

PAYROLL COMPARISON – 2026

Proposer Name: Kimberley Speer-East

Evaluator Printed Name: Michael Farrell

PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>	<u>Loc. 4</u>	<u>Loc. 5</u>	<u>Loc. 6</u>
	13-C					
Highest Rate	\$38/hr					
Lowest Rate	\$14.50/hr					
Number of Hours Recommended	241					
Number of Hours Proposed	242					
Total Monthly Wages	\$18,075					

Comments:

PERSONAL EVALUATION (2026)

Kimberley Speer-East
13-C / 26022
Clermont County, Milford
BMV Site

Evaluation Team Number: _____
Location(s) Proposed: (#1) 13-C _____
Proposed as 2nd Location _____
Verify Proposer's Full Name: (#2) Kimberly Lynn Speer - East
Proposer's County of Residence (NPC Operation): (_____
Verify Proposer's Driver's License Number: (#6) _____
Proposing as Minority: (#9) Yes _____ No
Proposing as: (#10) Individual Clerk of Courts _____ Co. Auditor _____ Nonprofit Corp. _____

SCORING SUMMARY

FORM 3.0, PERSONAL CHECKLIST	(Max. 16 Points):	<u>16</u>
PERSONAL EVALUATION, Page 2	(Max. 55 Points):	<u>55</u>
BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3	(Max. 100 Points):	<u>100</u>
PERSONAL EVALUATION, Page 5	(Max. 28 Points):	<u>28</u>
PERSONAL EVALUATION, Page 6	(Max. 17 Points):	<u>17</u>
PERSONAL EVALUATION, Page 7	(Max. 27 Points):	<u>27</u>
PERSONAL EVALUATION, Page 8	(Max. 15 Points):	<u>15</u>

TOTAL POINTS (Max. 258 Points): 258

Comments: _____

	<u>Evaluators' Signatures</u>	<u>Evaluators' Printed Names</u>	<u>Date</u>
(1)	<u><i>Michael Farrell</i></u>	<u>Michael Farrell</u>	<u>2/26/26</u>
(2)	_____	_____	_____

PERSONAL EVALUATION		OK	NO
1. Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 & 12)	5	*	
2. Proposer does not hold an overlapping deputy registrar contract? (#13) If contract overlaps, what is the expiration date of the contract? _____	0	0	
3. Proposer is not a prohibited relative of a current deputy registrar? (#14, 15 & 16)	5	*	
4. Proposer is not a prohibited relative of an ODPS employee, or (if a relative) proposer has either been a deputy registrar continuously since January 1, 1992, or the ODPS employee became employed after the proposer was first appointed deputy registrar? (#17)	5	*	
5. Proposer is not a State of Ohio employee or will resign? (#19)	5	*	
6. Proposer is not an active insurance agent or is nonprofit? (#20)	5	*	
7. Proposer states no criminal conviction within the last 10 years? (#21)	5	*	
8. Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)	5	*	
9. Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)	5	*	
10. Proposer can meet bond requirements? (#24 and acceptable proof)	5	*	
11. Acceptable educational information OR nonprofit corporation? (#25)	5	0	
12. Proposer has computer training or experience? (#26)	5	0	

PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points) 55

NOTE: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: _____

BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: Verified at telephone () _____

Company: Milford License Bureau

Relationship: Office Manager

Verified experience as: Deputy Registrar Agency Owner (50) _____ Other Business Owner (34) _____

Manager or Supervisor (25) Deputy Registrar Employee (23) _____ Other Employee (20) _____

Hours per week: 50

From (date): 6/2017 To (date): 2/2026 Length: 8.8 yrs

Verified Hours 50 = Factor 1 x Years 8.8 x Points 35 = 220

Person called: _____ at telephone () _____

Company: _____

Relationship: _____

Verified experience as: Deputy Registrar Agency Owner (50) _____ Other Business Owner (34) _____

Manager or Supervisor (25) _____ Deputy Registrar Employee (23) _____ Other Employee (20) _____

Hours per week: _____

From (date): _____ To (date): _____ Length: _____

Verified Hours _____ = Factor _____ x Years _____ x Points _____ = _____

Person called: _____ at telephone () _____

Company: _____

Relationship: _____

Verified experience as: Deputy Registrar Agency Owner (50) _____ Other Business Owner (34) _____

Manager or Supervisor (25) _____ Deputy Registrar Employee (23) _____ Other Employee (20) _____

Hours per week: _____

From (date): _____ To (date): _____ Length: _____

Verified Hours _____ = Factor _____ x Years _____ x Points _____ = _____

BUSINESS AND EMPLOYMENT EXPERIENCE CALCULATION

13. DEPUTY REGISTRAR AGENCY OWNER Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# NA = 1.0 x x 50 =		
B.		# NA = 1.0 x x 50 =		
C.		# NA = 1.0 x x 50 =		
Subtotal of 13-A, 13-B & 13-C =				

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 34 =		
B.		# = x x 34 =		
C.		# = x x 34 =		
Subtotal of 14-A, 14-B & 14-C =				

15. SUPERVISORY / MANAGEMENT (ANY BUSINESS – INCLUDING DR) Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.	<i>Milford License Bureau</i>	# <i>50</i> = <i>1</i> x <i>8.8</i> x 25 =	<i>220</i>	<input checked="" type="checkbox"/>
B.		# = x x 25 =		
C.		# = x x 25 =		
Subtotal of 15-A, 15-B & 15-C =			<i>220</i>	

Total DR, Ownership and/or Management #13-15 (Max. 100 Points) = *100*

16. DEPUTY REGISTRAR EMPLOYMENT (NON-MANAGEMENT) Experience, Form 3.2

ITEM	AGENCY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 23 =		
B.		# = x x 23 =		
C.		# = x x 23 =		
D.		# = x x 23 =		
Subtotal of 16-A, 16-B, 16-C & 16-D =				

Total DR Employment Experience #16 (Max. 90 Points) =

17. OTHER EMPLOYMENT Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 20 =		
B.		# = x x 20 =		
C.		# = x x 20 =		
D.		# = x x 20 =		
Subtotal of Lines 17-A, 17-B, 17-C & 17-D =				

Total Other Employment Experience #17 (Max. 80 Points) =

ENTER LARGEST OF TOTALS [13-15 (100 pts.), 16 (90 pts.), or 17 (80 pts.)] = *100*

PERSONAL EVALUATION

OK | NO

18. Form 3.3 – Customer Service Experience		
Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?	2	0
19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)		
A. Are funds in acceptable financial institution and verified with bank/teller stamp?	5	*
B. Are funds in proposer's or proposer's business name or joint with spouse?	5	*
20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)		
Did proposer mark "NO" for every category, every year? (For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)	5	*
21. Form 3.6 – Personnel Policy Summary		
Does proposer agree to provide/maintain a written personnel policy covering the following:		
A. Hiring employees with deputy registrar agency experience?	11	0
B. Equal Employment Opportunity?		
C. Employee training by the deputy registrar?		
D. Participation in BMV provided training?		
E. Evaluation of employee performance?		
F. Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?		
G. Progressive disciplinary steps?		
H. Dress code with list of acceptable attire?		
I. Dress code with list of unacceptable attire?		
J. A policy for maintaining the professional appearance of all staff at all times?		
K. Fringe benefits (beyond those required by law or contract)?		

