

\$40 FILING FEE  
JOINT LEGISLATIVE ETHICS COMMITTEE



THIS STATEMENT IS TO BE  
FILED IN 2014 FOR THE  
CALENDAR YEAR 2013

## 2013 Financial Disclosure Statement

To be filed in 2014

Please provide a complete address and telephone number  
PLEASE PRINT OR TYPE (Do not use pencil)

House

Senate

Agency

1. NAME OF PERSON FILING STATEMENT

BROWN

LAST

Edna

FIRST

R.

MIDDLE INITIAL

2. MAILING ADDRESS  
(May use Home, Business or Govt)

SENATE BLDG

1 CAPITOL SQ

STREET

COLUMBUS 43215

CITY

ZIP CODE

LUCAS

COUNTY

TELEPHONE NUMBER

3. EMAIL ADDRESS  
(OPTIONAL)

4. CURRENT EMPLOYER(S) (Other than the General Assembly):

1

2

3

4

5

JOINT  
LEGISLATIVE  
ETHICS  
COMMITTEE  
INSP. GENERAL  
2014 APR - 7 PM 3:10

## 1. INCOME

Complete **EITHER** Section A or Section B, whichever is the appropriate section.

**A. IF YOU ARE A MEMBER OF THE GENERAL ASSEMBLY IN 2014 OR WERE A MEMBER OF THE GENERAL ASSEMBLY IN 2013:** You are required to list **EVERY** source of income and identify the amount of each source in accordance with the following ranges and appropriate identifying letter: A. \$0 - \$999; B. \$1,000 - \$9,999; C. \$10,000 - \$24,999; D. \$25,000 - \$49,999; E. \$50,000 - \$99,999; F. \$100,000 or more. "Income" includes sources of gross income for federal tax purposes and interest and dividends on all governmental securities. Also, list each source of income received by any other person for your use or benefit. You are not required to list the sources of income of your spouse, unless the income was received specifically for your use or benefit. MILEAGE REIMBURSEMENT IS REPORTED IN "SECTION 8. TRAVEL". DO NOT INCLUDE MILEAGE REIMBURSEMENT IN "SECTION 1. INCOME".

You are not required to list the individual items of income from your business or profession, only the name of any business, governmental agency, or employer from which you received income EXCEPT (1) you must list the source and dollar amount of income received, or shared with a partner in your business or profession, that is attributable to services or goods provided to a client or customer who is a "legislative agent" AND/OR (2) you must list the source and dollar amount of income received from a person or entity that is doing or seeking to do business with the General Assembly.

Attorneys, physicians, or other professionals subject to confidentiality requirements as described in Revised Code Section 102.02(A)(2)(c) should list each practice separately but need not disclose the names of their clients, patients or other recipients of professional services unless those clients, patients or other recipients of professional services are legislative agents. If the client, patient or other recipient of professional services is a legislative agent, you must disclose each client, patient or other recipient of professional services unless excepted under Revised Code Section 102.02(A)(2)(c).

For each source of income listed, briefly **describe the services** for which the income was received.

**EXAMPLE:**

SOURCE OF INCOME	SERVICE PERFORMED	AMOUNT (A, B, C, D, E, OR F)
State of Ohio	Senator/Representative	E
Smith and Jones Law Firm	Lawyer	C
Friendly National Bank	Interest on Savings Account	A
Leo Lobbyist - Legislative Agent	Boat Insurance Policy	\$143.00
123 Main Street	Rental Income	B

IF NONE, CHECK HERE

SOURCE OF INCOME	SERVICE PERFORMED	AMOUNT (A, B, C, D, E, OR F)
1 STATE OF OHIO	SENATOR	E
2 SOCIAL SECURITY ADMINISTRATION	RETIREMENT INCOME	B
3 AMERICAN INCOME LIFE	INTEREST INCOME	A
4 O PERS	RETIREMENT INCOME	D
5 DIVERSIFIED RETIREMENT CORP.	401 K	B
6 5/3 BANK	INTEREST/SAV ACCT	A
7 TOLEDO METRO FED CREDIT UNION	11 11	A
8 PNC BANK	11 11	A
9		
10		
11		
12		

