

# Ethics Policy Acknowledgement Form

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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 as MM/DD/YYYY)