PERSONAL EVALUATION POINTS, Page 5 (Max. 28 Points) 28

NOTE: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: _____

PERSONAL EVALUATION

OK | NO

22. Form 3.7 – Security Plan Summary - Did proposer agree to provide:		
A. An electronic alarm system? (Mandatory)	13	*
B. Alarm system monitored 24 hours, off-site? (Mandatory)		
C. Alarm system reports off-site if wires cut or tampered with? (Mandatory)		
D. Adequate alarm monitored panic/hold-up buttons? (Mandatory)		
E. Motion detectors connected to alarm system? (Mandatory)		
F. Alarm monitored contacts on all exterior doors? (Mandatory)		
G. Alarm monitored contacts on all exterior windows? (Mandatory)		
H. Video recording camera surveillance system? (Mandatory)		
I. Safe or secured locking cabinet? (Mandatory)		
J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)		
K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory)		
L. All doors and all windows will be securely locked when license agency is closed? (Mandatory)		
M. Smoke, fire, and carbon monoxide detection devices (Mandatory)?		
N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO		
23. Form 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:		
A. Indoor/Outdoor maintenance and cleaning?	1	0
B. Prompt snow and ice removal?	1	0
C. Carpet and/or floor cleaning (if appropriate)?	1	0
D. Repainting?	1	0

PERSONAL EVALUATION POINTS, Page 6 (Max. 17 Points) 17

NOTE: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: _____

PERSONAL EVALUATION

OK | NO

24. Form 3.9 – Involved and Invested in Your Business

1. How do you plan to manage, be responsible, and be accountable for this business at all times?	1	0
2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver licenses, identification cards, and vehicle registrations?	1	0
3. What measures will you put in place to detect, deter, and prevent fraud?	1	0
4. The Ohio Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?	1	0
5. How will you demonstrate good leadership to your employees?	1	0
6. How will you maintain a high level of professionalism each day in this business?	1	0
7. How do you intend to recruit and retain high quality employees?	1	0
8. How will you provide a safe, clean, and friendly place to do business?	1	0
9. How would you deal with an irate customer?	1	0
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?	1	0
11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	1	0
12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	1	0

25. Form 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation

A. Did proposer submit proper affidavit without alteration and does it appear to be complete, accurate, and truthful ?	3	*
B. Is it the affidavit duly signed and notarized?	2	*

26. Local Law Enforcement Report / Articles of Incorporation (AOI)

A. No disqualifying convictions for individual / AOI for nonprofit corporation?	3	*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	2	0

27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation

No disqualifying convictions for individual / AOI for nonprofit corporation?	5	*
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PERSONAL EVALUATION POINTS, Page 7 (Max. 27 Points)

27

OPERATIONAL EVALUATION (2026)

Kimberley Speer-East
13-C / 26022
Clermont County, Milford
BMV Site

FORM	DESCRIPTION	OK	NO
4.0	Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	Appointment of Agency Managers		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>36</u>	5	*
	B. Appointment of Manager and Assistant OR Acceptable Statement	3	0
4.2	Experienced Employees Summary		
	Gave Acceptable Statement OR Provided Names	2	0
4.3	Staffing and Personnel Calculation		
	A. Hours Recommended: <u>241</u> Proposed: <u>242</u>	4	*
	B. Work Hours and Pay Calculated Correctly	2	0
	C. Meets Minimum Wage Requirement (2026 Ohio Minimum Wage Rate = \$7.25 or \$11.00 Per Hour)	1	*
4.4	Start-Up Costs Calculation		
	A. Adequate and Accurate Personnel Costs	3	0
	B. Adequate and Accurate Site Preparation Costs	2	0
	C. Adequate and Accurate Rental Payments	2	0
	D. Total Required: \$ <u>22,964.40</u> On Deposit (Form 3.4): \$ <u>51,756.88</u>	5	*
4.5	Deputy Registrar Contract		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

NOTE: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments:

Evaluators' signatures	Printed names	Date
(1) <u><i>Michael Farrell</i></u>	<u>Michael Farrell</u>	<u>2/26/26</u>
(2) _____	_____	_____

Operational Evaluation (2026)

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Kimberly Lynn Speer-East

Proposer Number (BMV use only) _____

INSTRUCTIONS: You must submit one original of this form and all documents listed on this form as appropriate based on your status as a proposer (individual, county auditor, clerk of courts or nonprofit corporation). Even if you are submitting more than one proposal, only one original of these forms are required. Please submit via email in accordance with the RFP instructions.

INDIVIDUAL	<input checked="" type="checkbox"/> BMV	COUNTY AUDITOR OR CLERK OF COURTS	<input checked="" type="checkbox"/> BMV	NONPROFIT CORPORATION	<input checked="" type="checkbox"/> BMV		
Form 3.0 Personal Checklist (this form)	<input checked="" type="checkbox"/>	Form 3.0 Personal Checklist (this form)		Form 3.0 Personal Checklist (this form)			
Form 3.1 Personal Questionnaire	<input checked="" type="checkbox"/>	Form 3.1 Personal Questionnaire		Form 3.1 Personal Questionnaire			
Form 3.2 Business and Employment Experience	<input checked="" type="checkbox"/>	Forms 3.2 Business and Employment Experience		Forms 3.2 Business and Employment Experience			
Form 3.3 Customer Service Experience	<input checked="" type="checkbox"/>	Form 3.3 Customer Service Experience		Form 3.3 Customer Service Experience			
Form 3.4 Start-Up Cost Funds on Deposit	<input checked="" type="checkbox"/>	N/A	X	1	Form 3.4 Start-Up Cost Funds on Deposit		
Form 3.5 Political Contributions Report	<input checked="" type="checkbox"/>	N/A	X	1	Form 3.5 Political Contributions Report Nonprofit Corporation		
N/A	X	1	X	1	Form 3.5 Political Contributions Report Chief Executive Officer		
Form 3.6 Comprehensive Personnel Policy Agreement	<input checked="" type="checkbox"/>	Form 3.6 Comprehensive Personnel Policy Agreement		Form 3.6 Comprehensive Personnel Policy Agreement			
Form 3.7 Security Plan Agreement	<input checked="" type="checkbox"/>	Form 3.7 Security Plan Agreement		Form 3.7 Security Plan Agreement			
Form 3.8 Facility Maintenance Plan Agreement	<input checked="" type="checkbox"/>	Form 3.8 Facility Maintenance Plan Agreement		Form 3.8 Facility Maintenance Plan Agreement			
Form 3.9 Involved and Invested in Your Business	<input checked="" type="checkbox"/>	Form 3.9 Involved and Invested in Your Business		Form 3.9 Involved and Invested in Your Business			
Form 3.10(A) Affidavit of Individual	<input checked="" type="checkbox"/>	Form 3.10(B) Affidavit of Auditor or Clerk of Courts		Form 3.10(C) Affidavit of Nonprofit Corporation			
2026 Credit Report	<input checked="" type="checkbox"/>	N/A	X	1	2026 Certificate of Good Standing		
2026 Local Law Enforcement Report	<input checked="" type="checkbox"/>	2026 Local Law Enforcement Report			Articles of Incorporation		
2026 WebCheck Receipt	<input checked="" type="checkbox"/>	2026 WebCheck Receipt			N/A	X	1
Pre-approval Statement for \$25,000 Bond	<input checked="" type="checkbox"/>	Current Bond with BMV added as Additional Insured or CORSA			Pre-approval Statement for \$25,000 Bond		
INDIVIDUAL		COUNTY AUDITOR OR CLERK OF COURTS		NONPROFIT CORPORATION			

