

STATE OF OKLAHOMA
MUNICIPALITY OF Oklahoma City
(Name of Municipality)

**FINANCIAL DISCLOSURE STATEMENT
FOR ELECTED OFFICERS**

Amended: ☐

Full Name of Elected Officer JoBeth Hamon	Filing Year 2024	Name of Elective Office City Council Ward 6	Term of Office 5/2/2023 - 5/3/2027
Electronic Mail Address jobeth.hamon@okc.gov	Work Phone Number (405) 297-2404	Mailing Address, City, State, Zip Code 333 NW 55th Apt 1706, Oklahoma City, OK 73101	

“Elected officer” shall mean a municipal officer who is subject to election or retention.

- ☒ I understand that as an elected officer, as defined above, I am required to comply with the Rules of the Oklahoma Ethics Commission applicable to non-state officers concerning filing and contents of Financial Disclosure Statements, and that, according to the Oklahoma Supreme Court, those Rules have the “weight of statutes.”
- ☒ I understand the purpose of Financial Disclosure is to assist elected officers in identifying and disclosing potential conflicts of interest between their public duties and private economic interests.
- ☒ I understand the Ethics Commission rules are available in the Oklahoma Statutes at Title 74, Chapter 62, Appendix I, and on the Ethics Commission website at www.ethics.ok.gov.
- ☒ I understand the Ethics Commission provides the forms that are required to be filed on the Ethics Commission website at www.ethics.ok.gov and is available to answer questions concerning financial disclosure.
- ☒ I understand an initial Financial Disclosure Statement is required to be filed with the Municipal Clerk within thirty (30) days of assuming office for a full or partial term covering the *prior* calendar year if a Financial Disclosure Statement covering the prior year has not already been filed.
- ☒ I understand that an annual Financial Disclosure Statement is required to be filed with the Municipal Clerk annually between January 1 and May 15 covering the *prior* calendar year if a Financial Disclosure Statement covering the prior year has not already been filed.
- ☒ I understand that, pursuant to Title 19 O.S. § 215.5, I may seek advice from the district attorney or his or her assistants concerning my duties as an elected officer.

Material Financial Interest.

- ☒ I understand I must disclose, on this form, any material financial interest as defined below, that I, my spouse or my dependent(s) had in the preceding calendar year covering January 1, 2024 through December 31, 2024.

A material financial interest shall mean one or more of the interests identified below:

- an ownership interest in a private business, including but not limited to, a closely held corporation, limited liability company, Subchapter S corporation or partnership for which I, my spouse or my dependent(s) is a director, officer, owner, manager, employee, or agent or any private business, closely held corporation or limited liability company in which I, my spouse or my dependent(s) owns or has

owned stock, another form of equity interest, stock options, debt instruments, or has received dividends or income worth \$20,000.00 or more;

- an ownership interest of 5% or more in a publicly traded corporation or other business entity;
- an ownership interest in a publicly traded corporation or other business entity from which dividends or income, not to include salary, of \$50,000.00 or more were derived during the preceding calendar year;
- an interest that arises as a result of service as a director or officer of a publicly traded corporation or other business entity;
- income derived from employment, other than compensation pertaining to the office subject to election or retention, in the amount of \$20,000.00 or more.

Disclose in the table below the name and address of all entities in which you, your spouse or your dependents had a material financial interest in the preceding calendar year, and who has the interest.

Name and Address of Entity	Description (optional)	Filer / Spouse / Dependent
Association of Departments of Family Medicine		Filer
11400 Tomahawk Ct Leawood, KS 66211	Creede Pkwy	Filer / Spouse / Dependent
Name and Address of Entity	Description (optional)	Filer / Spouse / Dependent
Name and Address of Entity	Description (optional)	Filer / Spouse / Dependent
Name and Address of Entity	Description (optional)	Filer / Spouse / Dependent

☐ **Amended Financial Disclosure Statement Certification.** I certify this amendment is not made for the purpose of reporting information that was intentionally omitted or misstated on the original or previously filed Financial Disclosure Statement.

Acknowledgement: By signing, electronic or otherwise, my name below, I, acknowledge that the information submitted is complete, true and accurate as of the date submitted. I understand the failure to provide such information is a violation of the laws of Oklahoma. I understand that I can update the information above at any time by filing an amended Financial Disclosure Statement.

3/25/25
Date

[Signature]
Signature