**B. IF YOU ARE A NON INCUMBENT CANDIDATE FOR THE GENERAL ASSEMBLY OR AN EMPLOYEE OF THE GENERAL ASSEMBLY OR ANY LEGISLATIVE AGENCY:**

You are required to list each source of gross income. **You are not required to disclose any dollar amounts except as indicated below.** Also, list each source of income received by any other person for your use or benefit. Remember to list your employment as a source of income. "Income" includes gross income for federal tax purposes and interest and dividends on all governmental securities. You are not required to list the sources of income of your spouse, unless the income was received for your use or benefit.

You are not required to list the individual items of income from your business or profession, only the name of any business, governmental agency, or employer from which you received income EXCEPT (1) you must list the source and dollar amount of income received, or shared with a partner in your business or profession, that is attributable to services or goods provided to a client or customer who is a "legislative agent" AND/OR (2) you must list the source and dollar amount of income received from a person or entity that is doing or seeking to do business with the General Assembly.

Attorneys, physicians, and other professionals subject to confidentiality requirements as described in Revised Code Section 102.02(A)(2)(c) should list each practice separately but need not disclose the names of their clients, patients or other recipients of professional services, unless those clients, patients or other recipients of professional services are legislative agents. If the client, patient or other recipient of professional services is a legislative agent, you must disclose each client, patient or other recipient of professional services, unless excepted under Revised Code Section 102.02(A)(2)(c).

For each source of income listed, briefly **describe the services** for which the income was received.

**IF NONE, CHECK HERE**

SOURCE OF INCOME	SERVICE PERFORMED	AMOUNT (if required)
1		
2		
3		
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11		
12		

## **2. IMMEDIATE FAMILY MEMBERS**

List the names of members of your immediate family. "Immediate family" is defined as your spouse residing in your household and any dependent child.

IF NONE, CHECK HERE

1	2
3	4
5	6
7	8
9	10

## **3. BUSINESS NAMES**

List all names under which you or members of your immediate family do business.

IF NONE, CHECK HERE

1	2
3	4
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11	12

#### **4A. Fiduciary Relationships**

List the names of each corporation incorporated or authorized to do business in Ohio and each trust, business trust, partnership, or association authorized to do or transact business in Ohio in which you hold an office or have a fiduciary relationship (regardless of any monetary investment), including holding office in a not-for-profit corporation. For each listing, give a brief description of the office, or relationship.

**EXAMPLE:**

NAME OF CORPORATION, TRUST, BUSINESS TRUST, PARTNERSHIP, OR ASSOCIATION	NAME OF OFFICE OR FIDUCIARY RELATIONSHIP
Smith and Jones	Partner
XYZ Inc.	President
Neighborhood Civic Association	Volunteer Trustee

IF NONE, CHECK HERE

NAME OF CORPORATION, TRUST, BUSINESS TRUST, PARTNERSHIP, OR ASSOCIATION	NAME OF OFFICE OR FIDUCIARY RELATIONSHIP
1	
2	
3	
4	
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## 4B. Investments

List the names of each corporation incorporated or authorized to do business in Ohio and each trust, business trust, partnership, or association authorized to do or transact business in Ohio in which you or any other person for your use or benefit had an investment of more than \$1,000 during 2013 (at fair market value as of December 31, 2013, or the date of disposition, whichever is earlier). Include all investments of more than \$1,000 even though they constitute a source of income.

You do not have to disclose accounts with banks, building and loan associations, savings and loan associations, and credit unions if the amount is a deposit or withdrawable share account. You are not required to list investments held solely by your spouse unless the investment is strictly for your use or benefit. For each listing, give a brief description of the investment.

