

## KENTUCKY LEGISLATIVE ETHICS COMMISSION

STATEMENT OF FINANCIAL DISCLOSURE (KRS 6.787)

To be filed by: All members of the General Assembly, all candidates and no linees for election to the

20

General Assembly, and major management personnel in the legislative bra	ch of state government.
Check here and attach additional sheets if necessaryONumber	f sheets attached,
Please include the following information for the preceding	calendar year:
Name Robert De Vore Business address None Business telephone None	
Business telephone None	
Home address 8223 Rochelle Louis Ville	KY 46228 Representative
Title of public position, or office cought 5/04	. Kepresentative
Other occupations of filer N/A	
Other occupations of filer N/A Occupations of KY Probation and	Parole
NOTE: The following sections do not require disclosure of specific d	llar amounts.
1. Positions held by filer in any business, partnership, corporation	for profit, or
corporation not for profit from which the filer receives compensati	on, and the name of
the business, partnership, or	
corporation	
2. Positions held by filer's spouse in any business, partnership, co corporation not for profit from which the filer's spouse receives co	poration for profit, or
name of the business, partnership, or	Tarbateners of war and
corporation	
N/A	
mining the state of the state o	
Consideration of the second of	
3. Names and addresses of all businesses, investments, or securit	es in which the filer,
filer's spouse, or filer's minor children had at any time during the interest of \$10,000 at fair market value, or 5% ownership interest	eboiting Aear an
mistest of \$10,000 at the market value, of 579 ownership atterest	12. HTT ATA
The state of the s	

	•
4. Sources and form of gross income of the filer (list sources by no Novy refirement  UPS refirement	me)
55 retirement Civil Service retirement	
5. Sources and form of gross income of the filer's spouse (list sour State employee Salary Bell South Sedity	ces by name)
6. Positions of a fiduciary nature held by the filer in a business	,
7. A designation as commercial, residential, or rural, and the local other than the filer's primary residence, in which there is an interest held by the filer, filer's spouse, or filer's minor	, , ,
children	
8. Sources of gifts of money or property with a retail value of moor the filer's immediate family, except those from a member of the means spouse, parent, sibling, child, mother-in-law, father-in-law, in-law, grandparent, or grandchild, or dependent member of the filmmediate family means unemancipated child residing in an indivispouse, or a person claimed by the filer as a dependent for tax pur	filer's family. (Family son-in-law, daughter- er's household. dual's household,

9. The name of any creditor owed more than \$10,000 except debts purchase of consumer goods. (Goods used or bought for use primar family, or household purposes)	arising from the ly for personal,
10. The name of any legislative agent who is:	•
<ul><li>(a) A member of the filer's immediate family;</li><li>(b) A partner of the filer, or a partner of a member of the fileramily;</li></ul>	er's immediate
<ul><li>(c) An officer or director of the filer's employer;</li><li>(d) An employer of the filer or an employer of a member of family;</li></ul>	the filer's immediate
(e) A business associate of the filer or a business associate of filer's immediate family	f a member of the
11. The names of any of the filer's clients who are legislative agent	or employers
12. 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 reprohibited from practicing under KRS 6.744?   Yes  No	atters which you are Not Applicable

RECEIVED wary 8, 2024 at 1:26:30 PM EST	REMOTE CSID	DURATION 99	PAGES 4	STATUS Received
13. If yes, list the names of the opartner made an appearance. Th	·lients represented	and list the	agenci	es before which the
before a specific agency.  Clients	M/A	enury winc	ii ch siii	was represented
State Agency	N/A			
	NOTICES	<u> </u>		
1. Upon receipt by the Commis record available for copying.	•			_
2. Any person who fails to file a a deficiency identified by the Co not to exceed \$100 per day up to	mmission in a tin	iely mannei	may be	who fails to remedy s fined an amount
<ol> <li>Any person who files a staten false information, or to omit required misdemeanor.</li> </ol>	nent of financial i	nterests who shall be gu	ich třey últy of a	know to contain class A
January 18, 2024 Date	Filer Filer	nf		
Send completed statements to:	The Kentucky I 22 Mill Creek I Frankfort, Kent FAX (502) 573	Park tucky 4060		Commission
If you have questions please call	us at (502) 573-2	2863.		. •

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*