

ETHICS POLICY ACKNOWLEDGMENT FORM

To be completed by all appointees of the secretary of state to uncompensated positions/advisory boards.
Return the completed form to the secretary of state.

I _____ hereby acknowledge that I have reviewed the
(Printed name of appointee for uncompensated/advisory position)
secretary of state's ethics policy and Ohio ethics laws, that I will comply with the same, and that
I will not use my appointed position for personal gain or to improperly influence the employees
of the secretary of state or members or employees of the boards of elections in the performance
of their official duties.

(Signature of appointee for uncompensated/advisory position)

(Date signed)