KENTUCKY LEGISLATIVE ETHICS COMMISSION

STATEMENT OF FINANCIAL DISCLOSURE (KRS 6.787)

To be filed by: *All members of the General Assembly, all candidates and nominees for election to the General Assembly, and major management personnel in the legislative branch of state government.*

☐ Check here and attach additional sheets if necessary. ____ Number of sheets attached.

Please Include The Following Information For The Preceding Calendar Year:

Name Dustan Chad McCoy
Business address 114 South Third Street, Bardstown, Kentucky 40004
Business telephone (502) 233-8385
Home address 447 Hutchins Ridge Road, Bardstown, Kentucky 40004
Title of public position, or office sought House of Representatives
Other occupations of filer Attorney
Occupations of spouse Doctor

NOTE: The Following Sections Do Not Require Disclosure Of Specific Dollar Amounts.

Positions held by filer in any business, partnership, corporation for profit, or corporation not for profit from which the filer receives compensation, and the name of the business, partnership, or corporation Partner - McCoy & Hiestand, PLC

Positions held by filer's spouse in any business, partnership, corporation for profit, or corporation not for profit from which the filer's spouse receives compensation, and the name of the business, partnership, or corporation Family Medical Center, PSC
Bardstown Primary Care, PLLC and Bardstown Medical Building, Inc.

Names and addresses of all businesses, investments, or securities in which the filer, filer's spouse, or filer's minor children had at any time during the reporting year an interest of $10,000 at fair market value, or 5% ownership interest or more
McCoy & Hiestand, PLC, Family Medical Center, PSC, Bardstown Primary Care, PLLC,
MH Maverick, LLC, SBF Distributing, LLC, Bardstown Medical Building, Inc.

Sources and form of gross income of the filer (list sources by name)

McCoy & Hiestand, PLC

MH Maverick, LLC

Sources and form of gross income of the filer's spouse (list sources by name)

Hardin Memorial Hospital, Family Medical Center, PSC, Bardstown Primary Care, LLC,

Bardstown Medical Building, Inc.

Positions of a fiduciary nature in a business Partner, McCoy & Hiestand, PLC

A designation as commercial, residential, or rural, and the location of all real property other than the filer's primary residence, in which there is an interest of $10,000 or more held by the filer, filer's spouse, or filer's minor children

108 Brown's Lane, Louisville, Kentucky - commercial

201 South 5th Street, Bardstown, Kentucky - commercial

762 Yates Lake View, Scottsville, Kentucky - residential

Sources of gifts of money or property with a retail value of more than $200 to the filer or the filer's immediate family, except those from a member of the filer's family. (Family means spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, or grandchild. Immediate family means unemancipated child residing in an individual's household, spouse, or a person claimed by the filer's spouse as a dependent for tax purposes.) Sheila Hiestand

The name of any creditor owed more than $10,000 **except** debts arising from the purchase of consumer goods. (Goods used or bought for use primarily for personal, family, or household purposes) None.

The name of any legislative agent who is:

1. A member of the filer's immediate family;
2. A partner of the filer, or a partner of a member of the filer's immediate family;
3. An officer or director of the filer's employer;
4. An employer of the filer or an employer of a member of the filer's immediate family;
5. A business associate of the filer or a business associate of a member of the filer's immediate family

None.

The names of any of the filer's clients who are legislative agents or employers

None.

If you have held a professional license during the filing period, has a properly licensed partner of yours engaged in the practice of cases or other matters which you are prohibited from practicing under KRS 6.744? ☐ Yes ☒ No ☐ Not Applicable

If yes, list the names of the clients represented and list the agencies before which the partner made an appearance. The filer need not identify which client was represented before a specific agency.

Clients

None

State Agency

None

NOTICES

1. Upon receipt by the Commission, a statement of financial disclosure shall be a public record available for copying.

2. Any person who fails to file a statement of financial disclosure or who fails to remedy a deficiency identified by the Commission in a timely manner may be fined an amount not to exceed $100 per day up to a maximum total fine of $1000.

3. Any person who files a statement of financial interests which they know to contain false information, or to omit required information, shall be guilty of a class A misdemeanor.

2-12-16

Date

Filer

Send completed statements to: The Kentucky Legislative Ethics Commission
22 Mill Creek Park
Frankfort, Kentucky 40601
FAX (502) 573-2929

If you have questions please call us at (502) 573-2863.