### EXAMPLE:

NAME OF CORPORATION, TRUST, BUSINESS TRUST, PARTNERSHIP, OR ASSOCIATION	TYPE OF INVESTMENT
Acme Corporation	Common Stock
Public Employee Retirement System of Ohio (PERS)	Retirement Fund
Public Employee Deferred Compensation	Mutual Fund
Brokerage Firm	Money Market Account
ABC Fund	Mutual Fund

IF NONE, CHECK HERE

NAME OF CORPORATION, TRUST, BUSINESS TRUST, PARTNERSHIP, OR ASSOCIATION	TYPE OF INVESTMENT
1 Public Employee Ret. Sys.(PERS)	RETIREMENT FUND
2 DIVERSIFIED RETIREMENT CORP.	401 K
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4	
5	
6	
7	
8	
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15	
16	

## 5. REAL ESTATE

List all **leasehold or ownership interests in real property located in Ohio** to which you hold legal title or in which you have any beneficial interest. You do not have to list your personal residence or any real property used primarily for personal recreation. List by address, parcel number, or other legal description.

IF NONE, CHECK HERE

STREET ADDRESS	CITY	COUNTY	ZIP CODE
1 1012 HESTON ST	TOLEDO	LUCAS	43607
2			
3			
4			
5			
6			
7			
8			
9			

## 6. CREDITORS

List the names of all your creditors residing or transacting business in Ohio to whom **you owe, or have owed**, at any time during the calendar year 2013, more than \$1,000 in your own name or in the name of any other person. You must disclose automobile loans, school loans, credit card accounts, and all other similar accounts if the balance exceeded \$1,000 at any time during the calendar year 2013, even if no balance is currently outstanding. You do not have to disclose the debts on your personal residence or real property used primarily for personal recreation, or short-term debts resulting from the ordinary conduct of a business or profession.

IF NONE, CHECK HERE

1 AMERICAN EXPRESS	2 PNC BANK
3 5/3 BANK (M.C.)	4 MERCY HOSPITAL SYSTEM
5 PERS	6
7	8
9	10
11	12
13	14
15	16
17	18

## 7. DEBTORS

List the names of all your **debtors** residing or transacting business in Ohio who **owe, or have owed**, at any time during the calendar year 2013, **you** more than \$1,000 in your own name or in the name of any other person for your use or benefit. If you are an attorney, physician, or any other professional subject to a confidentiality requirement as described in Revised Code Section 102.02(A)(2)(c), you do not have to disclose the names of your clients, patients or other recipients of professional services. You do not have to disclose the names of persons indebted to you if they are short-term debts resulting from the ordinary conduct of your business or profession. Banks, building and loan associations, savings and loan associations, and credit unions need not be listed if the only moneys owed to you by them are moneys which you deposited with such institutions or which are in a withdrawable share account.

IF NONE, CHECK HERE

1 NEIL BLAKEMAN	2
3 EDNA BROWN CAMPAIGN COMMITTEE	4
5	6
7	8

## 8. TRAVEL

List the **source** and **amount** of each payment of expenses incurred for **travel**. Travel expenses include payments or reimbursements received by you in your own name, or by any other person for your use or benefit, for travel **in connection with your official duties**. You must disclose every payment or reimbursement of expenses for travel **both** inside and outside of Ohio. **You must disclose travel payments or reimbursements, INCLUDING MILEAGE REIMBURSEMENTS, made to you, or on your behalf, by the General Assembly.**

You do not have to disclose expenses incurred at a meeting or convention of a national or state organization to which **any state agency**, including, but not limited to, any legislative agency or state institution of higher education as defined in section 3345.011 of the Revised Code, pays membership dues. Questions regarding membership status should be directed to the organization.

IF NONE, CHECK HERE

SOURCE	AMOUNT
1 OHIO SENATE	5,495.30
2 OHIO MINORITY HEALTH COMMISSION	135.00
3 WOMEN IN GOVERNMENT	1100.00
4 OHIO SENATE Democratic Caucus	\$4,000
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PWP

## 9. GIFTS

List the source of each gift or gifts worth more than \$75, aggregated for the calendar year 2013, received by you in your own name, or by any other person for your use or benefit. If you are a member or employee of the General Assembly, also list the source of each gift or gifts over \$25, aggregated for the calendar year 2013, received from a legislative agent. If you are a member or employee of the General Assembly, you are prohibited from receiving a gift or gifts from a legislative agent where the value of the gift or gifts aggregated per calendar year, exceeds \$75.

