

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

STATEMENT OF FINANCIAL DISCLOSURE

ANNUAL FORM

Calendar Year 2023

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”:

- | | |
|---|--|
| <input type="checkbox"/> Agriculture Commissioner | <input checked="" type="checkbox"/> Lt. Governor |
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> Secretary of State |
| <input type="checkbox"/> Auditor of Public Accounts | <input type="checkbox"/> State Treasurer |
| <input type="checkbox"/> Governor | <input type="checkbox"/> 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**

Ext.

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

5. Title of any other state jobs or positions you held during the reporting year that do not require filing and are not considered "officer" positions, including state government agency name. NONE

6. Name and address of any other private employers (including self-employment) during reporting year: NONE

Employer:
 Work Address:
 City: State: Zip: -

7. Marital status:
 Single
 Married
 Widowed (if event occurred prior to previous calendar year, skip to Question 10.)
 Divorced (if event occurred prior to previous calendar year, skip to Question 10.)

If married, please give spouse's full name:

Last: **O'BRYAN** First: **Chris** Middle:

8. Spouse's employment position: **Assistant Principal** NONE
 Spouse's current employer and employer's address:
 Employer: **Woodford County High School**
 Work Address: **180 Frankfort Street**
 City: **Versailles** State: **KY** Zip: **40383-**
 Work Phone: **(859) 879-4630** Work E-mail address: **chris.obryan@woodford.kyschools.us**

9. Other employers of Spouse (including self-employment during reporting year) NONE

10. List the full name of all dependents, excluding dependents listed above: NONE
 [Dependents names are redacted from all responses to open records requests]

Evelynne Coleman O'Bryan

FOR ALL REMAINING QUESTIONS:

Reporting Year: Please answer the following questions with information as it applies for that portion of the calendar year you occupied the position in the previous calendar (i.e. January 1 through December 31 of the year preceding to the current April 15).

11. List all positions held by you or your spouse in any business, including the name and address of the business during the reporting year not already listed above on this form: NONE

12. List all positions of a fiduciary nature held by you or your spouse in any business during the reporting year, including the name and address of the business: NONE

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 government 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**

University of Louisville Football Tickets, 2301 South 3rd St., Louisville, KY 40292

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: 12/20/23

Typed or printed name **Jacqueline Coleman**