am requ	ired to list. —————	(For help, see instructions page 8)
Source of Food or Beverages		Source of Food or Beverages
A	c	

D

В

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	
В	
С	
D	
E	
F	
12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and strustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to quest I have no information that I am required to list.	
•	(For fielp, see instructions page 9
Non-Disputed Information	
В	
13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT: By signing this statement:	(For help, see instructions page 10
 I swear or affirm that this statement and any additional attachments have be and constitute my complete, truthful, and correct disclosure of all required page 1 is a correct mailing address. 	• • •
 I acknowledge and understand that, among other potential violations and p a criminal misdemeanor of the first degree, in violation of Sections 102.02(C punishable by a fine of not more than \$1,000, imprisonment of not more th)) and 2921.13(A)(7) of the Revised Code,
 I acknowledge and understand that filing a false statement may be grounds from public employment pursuant to Sections 3.04 and 124.34 of the Revise 	•
 I acknowledge that, in 2022, I served in, or in 2023, I am serving in or a cand of this statement. 	lidate for, the position(s) indicated on page 1
If you have any questions before signing this form, please contact the Ohio Ethics C	Commission at (614) 466-7090.
Before signing this statement, please review to make sure that you have answered If you have nothing to list in response to any question, check the box indicating the to any required question is omitted, the Commission will return the statement to y file a complete statement by the appropriate filing deadline may be assessed a lacriminal penalty.	at you have nothing to list. If the response you as incomplete. Any person who fails to
Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Colu	ımbus, OH 43215
My filing fee is: 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.	(For help, see instructions page 2
YOUR SIGNATURE IS REQUIRED WERE:	Date: 4-25-23

Rev. 1-2023

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	
tem#	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	

22

FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2023

Financial information for calendar year 2022

4. Names of Businesses

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	

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

Corporation, Trust, Business Trust

argo Advisors Jicolaus & Company, Inc. tershare Trust Company, N.A. an Stock, Transfer & Trust Company, LLC orp., Mass, EMC J Electric Company, GE & Co., Inc., New, MRK	Brokerage Account Brokerage Account Brokerage Account Brokerage Account Stock Stock Stock Stock Stock
tershare Trust Company, N.A. an Stock, Transfer & Trust Company, LLC orp., Mass, EMC I Electric Company, GE & Co., Inc., New, MRK	Brokerage Account Brokerage Account Stock Stock Stock Stock Stock
an Stock, Transfer & Trust Company, LLC orp., Mass, EMC I Electric Company, GE & Co., Inc., New, MRK	Brokerage Account Stock Stock Stock Stock Stock
orp., Mass, EMC I Electric Company, GE & Co., Inc., New, MRK	Stock Stock Stock Stock
l Électric Company, GE & Co., Inc., New, MRK	Stock Stock Stock
& Co., Inc., New, MRK	Stock Stock
	Stock
Doolood Estamaio Communication	
Badaad Fatanasiaa Camaa	
t Packard Enterprises Company	Stock
an Chase & Company	Stock
Technology, Inc.	Stock
p	Stock
Biomet Holdings, Inc	Mutual Fund
Myers Squibb Company	Stock
3/19 Trust	Beneficiary
	Stock
	r Biomet Holdings, Inc Myers Squibb Company 3/19 Trust c.

22

FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2023

Financial information for calendar year 2022

9. Offices/Fiduciary Relationships

	Corporation, Trust, Business Trust,	Office or
tem#	Partnership, or Association	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

returned to OEC:

.ast Name		First Name		
King .		Brandon		
ECTION B. STATUS (Che Candidate Write-in Candidate Elected office holder Appointed (in 2024) unexpired term in el Public Official Public Employee Voluntary Filer / Oth	to an ective office CANDIDATES: Pof the first election special, or generate name will appeared to the first election of the first election special, or generate name will appeared to the first election special, or generate name will appeared to the first election special specia	ral) when your	MAY	FICIAL USE ONLY ILED 1 3 2024 CS COMMISSION
MAYOR	council member, sheriff, board member, sheriff, s		Seeking Hold Held	
ublic Salary: Uncompensated Less than \$16,000 \$16,000 or more	Start Date: Month Day Year	End Date: Month Day	Year 2 0 2 5	OHIO ETHIO
osition/Title (Example: o	L PUBLIC POSITION, OFFICE, OR JOB council member, sheriff, board memb		Seeking Hold Held	CEIVED SOMMISSION
ublic Salary: Uncompensated Less than \$16,000 \$16,000 or more	Start Date: Month Day Year	End Date: Month Day	Year	5 ₹
	FOR OHIO ETHICS CO	OMMISSION USE ONLY		
Walk-in Inter Office	Filer has answered every requestions. Filer has not answered these		Date incomplet returned t	

