

COMMONWEALTH OF KENTUCKY

EXECUTIVE BRANCH ETHICS COMMISSION

1025 Capital Centre Drive, Suite 104, Frankfort, KY 40601

PHONE: 502-564-7954, FACSIMILE: (502) 696-5091, or EMAIL: ethicsfiler@ky.gov

FEB 10 2023

Executive Branch
Ethics Commission

STATEMENT OF FINANCIAL DISCLOSURE

ANNUAL FORM

Calendar Year

CONSTITUTIONAL OFFICERS AS DEFINED BY KRS 11A.010(9)(A)-(G) AND OFFICERS AS DEFINED BY KRS 11A.010(7) MUST FILE THIS FORM BETWEEN JANUARY 1 AND APRIL 15 FOR EACH CALENDAR YEAR YOU SERVE IN SUCH POSITION. (KRS 11A.050(1)(A)). OFFICERS AND CONSTITUTIONAL OFFICERS WHO ARE CANDIDATES FOR CONSTITUTIONAL OFFICE MUST FILE THIS FORM BY THE FEBRUARY 15 THAT FALLS AFTER FILING FOR OFFICE.

"REPORTING YEAR" MEANS THE CALENDAR YEAR PRIOR TO THE CURRENT APRIL 15. **ANSWER EVERY QUESTION OR YOUR FORM WILL NOT BE ACCEPTED.**

1. Name: Last **COLEMAN** First **JACQUELINE** Middle or Maiden **LAYNE**

2. Home Street Address: [REDACTED]

City: **Frankfort** State: **KY** Zip: 40601-

Home Phone: () -

Personal E-mail Address: [REDACTED]

Mobile Phone: [REDACTED]

Alternate Number: () -

3. Check the appropriate box for your constitutional office OR check "Other Officer Position":

- Agriculture Commissioner
 Attorney General
 Auditor of Public Accounts
 Governor

- Lt. Governor
 Secretary of State
 State Treasurer
 Other Officer Position

4. Provide the following information for the Position you currently hold that requires filing.

NOTE: If you held more than one position in the previous calendar year that requires filing, please use additional pages to provide the title and the same information requested in answer to Question 4 for each additional position.

Title of Position: **Lt. Governor** Start Date: **12/10/2019**

Do you still occupy this position? Yes No* If no, ending date:

*If you are no longer in any officer position in state service, please STOP COMPLETING THIS FORM and complete the LEAVER form, EBEC-SFD-102, within 30 days of your last day of service.

State Agency for position listed above:

Cabinet: Constitutional Office

Department or Office: Office of the Lt. Governor

Division: Governor's Office

Work Street Address: 700 Capital Avenue, Suite 142

City: Frankfort State: KY Zip: 40601-

Work Phone: (502) 264-2611

Work E-mail address: Jacqueline.Coleman@ky.gov

Ext.

13. Provide the name and address of all businesses in which you, your spouse, or dependent children has or had an interest of at least ten thousand dollars (\$10,000) at fair market value or which equals at least five percent (5%) of the ownership interest in the business during the reporting year; specify whether you listed the interest because of its fair market value or because it constitutes at least five percent of the business: **NONE**

14. Provide all sources of gross income exceeding \$1,000 from any one (1) source not listed above during the reporting year, (including interest, dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income, the nature of the business, the name and address of the income source. **NONE**

15. Describe any representation or intervention performed by you or your spouse during the reporting year for any person or business for compensation before a state agency for which you work or supervise or before any entity of state overnment for which you would serve in a decision-making capacity, and include the name and address of that person or business. **NONE**

16. Provide the street address or location and description of all real property in which you, your spouse, or a dependent child holds an interest of at least ten thousand dollars (\$10,000) during the reporting year: [if the property is held as a personal residence by the filer, please indicate as such.] **NONE**

17. List all sources, including name and address, of gifts of money or property with a retail value of more than two hundred dollars (\$200) from any one source which were given to you, your spouse, or dependent children by any person or entity other than a member of your family during the reporting year. **NONE**

18. Identify all creditors, including an address, to whom you owe more than ten thousand dollars (\$10,000) except when the debt was incurred for the purchase of consumer goods during the reporting year: **NONE**
[only list debts incurred for real estate]

Carrington Mortgage Services, P.O. Box 5001, Westfield, IN 46074

19. List names and addresses of family members of the filer or persons with whom the filer was engaged in a business who are registered as legislative agents under KRS 6.807 or executive agency lobbyists under KRS 11A.211. **NONE**

20. Are you aware of any business opportunity, investment opportunity, or other benefit, tangible or intangible, received by you or any member of your family which might reasonably be construed as being offered in return for favorable treatment or any other benefit, tangible or intangible, from state government? [PLEASE CONSIDER CAREFULLY BEFORE ANSWERING]

NO

YES

If yes, attach a description.

**I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED
IN THIS STATEMENT OF FINANCIAL DISCLOSURE
IS COMPLETE AND ACCURATE.**

Signature

Jacqueline Coleman

Date:

2/9/23

Typed or printed name

Jacqueline Coleman