You do not have to disclose the source of gifts received under a will or by inheritance. Also, you do not have to disclose the source of gifts received from your spouse, parents, grandparents, children, grandchildren, siblings, nephews, nieces, uncles, aunts, cousins, step-relations, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, fathers-in-law, mothers-in-law, or any person to whom you stand in loco parentis, or received by way of distribution from any inter vivos or testamentary trust established by a spouse or ancestor.

IF NONE, CHECK HERE

1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16

## 10. MEALS, FOOD AND BEVERAGES

List the **source** of each payment of expenses for meals and other food and beverages received in connection with your **official duties** that exceed \$100 aggregated for the calendar year 2013. Expenses include payments or reimbursements to you. You must include the General Assembly if it was the source of expenses or reimbursements for meals, food, or beverages totaling over \$100 for the calendar year 2013.

You are not required to disclose the source of meals and other food and beverages provided at a meeting at which you participated in a panel, seminar, or speaking engagement; or at a meeting or convention of a national or state organization to which **any state agency**, including, but not limited to, any legislative agency or state institution of higher education as defined in section 3345.011 of the Revised Code, pays membership dues. Nor must you disclose any meals or beverages, which have been reported in Section 8 above as travel expenses paid by the General Assembly.

IF NONE, CHECK HERE

1 <del>Ohio Department of Health</del>	2
3 Women in Government	4
5	6
7	8

## **11. NON-DISPUTED INFORMATION**

The lobbying community must file final lobbying expenditure reports with the Joint Legislative Ethics Committee by January 31, 2014. **Not later than March 13, 2014, JLEC will provide each Member of the General Assembly during 2013 and each legislative staff filer with a personalized report of non-disputed information for 2013.** If you do not dispute this report, please attach it to your statement. If you dispute the information contained therein, or did not receive a report; please contact JLEC at 614-728-5100. You can monitor reported lobbying expenditures at any time by visiting the Ohio Lobbying Activity Center at [www.ohiolobbying.com](http://www.ohiolobbying.com).

**PLEASE SEE ATTACHMENT "NON-DISPUTED INFORMATION REPORT":**



**I HAVE NO NON-DISPUTED INFORMATION TO REPORT:**

**I PREFER TO LIST MY NON-DISPUTED INFORMATION BELOW:**

1	2
3	4
5	6
7	8

## **12. LICENSES**

Any **member of the General Assembly** who engages in the conduct or practice of a particular business, profession, trade, or occupation that is subject to licensing or regulation by any branch, department, division, institution, instrumentality, board, commission, or bureau of the state, is required to file a notice that he or she is the holder of a particular license, or is engaged in such activity, as part of the financial disclosure statement. Therefore, if you are a member of the General Assembly, list all licenses held or a description of any regulated activity.

**IF NONE, CHECK HERE**

License Held	
Regulated Activity	

**BEFORE SIGNING THIS STATEMENT, PLEASE REVIEW EVERY QUESTION TO MAKE CERTAIN YOU HAVE DISCLOSED THE NECESSARY INFORMATION OR, IF YOU HAVE NOTHING TO DISCLOSE IN A GIVEN QUESTION, YOU HAVE CHECKED THE BOX MARKED "NONE."**

**IF THE ANSWER TO ANY QUESTION IS OMITTED, THE STATEMENT IS INCOMPLETE UNDER THE LAW AND WILL BE RETURNED TO YOU.**

**PERSONS WHO FAIL TO FILE A COMPLETE STATEMENT BY THE APPROPRIATE DEADLINE MAY BE ASSESSED A LATE FILING FEE. A KNOWING FAILURE TO FILE IS A MISDEMEANOR OFFENSE.**

By signing below, I swear or affirm that this statement and any additional attachments were prepared or carefully reviewed by me and constitute a complete, truthful, and correct disclosure of all required information.

