



OKLAHOMA ETHICS COMMISSION

PHONE: (405) 521-3451 • FAX: (405) 521-4905 • WEBSITE: WWW.OK.GOV/ETHICS

FINANCIAL DISCLOSURE STATEMENT

1. FILER INFORMATION

AMENDED:NO

Full Name of Filer SCOTT PRUITT		Filing Year 2015	Name of Office Held/Sought OR Name of Agency and Position ATTORNEY GENERAL ATTORNEY GENERAL	
Expiration of Term of Office 1/14/2019	Date of Appointment, if applicable 1/12/2015	Appointing Authority, if applicable ELECTED		Filing Status STATE EMPLOYEE OR OFFICER
Work Phone Number (xxx) xxx-xxxx + ext.	Electronic Mail Address		Mailing Address, City, State, Zip Code	

FROM PREVIOUS YEAR'S FILING

FINAL FORM

NO CHANGE FOR INFORMATION

Last Date of Service:

2. FILER'S PRIVATE EMPLOYMENT INFORMATION

(CURRENT EMPLOYER OR, IF RETIRED, LAST EMPLOYER)

CURRENT OR RETIRED

SECTION 2. Nothing reported

3. STATE AGENCY PROVIDING SALARY OR SIMILAR COMPENSATION IN THE AMOUNT OF \$5,000.00 OR MORE RECEIVED DURING THE FILING YEAR BY THE FILER, FILER'S SPOUSE OR DEPENDENTS.

Full Name of State Agency ATTORNEY GENERAL	Filer/Spouse/Dependent FILER	Mailing Address of State Agency, City, State, Zip Code 313 NE 21ST STREET OKLAHOMA CITY, OK 73105
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4. OTHER ENTITIES PROVIDING INCOME OF ANY KIND WHICH THE FILER, FILER'S SPOUSE OR DEPENDENTS RECEIVED IN THE AMOUNT OF \$5,000.00 OR MORE DURING THE FILING YEAR.

SECTION 4. Nothing reported

5. ENTITIES IN WHICH THE FILER HELD SECURITIES VALUED AT \$5,000.00 OR MORE AT ANY TIME DURING THE FILING YEAR.

Type of Security LPL FINANCIAL ACCOUNT CONTAINING STOCK, BONDS, MUTUAL FUNDS	Category of Business, Profession or Industry PERSONAL INVESTMENT ACCOUNT
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6. PROFESSIONAL OR OCCUPATIONAL PERMITS OR LICENSES HELD BY FILER.

Type of Permit/License OKLAHOMA BAR LICENSE
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7. BUSINESS OR PROFESSIONAL RELATIONSHIPS WITH REGISTERED LOBBYISTS THAT RESULTED IN INCOME IN ANY AMOUNT TO THE FILER, FILER'S SPOUSE OR DEPENDENTS DURING THE FILING YEAR. BE SPECIFIC AS TO NATURE OF RELATIONSHIP

SECTION 7. Nothing reported

8. OFFICE, DIRECTORSHIP, TRUSTEESHIP OR SIMILAR POSITION HELD BY THE FILER IN AN ENTITY DOING BUSINESS WITH ANY STATE AGENCY DURING THE FILING YEAR AND THE STATE AGENCY WITH WHICH THE ENTITY WAS DOING BUSINESS.

SECTION 8. Nothing reported

9. CONTRACTS (OTHER THAN CONTRACT OF EMPLOYMENT) BETWEEN AN AGENCY AND THE FILER, THE FILER'S SPOUSE OR DEPENDENTS OR ANY ENTITY IN WHICH THE FILER, THE FILER'S SPOUSE OR DEPENDENTS HAS A MATERIAL FINANCIAL INTEREST.

SECTION 9. Nothing reported

10. IDENTIFY WHETHER THE FILER, FILER'S SPOUSE, DEPENDENTS, EMPLOYER THEREOF OR ENTITIES IN WHICH THE FILER, FILER'S SPOUSE OR DEPENDENTS HAVE A MATERIAL FINANCIAL INTEREST IS REGULATED OR LICENSED BY THE FILER'S AGENCY.

SECTION 10. Nothing reported

Amended Financial Disclosure Statement Certification. I certify this amendment is not made for the purpose of reporting information that was intentionally omitted or misstated on the original or previously filed Financial Disclosure Statement.

By signing, electronic or otherwise, my name below, I, acknowledge that the information submitted is complete, true and accurate as of the date submitted. I understand the failure to provide such information is a violation of the Ethics Rules of Oklahoma. I understand that I can update the information above at any time by filing an amended Financial Disclosure Statement.

5/5/2016

Date Submitted

SCOTT PRUITT

Officer Signature