

\$40 FILING FEE

JOINT LEGISLATIVE ETHICS COMMITTEE  
100 EAST BROAD STREET, SUITE 1910  
COLUMBUS, OH 43215



THIS STATEMENT IS TO BE  
FILED IN 2021 FOR THE  
CALENDAR YEAR 2020

## 2020 Financial Disclosure Statement

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

TROY  
LAST

DANIEL  
FIRST

P  
M.I.

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

31600 LAKESHORE BLVD. #37  
STREET

WILLOWICK  
CITY

44095  
ZIP CODE

LAKE  
COUNTY

440-585-4591  
TELEPHONE NUMBER

3. EMAIL ADDRESS (OPTIONAL)

lakecedon@gmail.com

Official Time Stamp

2021 MAY 17 PM 2:49

OFFICE OF  
LEGISLATIVE  
INSP. GENERAL

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

1 NONE

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# 1. INCOME

Complete **EITHER** Section A (Member) or Section B (Employee), whichever is applicable.

**A. IF YOU ARE A MEMBER OF THE GENERAL ASSEMBLY IN 2021 OR WERE A MEMBER OF THE GENERAL ASSEMBLY IN 2020:** You are required to list **EVERY** source of income and identify the amount from that 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 source 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)(b) 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 are legislative agents. If the client, patient, or other recipient is a legislative agent, you must disclose each client, patient, or other recipient unless excepted under Revised Code Section 102.02(A)(2)(b).

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

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SOURCE OF INCOME	SERVICE PERFORMED	AMOUNT (A, B, C, D, E, OR F)
1 OHIO PERS	PENSION BENEFITS	E
2 SHEET METAL WORKERS LOCAL #33	PENSION BENEFITS	B
3 SHEET METAL WORKERS NAT'L. PENSION FUND	PENSION BENEFITS	B
4 SOCIAL SECURITY ADMINISTRATION	RETIREMENT BENEFITS	C
5 KEY BANK	ACCOUNT INTEREST	B
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**B. IF YOU ARE 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 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 other professionals subject to confidentiality requirements as described in Revised Code Section 102.02(A)(2)(b) should list each practice separately but need not disclose names of their clients, patients, or other recipients of professional services, unless those clients, patients, or other recipients are legislative agents. If the client, patient, or other recipient is a legislative agent, you must disclose each client, patient, or other recipient, unless excepted under Revised Code Section 102.02(A)(2)(b).

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)
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## 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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## 3. BUSINESS NAMES

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

IF NONE, CHECK HERE



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#### 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 NORTHERN OHIO PUBLIC ENERGY COUNCIL	BOARD OF DIRECTORS UNTIL 12/31/20
2 APPLEWOOD BEHAVIORAL CENTERS, INC.	BOARD OF DIRECTORS UNTIL 1/31/21
3 CHAGRIN RIVER WATERSHED PARTNERS	BOARD OF TRUSTEES
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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 2020 (at fair market value as of December 31, 2020, 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
JLEC Power Company of Ohio	Utility Bond
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 OHIO PERS	RETIREMENT ACCOUNT
2 KEY INVESTMENT SERVICES	BROKERAGE ACCOUNTS
3 EMPOWER (GREAT WEST) DEFERRED COMP.	TAX DEFERRED MUTUAL FUND
4 DELAWARE LIFE	LIFE INSURANCE ACCOUNT
5 SECURITY BENEFIT	401 K ANNUITY
6 KEY BANK	SAVINGS ACCOUNT
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## 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

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STREET ADDRESS	CITY	COUNTY	ZIP CODE
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## 6. CREDITORS

List the names of all creditors residing or transacting business in Ohio to whom **you owe, or have owed**, at any time during the calendar year 2020, 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 exceeds \$1,000 at any time during the calendar year 2020, 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

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1	PNC BANK	2	KEY BANK MASTERCARD
3	DISCOVER CARD	4	
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## 7. DEBTORS

List the names of all **debtors** residing or transacting business in Ohio who **owe, or have owed, you** at any time during the calendar year 2020, 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)(b), 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 monies owed to you by them are monies which you deposited with such institutions or which are in a withdrawable share account.

IF NONE, CHECK HERE ☐

1	CITIZENS FOR TROY	2	
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## 8. TRAVEL

List the **source** and **amount** of each payment of expenses incurred for **official 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 but not limited to MILEAGE REIMBURSEMENTS, made to you, or on your behalf, by the General Assembly. Members and employees of the General Assembly need not disclose official travel in a vehicle owned or leased by a state agency or state institution of higher education.**

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, or any political subdivision in Ohio pays membership dues. Questions regarding membership status should be directed to the organization.

IF NONE, CHECK HERE ☐

SOURCE		AMOUNT
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## 9. GIFTS

List the source of each gift worth more than \$75, aggregated for the calendar year 2020, 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 2020, 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 the 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



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## 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 2020. 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 2020.

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, or any political subdivision in Ohio 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



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## 11. NON-DISPUTED INFORMATION

Lobbyists and their employers are required to report expenditures made for the benefit of, or on behalf of, State public officials and certain designated staff members. If you received a statement from a legislative agent, or the employer of a legislative agent that identifies you as the recipient of an expenditure(s) made by that lobbyist or employer, and you do not dispute the information contained therein, attach a copy of the statement or list the non-disputed information below. If you dispute a lobbying expenditure made in your name, 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":

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I HAVE NO NON-DISPUTED INFORMATION TO REPORT:

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I PREFER TO LIST MY NON-DISPUTED INFORMATION BELOW:

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## 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

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License(s) 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 OF \$10.00 FOR EACH DAY THE STATEMENT IS LATE, UP TO A MAXIMUM OF \$250.00. A KNOWING FAILURE TO FILE IS A MISDEMEANOR OFFENSE.

#### ACKNOWLEDGMENT

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** (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.

This financial disclosure statement is a public record upon filing and is made available for public review on [www.OhioFDS.com](http://www.OhioFDS.com).

Your Signature is Required *Daniel P. Troy* Date 5/10/21

**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, or were in 2020, 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 current or former local or statewide officeholder, candidate for local or statewide office or service on a state board or commission. **If you are a member or employee 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 is to be submitted to:

JOINT LEGISLATIVE ETHICS COMMITTEE  
OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL  
100 East Broad Street, Suite 1910  
Columbus, Ohio 43215  
(614) 728-5100

#### FOR OFFICIAL USE ONLY

Reviewed By: *Jennifer M. Edwards* Date 5/17/21  
Filer answered every question: ☒ Filer has not answered these questions:         
Date form returned to filer:   /  /   Date completed form received at OLIG   /  /

## Jennifer Lockwood

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**From:** Cherry, Sarah  
**Sent:** Monday, May 17, 2021 2:57 PM  
**To:** Jennifer Lockwood  
**Subject:** FDS - Troy

Dear Ms. Lockwood,

I believe I neglected to check the "None" box in Section 8 - Travel on Rep. Troy's Financial Disclosure Statement. Please allow this email to serve as notice that he was not the beneficiary of any official travel expenditures nor did he receive any official travel reimbursements in 2020.

Thank you.

Sincerely,

***Sarah A. Cherry***

*Legal Counsel, Minority Caucus*

*she/her/hers*

Ohio House of Representatives

77 South High Street, 14th Floor

Columbus, OH 43215

office: (614) 466-6040

[sarah.cherry@ohiohouse.gov](mailto:sarah.cherry@ohiohouse.gov)

### CONFIDENTIALITY NOTICE

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