By signing below, I acknowledge awareness and understanding of Sections 102.02(D) and 2921.13(A)(7) of the Ohio Revised Code which prohibit me from knowingly filing a false statement and which are criminal misdemeanors of the first degree, punishable by a fine of not more than \$1,000 or imprisonment of not more than six months, or both. (See Revised Code Sections 102.99(B), 2921.13(F)(1), and 2929.21.)

By signing below, I acknowledge that I am required to pay a **\$40 FILING FEE** (check or money order ONLY made payable to JLEC), or that I am, or was, an employee (non-elected) of the General Assembly, or any legislative agency and that my agency will be invoiced at a later date.

Your Signature is Required



Date 03/26/14

**NOTE:** No person is required to file more than one financial disclosure statement for any given calendar year with the appropriate ethics agency. If you are a member of the Ohio General Assembly you will file the JLEC Statement with the Joint Legislative Ethics Committee regardless of your status as a former local or statewide officeholder, candidate for local or statewide office or service on a state board or commission. **If you are a member of the General Assembly and receive a Financial Disclosure Statement from the Ohio Ethics Commission, DISREGARD the statement provided by the Ohio Ethics Commission.**

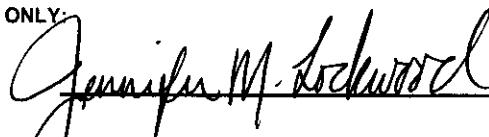
**RETAIN A COPY OF THIS STATEMENT FOR YOUR RECORDS**

This statement must be filed with:

JOINT LEGISLATIVE ETHICS COMMITTEE  
OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL  
50 West Broad Street, Suite 1308  
Columbus, Ohio 43215-5908  
(614) 728-5100

**FOR OFFICIAL USE ONLY:**

Reviewed By:



Date

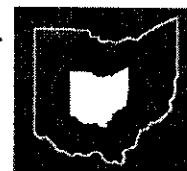
4/8/14

Filer has answered every question

Filer has not answered these questions:

Date form returned to filer:   /  /  

Date completed form received at OLIG   /  /



# OHIO DEFERRED COMPENSATION

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM

## 2013 Ethics Expense Report

Source Name	Event	Type of Expense	Amount
Ohio Deferred Compensation	Strategic Planning Meeting	Meals	7.73
Ohio Deferred Compensation	September Board Meeting	Meals	6.34
			14.07

## **Suttyak, Mercy**

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**From:** Senator Brown  
**Sent:** Tuesday, May 21, 2013 5:42 PM  
**To:** Suttyak, Mercy  
**Subject:** FW: JLEC Legislative Employer Activity and Expenditure Report January - April 2013

**Importance:** High

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**From:** Linda Dewey [mailto:[ldewey@hcno.org](mailto:ldewey@hcno.org)] **On Behalf Of** Scott Fry  
**Sent:** Tuesday, May 21, 2013 4:52 PM  
**To:** Senator Brown  
**Subject:** JLEC Legislative Employer Activity and Expenditure Report January – April 2013  
**Importance:** High

Senator Brown,

This communication is to advise that the Hospital Council of Northwest Ohio will note on its Legislative Employer Activity and Expenditure Report for the period January – April 2013 that you attended its Legislative Symposium on February 22, 13, were provided a meal/beverage/service charge totaling \$27.91, and Medicaid Expansion and the biennial budget was the topic discussed. The Report will be submitted to the Joint Legislative Ethics Committee (JLEC) on May 31, 2013.

If you dispute the preceding information, please contact me within 10 days of receiving this email notification. If you do not wish to have your name appear on this report, you may reimburse for the amount of the expenditure listed, but, again, you must do so within 10 days of receiving this notification. To reimburse, please submit payment to:

Hospital Council of Northwest Ohio  
3231 Central Park West, Suite 200  
Toledo, OH 43617

If you have any questions, please feel free to call.

