

JOINT LEGISLATIVE ETHICS COMMITTEE

Financial Disclosure Statement**1999**

Please include complete addresses and telephone numbers for both your home and your employer.

PLEASE PRINT OR TYPE (Do not use pencil)

 House OR Senate District 3

1. NAME OF PERSON FILING STATEMENT

TREVENA

LAST

Anthony

FIRST

T

MIDDLE INITIAL

2. HOME ADDRESS

2420 A Lexington Ave. Salem 44460

STREET

CITY

ZIP CODE

Columbiana

COUNTY

TELEPHONE NUMBER (330) 332-79193. NAME OF EMPLOYER (Other than the General Assembly) Allied Mortgage Capital Corp.6110 Pinemont Dr. Suite 215 Houston TEXAS 77092

STREET

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (713) 3530400

COUNTY

4. PLEASE CHECK THE APPROPRIATE BOX, AND FILL IN THE REQUESTED INFORMATION.

a. MEMBERS OF THE GENERAL ASSEMBLY DURING 1999 OR 2000 Elected OR Appointed to the General AssemblyIf appointed, what was the date of your appointment: 1/1/If elected or appointed, what are (were) the dates of your most current term: From: / / To: / / 00 FEB - 7 AM 9:55
OFFICE OF
LEGISLATIVE
SERVICES
GENERALb. CANDIDATES FOR THE GENERAL ASSEMBLY DURING 2000 Date of first election (primary, special, or general) in which your candidacy is to be voted upon: 3/7/00c. EMPLOYEES OF THE GENERAL ASSEMBLY OR LEGISLATIVE SERVICE COMMISSION Designated by JLEC as a required filer Date of employment: / / d. VOLUNTARY FILERS Name of Agency of Voluntary Filer: _____

FINANCIAL DISCLOSURE STATEMENT INSTRUCTIONS

YOU MUST COMPLETE THIS FORM IF:

- ◆ You are a member of the General Assembly during 2000;
- ◆ You were a member of the General Assembly during 1999;
- ◆ You are a candidate for the General Assembly during 2000; OR
- ◆ You are an employee of the General Assembly or the Legislative Service Commission who has been designated by the Joint Legislative Ethics Committee as a required filer.

FILING FEE: Each form must be accompanied by a **\$25 FILING FEE** (check or money order only made payable to JLEC). If you are an employee (non-elected) of the General Assembly or the Legislative Service Commission, your agency is required to pay the \$25 fee.

PENALTIES: Any person who fails to file a complete financial disclosure statement by the appropriate deadline may be assessed a late filing fee of one-half of the filing fee for each day the statement is late, up to a maximum of \$100 and may also be subject to criminal prosecution. In addition, any person who files a false statement may be subject to criminal prosecution.

FILING DEADLINES: The filing deadline is **MONDAY, APRIL 17, 2000**, unless one of the following applies:

CANDIDATES: A candidate for the General Assembly (including incumbents who are candidates) must file not later than **30 days prior to the earliest election**, including any primary election, in which he or she is a candidate.

WRITE-IN CANDIDATES: A write-in candidate (including incumbents who are write-in candidates) must file not later than **20 days prior to the earliest election**, including any primary election, in which he or she is a candidate.

APPOINTEES TO THE GENERAL ASSEMBLY: Any person appointed to fill a vacancy for an unexpired term in the General Assembly must file within **15 days after he or she qualifies for office**.

EMPLOYEES: An employee of the General Assembly or the Legislative Service Commission must file by **April 17, 2000**, unless you were employed or promoted after that date, then you must file **90 days after employment or promotion**.

NOTE: No person is required to file more than one financial disclosure statement for any given calendar year with the appropriate ethics agency.

FOR MORE INFORMATION, PLEASE CONTACT THE JOINT LEGISLATIVE ETHICS COMMITTEE, OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL AT (614) 728-5100.

CANDIDATES: THIS IS A PERSONAL FINANCIAL DISCLOSURE STATEMENT
THIS IS NOT A CAMPAIGN FINANCE RELATED REPORT

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 2000 OR WERE A MEMBER OF THE GENERAL ASSEMBLY IN 1999: You are required to list **EVERY** source of income and must identify the amount of each source of income received in accordance with the following ranges using the appropriate 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.** Also, list each source of income received by any other person for your use or benefit. "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 specifically 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 psychologists should list each practice separately but need not disclose the names of their clients or patients, **unless** those clients or patients are legislative agents. If the client or patient is a legislative agent, you must disclose each client or patient, unless excepted under Revised Code 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 | D |
| Smith and Jones Law Firm | Lawyer | C |
| Friendly National Bank | Interest on Savings Account | A |
| ABC Pension Fund | Retirement Income | C |
| XYZ Corporation | Stock Dividends | B |
| Christopher Columbus - Legislative Agent | Boat Insurance Policy | \$143.00 |