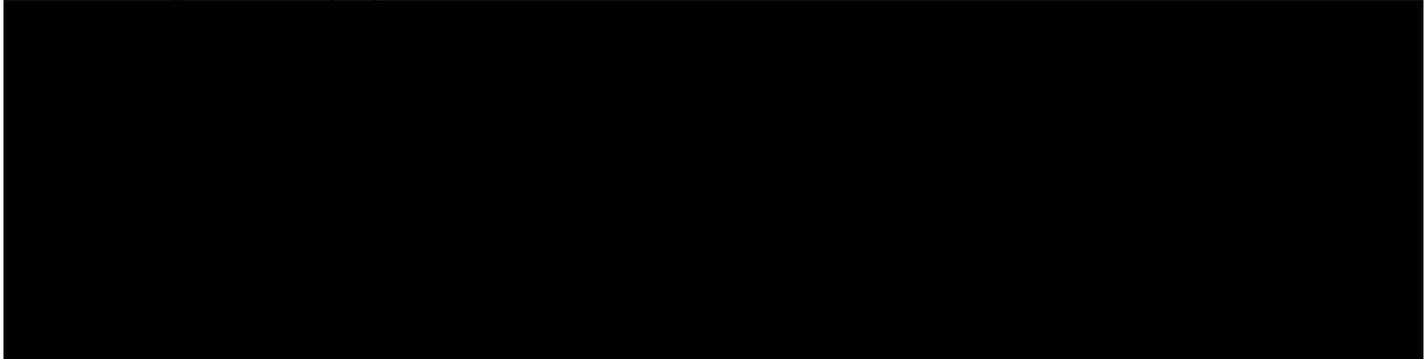
3.1 PERSONAL QUESTIONNAIRE

1. List all location numbers for which the applicant intends to submit a proposal (limit six locations). Check the box underneath if proposing the location as a second site in addition to a current agency:

13-C _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

2. Full legal name of proposer **Kimberly Lynn Speer-East**



7. Spouse's name (nonprofit corporation N/A) **Rob Lee East**



9. Are you proposing as the owner of a minority business enterprise (MBE)? No Yes _____

10. Proposer is (check one and follow instructions):

An **individual person**. These forms are designed to be self-explanatory for Proposers proposing as individual persons. Answer all questions as they apply to you personally. If a question does not apply to you, enter "N/A" or "Not applicable";

_____ The **Clerk of Courts** of _____ County;

_____ The **County Auditor** of _____ County. Answer all questions as they apply to you and your position as Clerk of Courts or County Auditor. If a question does not apply to you or your position, enter "N/A" or "Not applicable";

_____ A **nonprofit corporation (NPC)**. An officer or an authorized agent should answer all questions and sign all documents on behalf of the NPC. The answers must refer to the NPC itself and not to the individual officers, agents, or employees of the NPC, unless otherwise specified. Many questions are not applicable to nonprofit corporations. To assist your responses, we have marked those questions "NPC N/A" meaning we believe the marked question is not applicable to most nonprofit corporations. Please answer all other questions unless clearly inapplicable.

11. A. Are you currently serving in elective public office, other than Clerk of Courts or County Auditor, either by election or appointment (includes precinct committee person)? (NPC N/A)

Yes _____ No

B. If YES, in what elective office are you serving? _____

C. If YES, date that you plan to leave this office? _____

12. A. Are you currently running for any elective public office. (including precinct committee person)? (NPC N/A)

Yes _____ No

B. If YES, what office? _____

13. A. Are you currently a deputy registrar?

Yes _____ No

B. If YES, on what date does your contract expire? _____

C. If YES, have you served as a deputy registrar continuously since January 1, 1992?

No _____ Yes _____

14. A. Is your spouse currently a deputy registrar? (NPC N/A)

Yes _____ No

B. If YES, on what date does your spouse's contract expire? _____

For the following three questions, **extended family** includes your spouse, parent, brother, sister, son, daughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law:

15. A. Does any member of your extended family currently hold a deputy registrar contract? (NPC N/A)

Yes _____ No

B. If YES, list their name, relationship to you, whether you share the same household, and date their contract expires here:

Name	Relationship	Same Household		Contract Expires
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____

16. A. To the best of your knowledge, will any member of your extended family submit a proposal in response to this RFP? (NPC N/A)

Yes _____ No

B. If YES, list their name, relationship to you, and whether you share the same household:

Name	Relationship	Same Household	
		Yes ___	No ___
		Yes ___	No ___
		Yes ___	No ___
		Yes ___	No ___

17. A. Is any member of your extended family employed by any subdivision of the Ohio Department of Public Safety? (NPC N/A)

Yes _____ No

B. If YES, list their name, relationship to you, and the date they became so employed:

Name	Relationship	Employment Date

18. A. Have you completed the Political Contributions Report, Form 3.5? (NPC must submit one for NPC itself and one for its C.E.O.)

No _____ Yes

B. If "NO," are you applying as a Clerk of Courts or County Auditor? No _____ Yes _____

19. A. Are you an employee of the State of Ohio? (NPC N/A)

Yes _____ No

B. If "YES," will you resign, if appointed? No _____ Yes _____

20. Are you an insurance company agent, writing automobile insurance? (NPC N/A)

Yes _____ No

21. Has Proposer (including NPC and proposed office manager) been convicted within the past ten years of a crime punishable by death or imprisonment in excess of one year (felony), or any crime involving dishonesty or false statement?

Yes _____ No

22. As of the date of this certification does Proposer owe any overdue taxes, unemployment compensation contributions, social security payments, or workers' compensation premiums either to the State of Ohio or any political subdivision thereof, or to the federal government, or any other state or locality within the United States?

Yes _____ No

23. Is Proposer willing and able, if appointed, to maintain during the entire term of your contract a policy of business liability property damage, and theft insurance satisfactory to the Registrar and hold the Department of Public Safety, the Director of Public Safety, the Bureau of Motor Vehicles, and the Registrar of Motor Vehicles harmless upon claims for damages in accordance with Ohio Revised Code 4503.03(C)? (County Auditor/Clerk of Courts N/A)

No _____ Yes

24. Is Proposer bondable as outlined in Ohio Administrative Code 4501:1-6-01(B)?

No _____ Yes

25. Please provide the following information regarding your education. If applying as a NPC, please provide educational information for the individual who will manage the license agency business.

High school diploma? No _____ Yes

High school name New Richmond High School

City New Richmond State Ohio Zip 45157

College name University of Cincinnati

City Cincinnati State Ohio Zip 45221

Major Medical Assisting Degree awarded Certificate

College name University of Cincinnati

City Cincinnati State Ohio Zip 45221

Major Applied Health Science Degree awarded Associate's

26. Computer experience. Does Proposer have any training or experience working with or using computers? (Incumbent deputy registrars may take credit for operating BMV computers. For nonprofit corporations, this question should be answered for computer systems operated or used in the nonprofit corporation's activities.)

No _____ Yes

If "YES" please explain all computer experience in detail.

Most of my computer experience has come from my years of working with the Milford License Bureau. I use various features in BASS daily to perform customer transactions, run the daily reports, and review credential issuance. I train my staff to utilize the hot keys, dropdown menus, radio buttons, such as tab and the directional arrows, and keyword search to make BASS even more efficient.

