

STATE OF OHIO)
) ss:
COUNTY OF _____)

AFFIDAVIT

I, _____, the _____ of the
(name) (title)
_____ Bar Association, being duly cautioned and sworn,
(city or county)

hereby state the following:

1. The expenses for which reimbursement is sought were incurred in the ordinary and usual business of the certified grievance committee of this bar association for the _____ quarter of 20____.
2. These submitted expenses have not been reimbursed by the Board of Professional Conduct or any other source, nor will future reimbursement be sought from any other source.
3. I have personal knowledge of the personnel costs that were specifically dedicated to grievance and discipline matters and of other professional responsibility enforcement activities.
4. **If this affidavit is submitted as part of the annual reimbursement request, I have attached to this affidavit a statement setting forth the amount of personnel costs that have been previously reimbursed for each of the first, second, and third quarters of 20____.**

Signature

Name (please print or type)

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public