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FEB 15 2023

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.*

ED

Please Include The Following Information For The Preceding Calendar Year:

Name: Douglas (Shawn) McPherson
Business address: 1112 East old State Rd. Scottsville Kentucky 42164
Business telephone: 12702374659
Home address: 1112 East old State Rd. Scottsville Kentucky 42164
Title of public position, or office sought: State Representative 22nd District
Other occupations of filer: Real Estate appraiser
Occupation of spouse: USDA NRCS Retired

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:

McPherson Appraisal Service Inc. - Owner
Companion Care LLC - Owner
Tri Land LLC - Owner
Highland Ridge Assisted Living LLC - Owner
Palmer Place Assisted Living LLC - Owner
Douglas Shawn McPherson DBA McPherson Management Service

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:

McPherson Appraisal Service Inc. - Owner
Companion Care LLC - Owner
Tri Land LLC - Owner
Highland Ridge Assisted Living LLC - Owner
Palmer Place Assisted Living LLC - Owner
Co-owner McPherson Management Service

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:

Corporate Office: 801 East Main Street
Scottsville, KY 42164

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

McPherson Appraisal Service Inc. -Salary
Companion Care LLC - Salary
Highland Ridge Assisted Living LLC - Salary
Palmer Place Assisted Living LLC - Salary
Kentucky State Gov. - Salary
McPherson Management Service

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

USDA NRCS Retirement

Positions of a fiduciary nature in a business:

N/A

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:

801 East Main Street Scottsville KY 42164
803 East Main Street Scottsville KY 42164
180 Scotty Drive Glasgow KY 42141
500 US 41 Alt. Providence KY 42450

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.):

N/A

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):

Edmonton State Bank
Morgantown Bank and Trust
US Bank

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

N/A

The names of the filer's clients who are legislative agents or employers:
N/A

If you have held a professional license during the filing period, has a properly licensed partner of yoursengaged in the practice of cases or other matters which you are prohibited from practicing under KRS 6.744? : Yes X 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

State Agency

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.

2-15-23 Shawn McPherson
Date Filer

Send completed statements to: The Kentucky Legislative Ethics Commission
22 Mill Creek Park
Frankfort, Kentucky 40601