In addition to BASS, I use Microsoft Word and Google Docs to compile error correction letters and newsletters to my staff. I have created different Microsoft Excel spreadsheets to track our broadcasts, kiosk activity, and our agency error corrections.

For my personal use, I utilize Microsoft and Google applications to perform standard household items. I can easily convert Microsoft and Google applications to complete the task I need to accomplish. I use them to keep track of our household budget and bill paying system.

In my brief time with The Urology Group, I used EPIC which is widely used in the medical field. I was able to navigate the system with minimal training to complete the tasks I was assigned to complete.

27. Please provide the requested information for three persons we can contact by telephone during daytime business hours and who will serve as a character reference for you. Do not list relatives, political contacts, or employees of the Department of Public Safety (including BMV). If we are unable to contact at least one person or that person is unable to serve as a character reference, you may be evaluated unfavorably. Nonprofit corporations should list references who are familiar with the nonprofit corporation's activities.



28. Employment, management, supervisory, and business experience. Each Proposer's experience is one of the most important factors to be considered in the award of deputy registrar contracts. For the purposes of this RFP, experience gained prior to the year 1990 will not be evaluated or considered. Please provide a professional resume, in chronological order (no earlier than 1990), the positions you have held. If the position you held in 1990 was one you started before 1990, you may list that position and the date you actually started on your submitted resume. If you did not hold any position in 1990, please begin with the first position you held after 1990. If applying as a NPC, please provide a description of the fundraising, program, and charitable functions of the nonprofit corporation.

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE
FORM 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE
FORM 3.2(C) EMPLOYEE EXPERIENCE

Instructions

It is important that you supply complete and accurate information about all relevant business ownership, management, supervisory, and employment experience so that the BMV will be able to verify that experience from independent sources. Generally, proposers receive the most consideration for service as a deputy registrar, second most consideration for service as a business owner, third most consideration for service as a manager or supervisor, fourth most consideration as a deputy registrar employee without management experience, and least consideration for other employment experience without any supervisory or management experience. Be sure to include as much detailed experience possible within the submitted professional resume.

Nonprofit corporations must report only the businesses and activities conducted by the nonprofit corporation itself on Form 3.2(A) Business Ownership Experience. If the nonprofit corporation has operated a deputy registrar agency, that information should be entered and submitted on one Form 3.2(A) Business Ownership Experience. Any other business activities (fundraising, charitable activities, etc.) should also be entered and submitted on a separate 3.2(A) Business Ownership Experience. Use a separate Form 3.2 for each separate business activity performed by the NPC and a separate Form 3.2(A) for each separate business activity performed by the NPC.

Form 3.2(A) Business Ownership Experience. Deputy registrars, nonprofit corporations, county auditors, clerks of courts, and individuals should use this form to report on businesses actually owned and operated by them.

Form 3.2(B) Management and/or Supervisory Experience. Individuals, county auditors, and clerks of courts should use this form to report management and supervisory experience performed by them. Service as a county auditor or clerk of court qualifies as management and supervisory experience.

Form 3.2(C) Employee Experience. Individuals, county auditors, and clerks of courts should use this form to report all other employment that did not include management or supervisory authority.

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

Instructions. Please fill out one of these forms 3.2(A) for each business you have owned. Do not use this form 3.2(A) for management, supervisory, or employee experience. If you have owned more than one business, submit a separate for 3.2(A) for each business owned. *Please make additional copies of this form as necessary.*

Proposer's name Kimberly Lynn Speer-East Company name N/A

Company address _____ City _____

State _____ Zip _____ Telephone () _____

Type of business (deputy registrar, retail grocery, etc.) _____

Company's products and/or services _____

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): _____

1. Federal Tax ID Number: _____

2. Percentage of business you owned: _____ % Hours worked weekly _____

3. Dates you operated this business: From: month ____ year ____ To: month ____ year ____

4. Is/was this business profitable? No _____ Yes _____

5. Is/was this business your primary source of income and support? No _____ Yes _____

6. Do/did you directly hire, evaluate, train, and discipline employees? No _____ Yes _____

7. Do/did you directly manage employees on a daily basis? No _____ Yes _____

If you answered yes to question number 6, how many employees do/did you manage? _____

8. Have you ever developed a comprehensive business plan? No _____ Yes _____

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

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_____	_____	_____	_____	() _____
_____	_____	_____	_____	() _____

3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

Instructions. Please fill out one of these forms 3.2(B) for each separate management or supervisory job you have held. Do not use this form 3.2(B) for business ownership or regular employee positions. Use a separate form 3.2(B) for each management or supervisory position that you have held. *Please make additional copies of this form as necessary.*

Proposer's name Kimberly Lynn Speer-East Company name Busi-Comm

Company address Floral Avenue City Norwood

State OH Zip 45212 Telephone () N/A

Type of business (deputy registrar, retail grocery, etc.) small telecommunications business

Management/supervisory duties Managed all daily operations for business specializing in phone system installation/service; primary contact for all calls,

scheduling installations, service calls and technician dispatch; Managed all invoicing, billing, and administrative duties including payroll, accounts receivable/payable

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Office Manager Hours worked weekly? 40

2. Dates this position was held: From: month 2 year 1992 To: month 9 year 1994

3. Do/did you directly hire, evaluate, train, and discipline employees? No Yes

4. Do/did you directly manage/supervise employees on a daily basis? No Yes

If you answered yes to question number 4, how many employees do/did you manage? 5

5. Have you ever developed a comprehensive business plan? No Yes

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

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3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

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Proposer's name Kimberly Lynn Speer-East Company name Cross Country Inn-Springdale

Company address 330 Glensprings Drive City Cincinnati

State Ohio Zip 45246 Telephone () N/A

Type of business (deputy registrar, retail grocery, etc.) hotel chain

Management/supervisory duties Led daily operations for front desk, housekeeping, and maintenance staff for a 105 room hotel

chain establishment; monitored guest satisfaction and resolved escalated service concerns; conducted staff training, evaluations, and disciplinary actions as needed

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Assistant Property Manager Hours worked weekly? 55

2. Dates this position was held: From: month 1 year 1996 To: month 8 year 1996

3. Do/did you directly hire, evaluate, train, and discipline employees? No Yes

4. Do/did you directly manage/supervise employees on a daily basis? No Yes

If you answered yes to question number 4, how many employees do/did you manage? 35

5. Have you ever developed a comprehensive business plan? No Yes

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

Name	City	State	Zip	Daytime Phone

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3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

Instructions. Please fill out one of these forms 3.2(B) for each separate management or supervisory job you have held. Do not use this form 3.2(B) for business ownership or regular employee positions. Use a separate form 3.2(B) for each management or supervisory position that you have held. *Please make additional copies of this form as necessary.*

Proposer's name Kimberly Lynn Speer-East Company name Super 8 Hotel

Company address Chester Road City Sharonville

State Ohio Zip 45246 Telephone () N/A

Type of business (deputy registrar, retail grocery, etc.) hotel chain with shuttle service

Management/supervisory duties oversaw property group reservations; monitored room inventory, cleanliness, and maintenance to keep rooms available;

coordinated with shuttle service to ensure guests were transported quickly and safely to their destination

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Assistant Property Manager Hours worked weekly? 50