Source of Income	Service Provided	Amount* (if required)
A SEE ATTACHMENT 1	•	
В	_	
c		
D		
E		
* Check instructions to see whether you	are required to disclose amounts of inc	come.
SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION: I have no sources of gifts that I am required to list.	(For he	elp, see instructions page
Source of Gift	Source of G	ift
A	D	
В ,	E	
С	F .	
Spouse Residing in Household	Dependent C	elp, see instructions page Children
Spouse Residing in Household Dependent Children		
Dependent Children	Dependent C	
Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION If you or anyone you listed in Question 3 owns or operates a business.	Dependent C	elp, see instructions page
Dependent Children . NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION If you or anyone you listed in Question 3 owns or operates a business names that I am required to list. Business Name	: (For he business, list the name of the business.	elp, see instructions page
Dependent Children . NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION If you or anyone you listed in Question 3 owns or operates a business names that I am required to list. Business Name A SEE ATTACHMENT 4	: (For he business, list the name of the business Na	elp, see instructions page
Dependent Children I. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION If you or anyone you listed in Question 3 owns or operates a business names that I am required to list. Business Name A SEE ATTACHMENT 4 B I. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION IN OHIO - ALL	Dependent C For he business, list the name of the business. Business Na C D ESTION: (For he	elp, see instructions page
Dependent Children NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION If you or anyone you listed in Question 3 owns or operates a business names that I am required to list. Business Name A SEE ATTACHMENT 4 B LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION IN OHIO - ALL FILER	: (For he business, list the name of the business Name C	elp, see instructions page
Dependent Children . NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION If you or anyone you listed in Question 3 owns or operates a business names that I am required to list. Business Name A SEE ATTACHMENT 4 B . LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION OF THE PROPERTY OF THE PR	Estate) in Ohio available, plat number and county)	elp, see instructions page
Dependent Children I. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION If you or anyone you listed in Question 3 owns or operates a business names that I am required to list. Business Name A SEE ATTACHMENT 4 B I. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION I have no real estate that I am required to list. Land (Real (List address or, if address is unit	Estate) in Ohio available, plat number and county)	elp, see instructions pag

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	Ε
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
Α	С
В	D
8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION I have no investments that I am required to list.	(For help, see instructions page 6 and 7)
Corporation, Trust, Business Trust, Partnership, or Asso	ociation Nature of Investment
A SEE ATTACHMENT 8	
В	
С	
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, P	PLEASE ATTACH A SEPARATE SHEET.
9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER TO I have no offices or fiduciary relationships that I am required	(,
Corporation, Trust, Business Trust, Partnership, or Asso	ociation Office or Nature of Relationship
A SEE ATTACHMENT 9	
В	
Candidate for a city, school district, or ESC position serv	ILE AS A: y, school district, ESC, or sanitary district official or employee ving in a position that is paid less than \$16,000 a year sOhio board member or employee
10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX	X ABOVE MUST ANSWER THIS QUESTION:
✓ I have no sources of meals, food, or beverages that I am requ	uired to list. (For help, see instructions page 8
Source of Food or Beverages	Source of Food or Beverages
A	

D

В

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	
В	
С	
D	
E	
F	
12. NON-DISPUTED INFORMATION - <u>ALL state employees, state officials and state board ar</u> trustees} are REQUIRED to answer Question 12. All other filers should skip this question and go to qu	nd commission members (except college and university estion 13.
I have no information that I am required to list.	(For help, see instructions page 9
Non-Disputed Information	
A	
В	
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 and constitute my complete, truthful, and correct disclosure of all require page 1 is a correct mailing address. 	
 I acknowledge and understand that, among other potential violations and a criminal misdemeanor of the first degree, in violation of Sections 102.02 punishable by a fine of not more than \$1,000, imprisonment of not more 	2(D) and 2921.13(A)(7) of the Revised Code,
 I acknowledge and understand that filing a false statement may be ground from public employment pursuant to Sections 3.04 and 124.34 of the Rev 	•
 I acknowledge that, in 2023, I served in, or in 2024, I am serving in or a ca of this statement. 	ndidate for, the position(s) indicated on page 1
f you have any questions before signing this form, please contact the Ohio Ethics	s Commission at (614) 466-7090.
Before signing this statement, please review to make sure that you have answer If you have nothing to list in response to any question, check the box indicating to any required question is omitted, the Commission will return the statement to file a complete statement by the appropriate filing deadline may be assessed a criminal penalty.	that you have nothing to list. If the response o you as incomplete. Any person who fails to
Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Co	olumbus, OH 43215
My filing fee is: 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	(For help, see instructions page 2
YOUR SIGNATURE IS REQUIRED HERE:	Date: 5 - 5 - 2

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	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	•

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

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

Corporation, Trust, Business Trust

		corporation, must, business must	
It	tem#	Partnership, or Association	Nature of Investment
	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

23

FINANCIAL DISCLOSURE STATEMENT (supplement)

This statement is to be filed in 2024

Financial information for calendar year 2023

9. Offices/Fiduciary Relationships

	Corporation, Trust, Business Trust,	Office or
ltem #	Partnership, or Association	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.	And the second of the second of the second
14	* Cleveland Professional University	
15	* Guru Dakshina	
16	* Carpool Assist	,
15	King B 3/19 Trust	Trustee

NOTE: Please, see Attachment B