W. Scott Fry  
President & CEO  
Hospital Council of Northwest Ohio  
3231 Central Park West Drive, Suite 200  
Toledo, OH 43617  
419-842-0800

## **Sutyak, Mercy**

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**From:** Senator Brown  
**Sent:** Thursday, September 05, 2013 9:30 AM  
**To:** Sutyak, Mercy  
**Subject:** FW: Non-Disputed Notification Form from New VIvisions Group

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**From:** Ami Williams [mailto:[awilliams@newvisionsgroup.com](mailto:awilliams@newvisionsgroup.com)]  
**Sent:** Tuesday, September 03, 2013 9:59 AM  
**To:** Senator Brown  
**Subject:** Non-Disputed Notification Form from New VIvisions Group

### **Ohio Lobbying Expenditure**

#### **Non-Disputed Notification Form**

**September 3, 2013**

Dear Assistant Minority Whip Brown,

Pursuant to O.R.C. §101.73; §121.63; or §101.93 New Visions Group intends to disclose you as the recipient of a reportable expenditure on our May through August 2013 Lobbying Activity and Expenditure Report. The following information will be reported:

**Type of Expenditure:**

Gift

X Meal/Beverage

**Date of Expenditure (Gift, Meal/Beverage):** June 18, 2013

**Description of Expenditure:** NVG Cookout food & drink

**Amount of Expenditure:** \$24.31

The above listed information will be submitted electronically using the Ohio Lobbying Activity Center (OLAC). If you dispute the information listed above please contact us. Additionally, if you do not wish to have your name appear on this report you may reimburse for the amount of the expenditure listed above. ***In either case you must do so within 10 days of this notification*** (see notification date at the top of this form for reference). If you wish to reimburse please submit payment to:

New Visions Group  
ATTN: Ami Williams  
33 North 3<sup>rd</sup> Street, Suite 400

Columbus, OH 43215  
(614)280-1299

\*\*\* This form is provided by the Office of the Legislative Inspector General as a model for non-disputed lobbying expenditure notification. While the use of this form is optional, written notification of the above information to an expenditure recipient is **mandatory** under O.R.C. §101.73; §121.63; or §101.93.

*This form is not filed with the OLIG but a copy should be retained with similar expenditure records pursuant to O.R.C. §101.73(E); §121.63(F); or §101.93(F).*

## **Sutyak, Mercy**

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**From:** Sutyak, Mercy  
**Sent:** Monday, September 09, 2013 9:48 AM  
**To:** 'PRussell@jlec.state.oh.us'  
**Cc:** Brigano, Lindsey  
**Subject:** RE: Senate Finance Medicaid Subcommittee

Pete: Senator Edna Brown did not attend the MetroHealth hearing and did not eat lunch at the CareSource hearing.

Thank you,

Mercy Sutyak ([Mercy.Sutyak@ohiosenate.gov](mailto:Mercy.Sutyak@ohiosenate.gov))  
Legislative Aide  
State Senator Edna Brown  
Ohio Senate District 11  
614-466-5204

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**From:** Brigano, Lindsey  
**Sent:** Wednesday, September 04, 2013 4:54 PM  
**To:** Philips, Caryl; Conklin, Allison; Reedy, David; Morrison, Emily; Ward, Maggie; Dunlap, Dana; Puff, Ron; Austin, Jeremy; Wiseman, Bret; Regula, Emilie; Brafford, P.J.; Hueckel, Elyse; Wimsatt, Chris; Stout, Bryan; Baker, Stephanie; Sutyak, Mercy; Carmean, James; Ryznar, Annie; Ganim, Nicole; Ohman, Alan; Booker, Antwan; Crawley, Simone; DiMenna, Anthony; Senator Bacon; Senator Coley; Senator Jones; Senator Jordan; Senator LaRose; Senator Lehner; Senator Widener; Senator Brown; Senator Cafaro; Senator Skindell; Senator Smith; Senator Tavares  
**Cc:** Pusateri, Andy; McMahon, Vanessa; Connolly, Liz; Sanders, Bethany  
**Subject:** FW: Senate Finance Medicaid Subcommittee  
**Importance:** High

Dear Members of the Senate Medicaid Finance Sub-Committee,

Please see the e-mail below from Pete Russell of the Office of the Legislative Inspector General regarding the lunches provided to you at MetroHealth and CareSource respectively. Should members decide to pay for their own lunches please use the information below for payment and mailing purposes.