2. Dates this position was held: From: month 8 year 1996 To: month 1 year 2000

3. Do/did you directly hire, evaluate, train, and discipline employees? No Yes

4. Do/did you directly manage/supervise employees on a daily basis? No Yes

If you answered yes to question number 4, how many employees do/did you manage? 30

5. Have you ever developed a comprehensive business plan? No Yes

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

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3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

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Proposer's name Kimberly Lynn Speer-East Company name Milford License Bureau
Company address 1007 Lila Avenue City Milford
State Ohio Zip 45150 Telephone (513) 248-0500
Type of business (deputy registrar, retail grocery, etc.) deputy registrar

Management/supervisory duties process deposits and daily reports; answer staff and customer inquires knowledgeably and to their understanding; maintain clean work environment; supervise and train staff to meet BMV compliance and procedures

MANAGER OR SUPERVISOR - Job title: Supervisor

1. Title of position Office Supervisor Hours worked weekly? 40

2. Dates this position was held: From: month 1 year 2000 To: month 7 year 2011

3. Do/did you directly hire, evaluate, train, and discipline employees? No Yes

4. Do/did you directly manage/supervise employees on a daily basis? No Yes

If you answered yes to question number 4, how many employees do/did you manage? 12

5. Have you ever developed a comprehensive business plan? No Yes

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

Name	City	State	Zip	Daytime Phone
[Redacted]				

3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

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Proposer's name Kimberly Lynn Speer-East Company name Milford License Bureau

Company address 1007 Lila Avenue City Milford

State Ohio Zip 45150 Telephone (513) 248-0500

Type of business (deputy registrar, retail grocery, etc.) deputy registrar

Management/supervisory duties verify all credential issuance and VR transactions are accurate and comply with laws and regulations per the BMV;

supervise train, and evaluate staff; manage schedules and workflow; handle all daily deposits, reports, and inventory; resolve customer issues

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Office Manager Hours worked weekly? 50

2. Dates this position was held: From: month 6 year 2017 To: month 1 year 2026

3. Do/did you directly hire, evaluate, train, and discipline employees? No Yes

4. Do/did you directly manage/supervise employees on a daily basis? No Yes

If you answered yes to question number 4, how many employees do/did you manage? 11

5. Have you ever developed a comprehensive business plan? No Yes

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

Name	City	State	Zip	Daytime Phone
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3.2(C) EMPLOYEE EXPERIENCE

Instructions. Please fill out one of these forms 3.2(C) for each and every separate job you have held as an employee. Do not use this form 3.2(C) for business ownership or jobs in which you had management or supervisory duties. Use a separate form 3.2(C) for each non-management and/or non-supervisory job held. *Please make additional copies of this form as necessary.*

Proposer's name Kimberly Lynn Speer-East Company name Lane Bryant

Company address Beechmont Avenue City Cincinnati

State Ohio Zip 45255 Telephone () N/A

Type of business (deputy registrar, retail grocery, etc.) retail clothing store

EMPLOYEE - Job title: Sales Associate

Hours worked weekly 20 Job duties assisted customers with clothing choices; operated

cash register, returns, and exchanges while maintaining accurate drawer balancing; stocked merchandise and

maintained store cleanliness and organization

Dates of this employment: From: month 7 year 1989 To: month 8 year 1990

Describe how and to what extent **you provided high quality customer service** at this position:

I provided personalized styling assistance in a women's plus-size specialty retail

store and selected clothing to help customers feel confident and comfortable with their

choices.

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

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3.2(C) EMPLOYEE EXPERIENCE

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Proposer's name Kimberly Lynn Speer-East Company name Van Leunens

Company address Ohio Pike City Amelia

State Ohio Zip 45102 Telephone () N/A

Type of business (deputy registrar, retail grocery, etc.) retail department store

EMPLOYEE - Job title: Cashier/Customer Service Desk

Hours worked weekly 30 Job duties operated cash register and point-of-sale system

to accurately process customer purchases; processed returns, exchanges, and refunds per company procedures;

assisted with opening and closing procedures; delivered consistent excellent customer service in a fast paced retail environment

Dates of this employment: From: month 8 year 1990 To: month 2 year 1992

Describe how and to what extent **you provided high quality customer service** at this position:

I provided courteous, friendly customer service by greeting our customers and completing transactions

efficiently. I worked with my fellow employees to manage checkout lines to reduce our customers wait

time and maintained a clean, organized front end.

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

Name	City	State	Zip	Daytime Phone
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3.2(C) EMPLOYEE EXPERIENCE

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Proposer's name Kimberly Lynn Speer-East Company name Thriftway

Company address Ohio Pike City Amelia

State Ohio Zip 45102 Telephone () N/A

Type of business (deputy registrar, retail grocery, etc.) retail grocery

EMPLOYEE - Job title: Cashier

Hours worked weekly 35 Job duties operate point-of-sale system to accurately and efficiently process

transactions and various payments; bagged items to customer satisfaction; organized front lines to

keep customer area tidy and clean

Dates of this employment: From: month 9 year 1994 To: month 2 year 1995

Describe how and to what extent **you provided high quality customer service** at this position:

I would smile and give customers a welcoming greeting while bagging their items to their satisfaction in a timely manner.

I would offer assistance to their vehicle to put items in their car by myself or another designated employee.

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

Name	City	State	Zip	Daytime Phone
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3.2(C) EMPLOYEE EXPERIENCE

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Proposer's name Kimberly Lynn Speer-East Company name Cross Country Inn-Cincinnati East

Company address Williams Drive City Cincinnati

State Ohio Zip 45255 Telephone () N/A

Type of business (deputy registrar, retail grocery, etc.) hotel chain

EMPLOYEE - Job title: Desk Clerk

Hours worked weekly 40 Job duties handled check-ins/check-outs; answered phones, made

reservations, responded to guest inquiries and provided information for local activities and attractions; worked with

housekeeping and maintenance to ensure room readiness

Dates of this employment: From: month 2 year 1995 To: month 1 year 1996

Describe how and to what extent **you provided high quality customer service** at this position:

I would make sure to ask for special requests when taking the reservation to make our guests stay as comfortable as possible.

By knowing this information before the guest arrived, the requests would already be in place and ready in the room. I would try to

keep groups together when assigning rooms for their stay and worked closely with housekeeping to ensure cleanliness standards were met.

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

Name	City	State	Zip	Daytime Phone
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3.2(C) EMPLOYEE EXPERIENCE

Instructions. Please fill out one of these forms 3.2(C) for each and every separate job you have held as an employee. Do not use this form 3.2(C) for business ownership or jobs in which you had management or supervisory duties. Use a separate form 3.2(C) for each non-management and/or non-supervisory job held. *Please make additional copies of this form as necessary.*

Proposer's name Kimberly Lynn Speer-East Company name The Urology Group
Company address 2000 Joseph E Sanker Blvd City Norwood
State Ohio Zip 45212 Telephone (513) 841-7400
Type of business (deputy registrar, retail grocery, etc.) medical practice/surgical center

EMPLOYEE - Job title: Electronic Medical Records (EMR) clerk

Hours worked weekly 40 Job duties processed and updated patient demographic and clinical information; contacted patients to confirm appointments; collaborated with clinical staff to assist with patient care by ensuring accurate, complete medical history was obtained prior to appointment

Dates of this employment: From: month 7 year 2013 To: month 3 year 2014

Describe how and to what extent **you provided high quality customer service** at this position:

Patients would not be seen by the clinical staff until accurate, up-to-date medical information was obtained and documented.