IF NONE, CHECK HERE

| SOURCE OF INCOME | SERVICE PERFORMED | AMOUNT (A, B, C, D, E, OR F) |
|------------------|-------------------|------------------------------------|
| A. | | FEB 00 |
| B. | | -7 |
| C. | | 4 |
| D. | | 9:55 |
| E. | | |
| F. | | |

B. IF YOU ARE A CANDIDATE (but not an *incumbent* candidate) FOR THE GENERAL ASSEMBLY OR AN EMPLOYEE OF THE GENERAL ASSEMBLY OR THE LEGISLATIVE SERVICE COMMISSION: 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, doctors, and psychologists should list each practice separately but need not disclose the names of their clients or patients, **unless** those clients or patients are legislative agents. If the client or patient is a legislative agent, you must disclose each client or patient, unless excepted under Revised Code 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) |
|----------------------------------|------------------------------------|-------------------------|
| A. Allied Mortgage Capital Corp. | Marketing Director/LOAN Originator | |
| B. Better Business Bureau | VICE PRESIDENT | |
| C. RENTAL Properties | Landlord | |
| D. Sky Bank | Interest on Accounts | |
| E. Best Wings USA | Band Performance | |
| F. Columbiana Veterinary Assoc. | (spouse) Practice Mgr. | |

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

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OFFICE OF
LEGISLATIVE
INSPECTION
GENERAL
AH 9:55

| | |
|------------------|----|
| A. NANCY TREVENA | C. |
| B. | D. |

3. BUSINESS NAMES

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

IF NONE, CHECK HERE

| | |
|---------------------------------|----|
| A. <i>Win-Win Marketing Co.</i> | C. |
| B. | D. |

4. INVESTMENTS

List the names of each **corporation** incorporated or authorized to do business in Ohio and each **trust, business trust, partnership, or association** transacting business in Ohio in which you or any other person for your use or benefit had an investment of more than \$1,000 during 1999 (at fair market value as of December 31, 1999, or the date of disposition, whichever is earlier) or 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.) **Include all investments** 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. For each listing, give a brief description of the investment, office, or relationship.

EXAMPLE:

| NAME OF CORPORATION, TRUST, BUSINESS TRUST, PARTNERSHIP, OR ASSOCIATION | NAME OF INVESTMENT, OFFICE, OR FIDUCIARY RELATIONSHIP |
|---|--|
| Acme Corporation | Common Stock |
| Smith and Jones | Partner |
| DEF Financial Services | Certificate of Deposit |
| Public Employees Retirement System of Ohio (PERS) | Mutual Fund |
| Public Employee Deferred Compensation | Mutual Fund |
| Smith Cleaning Company | Board of Directors |
| Brokerage Firm | Money Market Account |
| ABC Fund | Mutual Fund |
| XYZ Inc. | President |

IF NONE, CHECK HERE

| NAME OF CORPORATION, TRUST, BUSINESS TRUST, PARTNERSHIP, OR ASSOCIATION | NAME OF INVESTMENT, OFFICE, OR FIDUCIARY RELATIONSHIP |
|---|--|
| A. <i>Big Brothers/Big Sisters of Mahoning Valley</i> | Board of Directors |
| B. <i>Salem Parks Department</i> | Parks Commissioner |
| C. | |
| D. | |

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 or other description.

IF NONE, CHECK HERE

| STREET ADDRESS | CITY | COUNTY | ZIP CODE |
|---|-----------------|--------------------------|----------------|
| A. 2420 Lexington Ave | Salem | Columbiana | 44460 |
| B. 2436 Lexington Ave | Salem | Columbiana | 44460 |
| C. 501 Continental Dr. 499 Continental Dr. 709 East Lincoln Way | Salem Lisbon | Columbiana Columbiana | 44460 44432 |

6. CREDITORS

List the names of all of your **creditors** residing or transacting business in Ohio to whom you **owe, or have owed**, at any time during the calendar year 1999, more than \$1,000 in your own name or in the name of any other person. You must disclose automobile loans, credit card accounts, and all other similar accounts if the balance has exceeded \$1,000 at any time during the calendar year 1999, 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 debts resulting from the ordinary conduct of a business or profession.

