

**Schedule G – Family Members Employed by the State**

During the reporting period, were any members of your immediate family (spouse or dependent children) employed by the State in any capacity?

Yes

No (Go to Schedule H)

**If Yes; (Answer each question below. A separate Schedule G will be required for each member of the immediate family who is employed by the State.)**

1. What is the relation and name of the immediate family member employed by the State?
  
2. What is the name of the agency that employed the member of your immediate family?
  
3. What was the title of your immediate family member’s position in the State agency during the reporting period?

**If necessary, please use additional sheet(s) for any additional entries.**