



FINANCIAL DISCLOSURE STATEMENT

This statement is to be filed in 2024

Financial information for calendar year 2023

Please type or print clearly. See instructions for assistance with this page. Electronic filing available at: disclosure.ethics.ohio.gov

SECTION A. PERSONAL CONTACT INFORMATION

Last Name: Lehmann, First Name: Sue, MI: E

SECTION B. STATUS (Check all that apply)

- Appointed (in 2024) to an unexpired term in elective office

CANDIDATES: Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Table with columns: Month, Day, Year

FOR OFFICIAL USE ONLY

FILED

Online

1/18/2024

9:43 AM

Confirm #: 0901241043180

SECTION C. PUBLIC POSITION, OFFICE, OR JOB

Position/Title: Councilperson, Seeking: [X] Hold, [] Held

Public Entity you serve in 2024, served in 2023, or will serve if elected: Fostoria

Public Salary: Less than \$16,000, Start Date: 01/16/20, End Date: 12/31/20

SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB

Position/Title, Seeking: [] Hold, [] Held

Public Entity you serve in 2024, served in 2023, or will serve if elected

Public Salary, Start Date, End Date

FOR OHIO ETHICS COMMISSION USE ONLY

Walk-in, Inter Office, No Check, Rev'd by, Filer has answered every required question, Date incomplete form returned to filer, Date completed form returned to OEC

1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 4)

I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount* (if required)
A Ohio School Employee Retirement System	Pension	
B K12 Business Consulting	Consulting Services	
C Self-Employed	Consulting Services	
D		
E		

*** Check instructions to see whether you are required to disclose amounts of income.**

2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 5)

I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A	D
B	E
C	F

3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:

There are no immediate family members whose names I am required to list.

(For help, see instructions page 5)

Spouse Residing in Household	Dependent Children
Steven D. Lehmann	
Dependent Children	

4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

There are no business names that I am required to list.

Business Name	Business Name
A Lehmann Chiropractic Center	C
B	D

5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6)

I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A 251 W. Tiffin St., Fostoria, OH 44830
B 231 W. Tiffin St., Fostoria, OH 44830
C

You are not required to disclose your personal residence or real property held primarily for personal recreation.

6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6)

I have no creditors that I am required to list.

Creditor	Creditor
A Citi Card	D
B Chase Card	E
C Discover Card	F

7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6)

I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6 and 7)

I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A Vanguard	Brokerage Fund
B Vanguard	Roth IRA Brokerage Fund
C Ohio Deferred Compensation	Mutual Fund
D CUNA	Mutual Fund
E	
F	

IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.

9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 8)

I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A Lehmann Chiropractic Center	Fiduciary
B	

SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FILE AS A:

- College or university trustee
- Candidate for a city, school district, or ESC position that is paid less than \$16,000 a year
- City, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year
- JobsOhio board member or employee

10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ABOVE MUST ANSWER THIS QUESTION:

I have no sources of meals, food, or beverages that I am required to list.

(For help, see instructions page 8)

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D

11. TRAVEL EXPENSES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ON PAGE 3 MUST ANSWER THIS QUESTION:

I have no sources of travel expenses that I am required to list. (For help, see instructions page 9)

Source of Travel Expenses	Amount
A	
B	
C	
D	
E	
F	

12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to question 13.

I have no information that I am required to list. (For help, see instructions page 9)

Non-Disputed Information
A
B

13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:

(For help, see instructions page 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2023, I served in, or in 2024, I am serving in or a candidate for, the position(s) indicated on page 1 of this statement.

If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. **Any person who fails to file a complete statement by the appropriate filing deadline may be assessed a late filing fee and may be subject to criminal penalty.**

Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215

My filing fee is:

(For help, see instructions page 2)

- Enclosed (check or money order payable to "Ohio Ethics Commission")
 Submitted Online
 My public agency is required or has agreed to pay my filing fee.

YOUR SIGNATURE IS REQUIRED HERE: Sue E. Lehmann

Date: 1/18/2024 9:43 AM

Confirmation Number: 0901241043180