Do not hesitate to contact our office with any questions.

Sincerely,

**Lindsey Brigano**  
Legislative Aide for State Senator Dave Burke  
The Ohio Statehouse  
614-466-8049

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**From:** PRussell@jlec.state.oh.us [mailto:[PRussell@jlec.state.oh.us](mailto:PRussell@jlec.state.oh.us)]  
**Sent:** Wednesday, September 04, 2013 2:30 PM  
**To:** Brigano, Lindsey  
**Cc:** TBledsoe@jlec.state.oh.us  
**Subject:** Senate Finance Medicaid Subcommittee

Hi Lindsey, here is the information we received from CareSource and MetroHealth's registered lobbyists.

Melissa Hoeffel from Roetzel & Andress called in to confirm the amount of lunch received at MetroHealth System was \$10.24. Checks for those Members wanting to reimburse can be made payable to "MetroHealth Systems" and sent to Melissa's attention at:

Melissa Hoeffel  
155 E. Broad St. 12th Floor  
Columbus, OH 43215

Checks for CareSource may be directed to Jessica Meade at:

Jessica Meade  
406 Hemstone Dr.  
Gahanna, OH 43230

Those Members who do not reimburse will be reported on the lobbying forms for MetroHealth Systems and CareSource and will receive written notification of the disclosure from each entity by September 20, 2013. The lobbying disclosure reports are due no later than September 30, 2013. Let me know if you need any more information or have any questions.

Pete M. Russell,  
General Counsel  
Joint Legislative Ethics Committee  
Office of the Legislative Inspector General  
614-728-5103

*THE INFORMATION CONTAINED IN THIS EMAIL IS INTENDED SOLELY FOR THE PERSON TO WHOM IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL OR OTHERWISE PROTECTED BY LAW. IF YOU RECEIVED THIS EMAIL IN ERROR PLEASE DISREGARD AND DELETE ITS CONTENTS, AND NOTIFY THE SENDER IMMEDIATELY. ANY UNAUTHORIZED USE OR DISSEMINATION OF THIS EMAIL, OR ITS CONTENTS, WILL BE PROSECUTED. PLEASE GOVERN YOURSELF ACCORDINGLY.*



# JOINT LEGISLATIVE ETHICS COMMITTEE

## 130<sup>th</sup> OHIO GENERAL ASSEMBLY

**To:** Joint Legislative Ethics Committee  
**From:** The Honorable Edna Brown  
**Date:** March 6, 2014  
**Re:** Final §11 Non-disputed Information for the 2013 Financial Disclosure Statement to be filed in 2014

I do not dispute the following final report of non-disputed information for calendar year 2013.

### Legislative Expenditure Search

Reporting Period: Starting: Jan-Apr13 Ending: Sep-Dec13

Agent: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Bill: \_\_\_\_\_

Recipient: Brown

Industry: \_\_\_\_\_

Type: All

3 matching expenditures found.

Rep. Period	Employer	Agent Name	Agent Name	Type	Recipient	Bill	Description	Amount	Date
Jan-Apr13	Hospital Council of Northwest Ohio	B	Edna Brown	State Budget-Medicaid Expansion			Meal/beverage/service charge	\$27.91	2/22/2013
May-Aug13	New Visions Group LLC	B	Edna Brown				Cookout Meal & Bev	\$24.31	6/18/2013
May-Aug13	Ohio American Legion	A	Edna Brown				Recognition Plaque	\$72.00	6/28/2013

TOTAL: \$124.22