



KEY EMPLOYEE LICENSE APPLICATION/RENEWAL FINANCIAL STATEMENT

State of Ohio • Ohio Lottery Commission
615 West Superior Avenue • Cleveland, Ohio 44113-1879



LAST NAME	
FIRST NAME	MI
LICENSE NUMBER	

FINANCIAL STATEMENT

INSTRUCTIONS: Fill in all spaces; insert "NONE" where applicable. If more space is needed, attach separate schedules that should be clearly identified as being part of this statement. Such schedules should be signed and dated in the same manner as this statement. Attach your last 2 years of tax filing records.

ASSETS	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY
1. CASH A. ON HAND		a.	
B. IN BANK (SCHEDULE A)		b.	b.
2. LOANS, NOTES AND OTHER RECEIVABLES (SCHEDULE B)			
3. SECURITIES (SCHEDULE C)			
4. REAL ESTATE INTERESTS (SCHEDULE D)			
5. CASH VALUE - LIFE INSURANCE (SCHEDULE E)			
6. CASH VALUE - PENSION/RETIREMENT FUNDS (SCHEDULE F)			
7. VEHICLES			
8. FURNITURE/CLOTHING			
9. OTHER ASSETS (ITEMIZE)			
TOTAL ASSETS			

LIABILITIES AND NET WORTH	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
10. LOANS, NOTES & OTHER PAYABLES (SCHEDULE G)		
11. TAXES PAYABLE (SCHEDULE H)		
12. MORTGAGES OR LIENS ON REAL ESTATE (SCHEDULE I)		
13. LOANS AGAINST INSURANCE/PENSION (SCHEDULE J)		
14. OTHER INDEBTEDNESS (SCHEDULE K)		
TOTAL LIABILITIES		
NET WORTH TOTAL ASSETS (FROM COLUMN B) LESS TOTAL LIABILITIES (FROM COLUMN D)		
CONTINGENT LIABILITIES (ITEMIZE)		

SUPPLEMENTARY SCHEDULES

INSTRUCTIONS: Fill in all spaces, insert "NONE" where applicable. Insert the totals from the columns below in these Supplementary Schedules in the appropriate space in the chart above.

A. CASH IN BANK

List all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse or dependent children. Identify with an asterisk (*) any check writing accounts held with brokerage houses, insurance companies, etc.

Name and Address of Institution	Name of Person(s) Appearing on Account	Account Number	Type of Account	Date of Balance	Balance Enter as item 1b, column B

B. LOANS, NOTES AND OTHER RECEIVABLES

List all loans, notes, and other receivables held by you, your spouse or dependent children.

Self, Spouse or Dependent Child	Name and Address of Debtor	Interest Rate (%)	Original Loan Amount Enter as item 2 A.	Original Date of Loan/ Receivable	Date Due	Nature of Security, if any. Indicate if Unsecured	Current Balance Enter as item 2 B

C. SECURITIES

List all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse or dependent children. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or dependent children have knowledge of what securities are so held. Indicate Publicly Traded Securities with an Asterisk (*).

Self, Spouse or Dependent Child	No. of Securities or Contracts Held	Type of Security	Issuing Company or Government Agency	Date of and Price at Purchase Enter as item 3 A	Percentage of Ownership, if greater than 5%	Registered Owner	Date of Valuation	Current Market Value Enter as item 3 B

D. REAL ESTATE INTERESTS

Indicate the location, size, general nature, and acquisition date of any real property in which any direct, indirect, vested or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

Self, Spouse or Dependent Child	Address Parcel/Lot Number	Type of Property	Date Acquired	Individuals or Entities Sharing Interest (Include % of Ownership for Each)	Purchase Price of % Owned Enter as item 4 A	Monthly Rental Income, if any	Estimated Market Value of % Owned Enter as item 4 B

E. CASH VALUE - LIFE INSURANCE

List the cash value of all life insurance policies held by you, your spouse or your dependent children.

Self, Spouse or Dependent Child	Date Purchased	Insurance Carrier	Policy Number	Beneficiary(ies)	Face Value	Annual Premium Payments	Cash Surrender Value Enter as item 5 B

F. CASH VALUES - PENSION/RETIREMENT FUNDS

List the cash value of all pension funds held by you or your spouse. Include IRA, 401K and KEOGH plans.

Self or Spouse	Type of Fund	Type of Securities Held	Employer/Institution	Account Number, if any	Total Employee Contribution Enter as item 6 A	Total Employer Contribution	Current Cash Value Enter as item 6 B

G. LOANS, NOTES AND OTHER PAYABLES

List all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse or your dependent children are obligated.

Self, Spouse or Dependent Child	Name and Address of Creditor	Account Number, if any	Date Incurred	Due Date	Interest Rate (%)	Nature of Account	Original Amount of Liability Enter as item 10 C	Nature of Security, if any	Current Amount Outstanding Enter as item 10 D

H. TAXES PAYABLE

List all real estate and income taxes payable for which you, your spouse or your dependent children are obligated.

Self, Spouse or Dependent Child	Taxing Authority	Nature of Tax	Date and Amount of Original Obligation Enter as item 11 C.	Fines, Penalties And Interest, if any	Total Amount Due Enter as item 11 D.

I. MORTGAGES OR LIENS ON REAL ESTATE

List below all mortgages or liens payable on real estate for which you, your spouse, or dependent children are obligated.

Self, Spouse or Dependent Child	Name and Address of Mortgagee or Lien Holder	Account Number	Date Incurred	Original Amount of Liability Enter as item 12 C	Description/Address of Real Estate	Term of Mortgage/Interest Rate (%)	Periodic Payment Amount/ Pay Period	Current Mortgage Balance Enter as item 12 D

J. LOANS AGAINST INSURANCE/PENSION

List all loans against life insurance policies, pension plans, 401K plans, etc., taken by you, your spouse, or your dependent children.

Self, Spouse or Dependent Child	Insurance Carrier/Pension Plan	Purpose of Loan	Original Amount of Loan Enter as item 13 C	Interest Rate (%)	Date of Loan	Periodic Payment Amount/ Pay Period	Current Loan Balance Enter as item 13 D

K. OTHER INDEBTEDNESS

List any other indebtedness for which you, your spouse, or your dependent children are obligated.

Self, Spouse or Dependent Child	Name and Address of Creditor	Interest Rate (%)	Description of Liability, Type of Obligation and Nature of Security, if any	Due Date	Periodic Payment Amount/ Pay Period	Original Amount of Liability Enter as item 14 C	Outstanding Amount of Indebtedness Enter as item 14 D

CERTIFICATION

This is to certify that all the statements contained herein and in any supporting schedules are true and give a correct showing of my financial condition as of the date indicated. I further certify that I had no liabilities, direct, contingent or business except as set forth in this statement, and that the title to all assets therein set forth are in my name, except as may be otherwise noted.

IN THE EVENT OF ANY MATERIAL ADVERSE CHANGE IN MY FINANCIAL CONDITION, I AGREE TO NOTIFY THE OHIO LOTTERY COMMISSION IMMEDIATELY IN WRITING.

Applicant Signature	Date