I made sure patients were contacted and assisted other EMR clerks in my department complete their workload to ensure patient medical care was received in a quick, timely manner.

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

Name	City	State	Zip	Daytime Phone
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3.2(C) EMPLOYEE EXPERIENCE

Instructions. Please fill out one of these forms 3.2(C) for each and every separate job you have held as an employee. Do not use this form 3.2(C) for business ownership or jobs in which you had management or supervisory duties. Use a separate form 3.2(C) for each non-management and/or non-supervisory job held. *Please make additional copies of this form as necessary.*

Proposer's name Kimberly Lynn Speer-East Company name Milford License Bureau

Company address 1007 Lila Avenue City Milford

State Ohio Zip 45150 Telephone (513) 248-0500

Type of business (deputy registrar, retail grocery, etc.) deputy registrar

EMPLOYEE - Job title: Clerk

Hours worked weekly 32 Job duties processed Ohio credentials and VR transactions in a fast-paced DR agency;

provided friendly, excellent customer service; maintained clean, welcoming agency; stayed up-to-date on new policies

and procedures; established rapport with customers and companies to ensure return visits and fleet work

Dates of this employment: From: month 7 year 2015 To: month 6 year 2017

Describe how and to what extent **you provided high quality customer service** at this position:

When I returned to work at the BMV, I was able to re-establish relations with previous customers and companies I had worked with in the

past. I worked with the supervisory staff and gave input on ways to make the agency more customer friendly such as return visit slips, checklists

for clerks to follow when scanning documents to ensure nothing was missed and provided quick, efficient service throughout my customer interactions.

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

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3.3 CUSTOMER SERVICE EXPERIENCE

Instructions. Please give us a list of ideas you have to improve customer service at your deputy registrar agency. You will only receive full credit if you demonstrate sufficient customer service awareness.

A. This is a list of ideas I have to improve customer service at my deputy registrar agency if I am awarded a contract (Please be specific) and/or this is an example of something I have done as part of my job or business to improve services for my customers (Please be specific):

As the manager, I work closely with our current deputy to constantly improve our customer service skills. I monitor our customer surveys to determine if there are any concerns or to give kudos on a job well done. Reviewing these customer comments daily gives me a chance to talk to the employee when it's fresh in their minds to possibly narrow down the interaction. We can then review the footage, see what transpired, and provide additional training or guidance if warranted. The staff is trained to make eye contact, smile, give a friendly greeting, and listen to what our customers need to provide them with the best experience possible.

I will continue to regularly schedule total staffing hours above the required amount of my contract to ensure customers are waited on in a timely manner. Most of my staff is cross-trained on all transactions to maximize use of all our terminals. More staff is scheduled over our busier times of the day and at the beginning and end of the month. This is to make sure our customers have a shorter wait time and are processed quickly and efficiently. I will have a door greeter during busier times to assist customers with any items they may need and to help identify customers who may need additional assistance such as handicap, senior citizens, and foreign nationals.

I have and will continue to use handouts to assist our customers with information on how to contact the main division of the BMV and the official BMV website. These handouts also have contact information needed to get documents necessary to obtain Ohio credentials, our local weigh stations, watercraft processing, and Hazmat contact information. We are constantly changing this information to better serve our customers with the newest information available.

I have and will continue to put together TIPIC packets to give to all our new drivers and motorcycle permit applicants containing informational brochures provided by the BMV. We make sure to wish them luck in their training and hope to see them back in the future to process their license when they are done with their training and requirements.

We know we can't perform every request asked of us but we are always willing to assist.

Form 3.3, Customer Service Experience (2026)

3.5 POLITICAL CONTRIBUTIONS REPORT

Instructions

Instructions You must report on the following page whether you and your immediate family together gave more than \$100.00 to any political party or to certain individual candidates during any one of the last three calendar years and so far this year.

"Immediate family" means you, a spouse residing with you, and any dependent children. You must add together all contributions you, your spouse, and your dependent children made to each separate party or each separate candidate during each calendar year.

"Political party" means each separate political party and includes any political action committee (PAC) and any "continuing association" which are connected to that political party. "Political party" includes all levels of that party, federal, state, county, and local.

"Candidate" includes both the candidate and any of that candidate's campaign committees. You must report only for candidates for the following offices: Ohio governor, attorney general, secretary of state, treasurer of state, auditor of state, state senator or state representative. You are not required to report any contributions to federal, county, local, or judicial candidates.

"More than \$100.00" means any amount exceeding \$100.00, starting with \$100.01. A contribution of exactly \$100.00 or less is acceptable. Contributions include the value of any "in-kind" contributions.

County Auditors and Clerks of Court are exempt from this requirement and need not file this Report of Political Contributions.

Nonprofit Corporations must submit one report for the nonprofit corporation itself and one report for the chief executive officer (C.E.O.) who has, or will have, primary responsibility for the nonprofit corporation's operation of the deputy registrar agency. There is only one copy of this report in this package. Nonprofit corporations must make a second copy and submit one copy for the nonprofit corporation itself and one for the C.E.O. who will be responsible for the operation of the deputy registrar agency.

Name: Kimberly Lynn Speer-East

Title (if officer of nonprofit corporation): _____

(A nonprofit corporation must submit two separate reports: one for the nonprofit corporation itself, and one for its chief executive officer)

Did you and your immediate family together give more than \$100.00 to any of the following during any one of the years listed? You must place a check mark "✓" in the appropriate box, "yes" or "no" for each category and year separately.

RECIPIENT	JAN 1 - DEC 31 2023		JAN 1 - DEC 31 2024		JAN 1 - DEC 31 2025		2026 To Date	
	Yes	No	Yes	No	Yes	No	Yes	No
Democratic Party including PACs and Associations		✓		✓		✓		✓
Republican Party including PACs and Associations		✓		✓		✓		✓
Any other Party including PACs and Associations		✓		✓		✓		✓
Governor, Candidate and Committee		✓		✓		✓		✓
Attorney General, Candidate and Committee		✓		✓		✓		✓
Secretary of State, Candidate and Committee		✓		✓		✓		✓
Treasurer of State, Candidate and Committee		✓		✓		✓		✓
Auditor of State, Candidate and Committee		✓		✓		✓		✓
State Senator, Candidate and Committee		✓		✓		✓		✓
State Representative, Candidate and Committee		✓		✓		✓		✓

3.6 PERSONNEL POLICY

A comprehensive personnel policy must be readily available and presented upon request. Items needing covered within the agency's comprehensive personnel policy are listed below.

Do you agree to provide a comprehensive personnel policy, if requested, that covers the listed items?

No _____ Yes

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

HIRING EMPLOYEES WITH DEPUTY REGISTRAR AGENCY EXPERIENCE
EQUAL EMPLOYMENT OPPORTUNITY
EMPLOYEE TRAINING BY THE DEPUTY REGISTRAR
PARTICIPATION IN BMV PROVIDED TRAINING
DOCUMENTED PERIODIC EMPLOYEE PERFORMANCE EVALUATIONS (ANNUAL AT A MINIMUM)
LIST OF GROUNDS FOR DISCIPLINE OR DISMISSAL
PROGRESSIVE DISCIPLINARY ACTION
DRESS CODE WITH LISTS OF ACCEPTABLE AND UNACCEPTABLE ATTIRE
POLICY FOR MAINTAINING PROFESSIONAL APPEARANCE
FRINGE BENEFITS

3.7 SECURITY PLAN SUMMARY

If you are awarded a contract, you will be required to adopt a security plan to assure that agency employees, patrons, other citizens, equipment, and consigned inventory will be protected from harm (your plan should detail how you intend to address the items listed below).