IF NONE, CHECK HERE

| | |
|---|--------------------------------|
| A. SKY BANK | C. First USA |
| B. Farmers National Bank Geoffrey S Goll | D. First Card Discover Card |

7. DEBTORS

List the names of all of your **debtors** residing or transacting business in Ohio who **owe, or have owed**, you at any time during the calendar year 1999, 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, a doctor, or a psychologist, you do not have to disclose the names of your clients or patients. You do not have to disclose the names of persons indebted to you if the debt results 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

| | |
|------------------------------|----------|
| A. JAMES & Virginia Mitchell | C. B: 55 |
| B. | D. |

OFFICE OF
LEGISLATIVE
SERVICES
GENERAL
B-7 AM B: 55

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 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 either house of the General Assembly pays membership dues. The General Assembly pays dues to the following organizations: (1) National Council of State Legislators (NCSL); (2) Council of State Governments (CSG); (3) American Legislative Exchange Council (ALEC); (4) National Conference of Insurance Legislators (NCOIL); (5) State Legislator Leaders Foundation (National Speakers Conference); (6) Eagleton Institute Forum for Women Legislators (American Woman & Political Program for Women for the Legislature); (7) Senate Presidents Forum; and (8) Women in Government.

IF NONE, CHECK HERE

| SOURCE | AMOUNT |
|--------|--------|
| A. | |
| B. | |
| C. | |
| D. | |
| E. | |

9. GIFTS

List the **source** of each **gift or gifts** worth more than \$75, aggregated for the calendar year 1999, received by you in your own name, or by any other person for your use or benefit. If you are a member of the General Assembly, also list the source of each gift or gifts over \$25, aggregated for the calendar year 1999, received from a legislative agent. 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 spouses, 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 you are a member or staff member 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.**

IF NONE, CHECK HERE

| | |
|----|----|
| A. | C. |
| B. | D. |

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 and that exceed \$100 aggregated for the calendar year 1999. 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 1999.

You do not have 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 either house of the General Assembly pays membership dues, or which you have included in travel expenses paid by the General Assembly. **If you are a member or staff member of the General Assembly, you are prohibited from receiving from a legislative agent more than \$75 aggregated per calendar year as payment for meals and other food and beverages.**

IF NONE, CHECK HERE

| | |
|----|----|
| A. | C. |
| B. | D. |

11. NON-DISPUTED INFORMATION

If you have received a statement from a legislative agent or employer which contains information described in Section 101.73(F)(2) and you do not dispute the information contained in the statement, either list below all of the non-disputed information contained in the statement(s) or attach a copy of the statement(s) to this form.

IF NONE, CHECK HERE

| | |
|----|----|
| A. | B. |
|----|----|

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 | |

AM 9:55
STATE OF
GENERAL

BEFORE SIGNING THIS STATEMENT, CHECK 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 AND MAY BE SUBJECT TO CRIMINAL PROSECUTION.

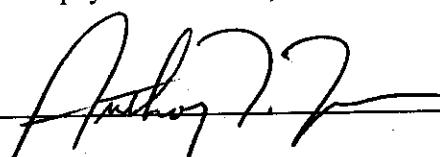
By signing below, I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute a complete, truthful, and correct disclosure of all required information.

By signing below, I also 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(D), and 2929.21.)

In addition, I acknowledge awareness and understanding of Sections 3.04 and 124.34 of the Ohio Revised Code under which filing a false statement may be grounds for removal from public office or dismissal from public employment.

By signing below, I also acknowledge that either I have, or my public agency has, paid the \$25 FILING FEE (check or money order ONLY made payable to JLEC) which must accompany this disclosure form.

Your Signature is Required:



Date 2-4-00

RETAIN A COPY OF THIS STATEMENT FOR YOUR RECORDS

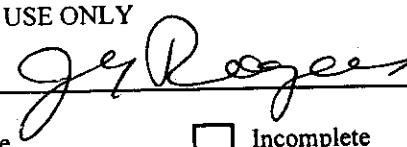
- This statement must be filed with:

JOINT LEGISLATIVE ETHICS COMMITTEE
OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL
50 West Broad Street, Suite 1308
Columbus, Ohio 43215-3365
(614) 728-5100

00 FEB - 7 AM 9:55
OFFICE OF
LEGISLATIVE
INSP. GENERAL

FOR OFFICE USE ONLY

Reviewed by:



Date: 2/8/00

Complete

Incomplete

Date form returned to filer: ____/____/____

Date completed form returned to OLIG: ____/____/____

OFFICE OF
LEGISLATIVE
INSP. GENERAL

00 FEB - 7 AM 9:55