

## Conflict of Interest Disclosure Form

1. Name:

LOUJEAN M ARGYLE

2. County office held.

TREASURER

3. The name(s) and address(es) of each of the individual's current employer(s) and name(s) and address(es) of each of the individual's employers during the preceding year (other than Rich County).

N/A

4. For each employer described in Item 3, a brief description of the employment, including the individual's occupation, and, as applicable, job title.

N/A

5. The name of any entity in which the individual is an owner or officer, or was an owner or officer during the preceding year.

N/A

6. A brief description of the type of business or activity conducted by the entity(ies) described in Item 5.

N/A

7. Individual's position in the entity(ies) described in Item 5.

N/A

8. The name of each individual from whom, or entity from which, the individual has received \$5,000 or more in income during the preceding year (other than Rich County).

N/A

9. A brief description of the type of business or activity conducted by the individual or entity described in Item 8.

N/A

10. The name of each entity in which the individual holds any stocks or bonds having a fair market value of \$5,000 or more as of the date of the disclosure form or during the preceding year (excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds).

N/A

11. A brief description of the type of business or activity conducted by the entity(ies) described in Item 10.

N/A

12. The name of each entity or organization not described above in which the individual currently serves, or served in the preceding year, on the board of directors or in any other type of paid leadership capacity.

N/A

13. A brief description of the type of business or activity conducted by the entity(ies) or organization(s) described in Item 12.

N/A

14. (Optional) Description of any real property in which the individual holds an ownership or other financial interest that the individual believes may constitute a conflict of interest.

N/A

15. The name(s) of any adult residing in the individual's household who is not related by blood or marriage, as applicable.

N/A

16. For the individual's spouse, the name(s) and address(es) of each current employer(s) and name(s) and address(es) of each employer(s) during the preceding year.

N/A

17. A brief description of the employment and occupation of each adult who resides in the individual's household and is not related to the individual by blood or marriage.

N/A

18. (Optional). A description of any other matter or interest that the individual believes may constitute a conflict of interest.

N/A

I, the regulated officeholder or candidate, believe this form is true and accurate to the best of my knowledge.

Officer holder's electronic signature:

/s/   
Type name LOUJEAN M ARGYLE