If you are awarded a contract, do you agree to provide all of the following?

Yes No

ELECTRONIC ALARM SYSTEM
ALARM SYSTEM MONITORED 24 HOURS, OFF-SITE
ALARM SYSTEM REPORTS OFF-SITE IF WIRES ARE CUT OR TAMPERED
ADEQUATE ALARM MONITORED PANIC/HOLD BUTTONS
MOTION DETECTORS CONNECTED TO ALARM SYSTEM
ALARM MONITORED DOOR CONTACT ON ALL EXTERIOR DOORS
ALARM MONITORED CONTACTS ON ALL EXTERIOR WINDOWS
VIDEO RECORDING CAMERA SURVEILLANCE SYSTEM
A SAFE OR SECURE LOCKING CABINET
A SECURED STORAGE ROOM WITH ALARM MONITORED CONTACTS ON DOOR(S) AND WINDOW(S)
A CROSS CUT SHREDDER
SECURELY LOCK ALL DOORS AND WINDOWS WHEN OUTSIDE BUSINESS HOURS
SMOKE, FIRED, AND CARBON MONOXIDE DETECTION DEVICES
INTERIOR/EXTERIOR MOTION ACTIVATED SECURITY LIGHTS

Note: For Deputy Provided Sites, the deputy registrar shall install and maintain an approved alarm system. At BMV Controlled Sites, either the BMV or the deputy registrar will install an approved alarm system, which will be maintained by the deputy registrar.

3.8 FACILITY MAINTENANCE PLAN SUMMARY

If you are awarded a contract you will be required to adopt a facility maintenance plan, including provisions for maintaining the deputy registrar agency premises. Your plan should detail how you intend to address the items listed below.

If you are awarded a contract, do you agree to be responsible for the following either on your own, through your lease or sublease, or by separate contract:

No _____ Yes

OUTDOOR BUILDING MAINTENANCE
KEEP OUTDOOR AREA FREE OF TRASH AND DEBRIS
PROVISION TO ASSURE PROMPT SNOW AND ICE REMOVAL
CLEANING INSIDE OF AGENCY INCLUDING EQUIPMENT
PROVISION FOR INSIDE/OUTSIDE MAINTENANCE
PROVISION FOR PROFESSIONAL CARPET/FLOOR CLEANING (MIN. OF ONCE A YEAR)
PROVISION FOR REPAINTING AND/OR COSMETIC UPDATES

3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

Instructions: Answer all of the following questions to the best of your ability. Please be concise and attempt to limit each answer to seventy-five (75) words or less. Include attachment(s) if more space is needed to answer any of the questions.

1. How do you plan to manage, be responsible, and be accountable for this business at all times?

I will stay hands-on in every part of my business and will hire and train friendly, knowledgeable staff necessary to run an efficient agency. I will make sure all required BMV training is completed and that my staff feels supported. I will use my 22 years of BMV experience and lead by positive example, making certain my staff knows customer service is our top priority and we are here to serve the citizens of Ohio. Even though we may not be able to meet every customers' request, we will be kind, listen, and do our best to help them with what they need and where to get it.

2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver's licenses, identification cards, and vehicle registrations?

I will make sure my staff is aware of law and procedural changes and adheres to them through training and my own knowledge of them. I train my staff to review broadcasts, use the manuals, reach out to the help desk, and involve a supervisor when additional help/clarification is needed. All applications for Ohio credentials and registrations are reviewed daily to make sure they have been properly processed and all required paperwork is completed. We use any errors detected as opportunities to learn and improve our performance.

3. What measures will you put in place to detect, deter, and prevent fraud?

I will utilize the cameras installed in the customer and employee areas of the agency to assist with this issue. Our cameras include video and audio which can be used to review customer interactions and resolve any concerns or assist to address any retraining in areas that may be needed. Supervisors are trained to watch and listen for anything that may transpire as possible fraud. The entire staff is trained on how to utilize the tools we have to verify documents which includes UV lights, magnifiers, ID checking books, and the DOCUtektor website when available. I talk to my field rep and investigator so I am aware of any known issues in the area and inform my staff to be on the lookout for addressing

4. The Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?

I will continue the same procedures we have in place now. When alerted in BASS, a supervisor prints the broadcast and all staff working read and initial it. It is then placed in a folder by the time clock so other employees will read and initial it before starting their next shift. An appointed staff member tracks the broadcasts on a spreadsheet to make sure everyone has read them ensuring everyone stays up-to-date on any changes. We put out our own "broadcast" out of things we see/hear that we feel could be handled/done differently for better customer service and efficiency.

5. How will you demonstrate good leadership to your employees?

I demonstrate by my actions and positive attitude to my staff how we are to help customers accomplish what they came in to do. We place focus on helping people understand each step of the process and provide them with information they may need to complete it, such as providing addresses, phone numbers, and websites when needed. I train staff to treat every customer the way we would want to be treated—with respect and kindness. We strive to have a welcoming smile and a cheerful greeting for our customers.

6. How will you maintain a high level of professionalism each day in this business?

I work to create a positive agency environment by showing through my own actions what I expect from my staff. We start every customer interaction by making eye contact, giving a friendly smile and greeting, and truly listening to what our customers need. We maintain a professional business casual dress code, clean work areas, and wear our name tags so customers know who is helping them. I also make sure customers are aware of receipt surveys, and review feedback to improve our service. Above all, I guide my staff to help every customer complete their transaction whenever possible while always staying within the procedures set forth by Ohio laws and BMV guidelines.

7. How do you intend to recruit and retain high quality employees?

I have had a hand in hiring all of my current staff and have personally trained each person. I work alongside them everyday and will continue to do so. I have a good rapport with them and have great confidence they will stay working for me if I am awarded a deputy registrar contract. Most of my current staff has been recruited by current or previous employees. We create a work family environment and I will continue to offer a fringe benefit package to include PTO, health insurance and retirement options. I will offer competitive wages and adjust them based on their yearly performance reviews and at a minimum to incorporate a cost of living increase.

8. How will you provide a safe, clean and friendly place to do business?

I have a strong relationship with my local police and fire departments and can count on their quick response. The agency has multiple motion activated cameras equipped with video and audio recording. All staff are trained to use the panic buttons and proper use of the fire extinguishers. A staff member comes in early to perform a daily checklist to make sure the agency is a clean, welcoming environment for our customers. We decorate for the seasons and holidays to make the agency more festive, inviting, and appealing. My staff greets customers with a smile and closes with a sincere sendoff to have a great day. I encourage a positive attitude at all times, knowing that our customers are the reason we're here.

9. How would you deal with an irate customer?

I was taught to remember it takes two to have an argument. When a customer becomes irate, I remain calm and do not take their frustration personally. I let them explain their situations without interrupting and actively listen to them and convey empathy. In doing this, I can identify the problem and come up with a plan on how to help them. Then, I clearly explain what we can do, walk them through their options, and help find the best solution while staying true to Ohio law and BMV guidelines. I have handouts with phone numbers, addresses and websites to assist customers obtaining necessary documents or to get help from qualified sources when I am not able to answer. I explain the absent feature in Q-flow and in using the GILo system if a different day's visit is needed. My goal is always to treat every customer with respect and have them leave feeling heard even if we can't fulfill their original request.

10. What training or advice do you, or will you, give to your employees for dealing with irate customers?

I will train and advise my staff to use the same principles I stated in question 9. Basically, stay calm and do not take the customers' frustration personally. Next, actively listen, convey empathy, identify their problem and formulate a plan to help. Know when to remove yourself from the situation and allow a supervisor to take over an irate customer. Supervisors are trained to expect hostility and can focus more on staying calm and not taking it personally so we can try to reach a solution for the customer.

11. How will you meet the expectations of the Bureau of Motor Vehicles?

I will continue to meet the expectations of the BMV by staying involved and active in my business. I will focus on training so my staff knows Ohio laws and BMV procedures to accurately process transactions to the best of our ability. I am going to use my 22 years of BMV experience and lead by example to continuously provide excellent customer service and maintain exemplary evaluations. I will continue to review all applications and customer surveys to learn from any errors or concerns to consistently improve our customer interactions and performance. Most importantly, I will continue to keep accurate records, adhere to procedural compliance, and provide kind, helpful customer service.

12. Why should the Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?

I have worked closely with Deputy Sidney Huling (1313) for 22 out of his 29 years of service to the citizens of Ohio. I have worked as a clerk, supervisor, and currently have served as his manager for the past 8 ½ years. You should consider me for a deputy registrar contract because I have consistently provided excellent customer service and achieved exemplary performance reviews. I have been an effective leader and will continuously evolve the business to adapt to the new laws, procedures, and technology the BMV develops to best serve our customers. I will continue to lead by example and employ a staff who are knowledgeable, friendly, and efficient and will demonstrate a positive impression of the Ohio BMV with every customer interaction. I have enjoyed my work and care about the local community and citizens I have served over the years and would like to continue my journey with the Ohio BMV by serving as a deputy registrar.

3.10(A) AFFIDAVIT OF INDIVIDUAL

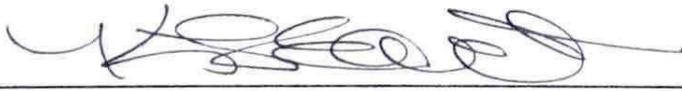
(Not to be used by County Auditors, Clerks of Courts or Nonprofit Corporations)

County of Clermont :

State of Ohio :

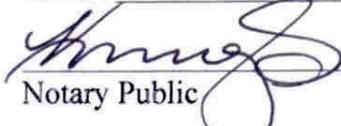
I, Kimberly Lynn Speer-East, being first duly sworn, depose and say that:

- 1) I am submitting my proposal for appointment as deputy registrar in my own individual capacity, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 2) If appointed, I will serve as a deputy registrar in my own individual capacity, and will not act as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 3) If appointed as deputy registrar, I will not assign my deputy registrar contract, in whole or in part, nor any of my deputy registrar's responsibilities to any other person or persons without the advance written consent of the Registrar;
- 4) If appointed as a deputy registrar, I will fully comply with all requirements set forth by the Registrar. I will not serve as an office manager of any deputy registrar agency other than my own; nor will I permit any other deputy registrar, the spouse of any deputy registrar, or the parent, child, brother, or sister of any deputy registrar living in the same household as the deputy registrar to operate my deputy registrar agency, directly or indirectly. I understand that I may hire the spouse, parent, child, brother, or sister of any deputy registrar as an employee, provided that I maintain control of my deputy registrar agency;
- 5) To the best of my knowledge and belief, I am fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make me ineligible to serve as a deputy registrar; and,
- 6) I have caused to be prepared, have read, and take full responsibility for, all forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted by me for the purpose of obtaining a deputy registrar contract.

Signature of proposer: 

Printed/typed name of proposer: Kimberly Lynn Speer-East

Sworn to and subscribed in my presence by the above named Kimberly Lynn Speer-East
on this 5 day of February, 2026


Notary Public

Printed name of Notary Public: Kaitlyn Simmons

My commission expires: March 20, 2028



KAITLYN MAREE GRACE
SIMMONS
Notary Public
State of Ohio
My Comm. Expires
March 20, 2028

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Kimberly Lynn Speer-East

Location Number 13-C

Proposer Number (BMV use only) _____

INSTRUCTIONS: You must submit one original of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING.**

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	
4.1	Appointment of Agency Managers	✓	
4.2	Experienced Employees Summary	✓	
4.3	Staffing and Personnel Costs Calculation	✓	
4.4	Start-Up Costs Calculation Amount: \$ <u>22964.40</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Kimberly Lynn Speer-East Location number: 13-C

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 36 hours per week during the hours the agency is open to the public for business throughout the entire term of the contract. I understand that the minimum requirement for deputy registrars is twenty (20) hours per week during the hours the agency is open for business. This twenty-hour requirement does not apply to County Auditors/Clerks of Courts, nonprofit corps., or deputy registrars operating multiple locations (assessed as received).
- (B) OFFICE MANAGER: I understand and agree that I must appoint either myself or another reliable person to serve as the office manager for the agency, and that the office manager must be scheduled to work at the agency at least thirty-six (36) hours per week during the hours the agency is open to the public for business. It is my intention to:
- Appoint myself as the office manager and work at least thirty-six hours per week during the hours the agency is open to the public for business.
- Appoint another reliable person to serve as the office manager to work at least thirty-six hours per week during the hours the agency is open to the public for business.
- (C) ASSISTANT OFFICE MANAGER: I understand and agree that I must appoint a reliable person to be responsible for the management of the agency in the absence of myself and the agency office manager during the hours the agency is open to the public for business.
- (D) OTHER EMPLOYEES: I agree to maintain an accurate and current roster of my office manager, assistant office manager, and all other employees and their work schedules, as well as my own work schedule, on file and available for inspection by BMV employees at all times. I also agree to notify the BMV in writing immediately of any changes in the appointment of the office manager or assistant office manager, and to keep the employee roster complete and current.


Deputy registrar (proposer) signature

Date: 02/02/2026

4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Kimberly Lynn Speer-East Location number: 13-C

(A) **HIRING EXPERIENCED EMPLOYEES.** I certify that if I am appointed as a deputy registrar under contract with the Registrar of Motor Vehicles, I will make every good faith effort to hire and retain qualified employees who have relevant experience working in a deputy registrar agency. I agree to make bona fide offers of employment at comparable wages and under comparable conditions to their most recent deputy registrar employment experience.

(B) **CHECK WHICHEVER APPLIES:**

I HAVE NOT BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have not yet identified any prospective employees who have relevant deputy registrar experience. However, if awarded a contract, I will make every reasonable effort to identify and hire, if possible, qualified employees who have relevant experience working in a deputy registrar agency. **Please do not contact any deputy registrar employees until after you have been awarded a contract.**

I AM OR HAVE BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have identified the following persons to whom I will make a bona fide offer of employment at comparable wages and under comparable conditions to their present employment. (A deputy registrar or a proposer who has deputy registrar employment experience may list himself or herself here):

Name of Experienced Employee	Length of Experience
Kimberly Lynn Speer-East	22
Sidney Lynne Huling	29
Casie Sue Budai	21
Lessie Mae Conrad	19
Emily Lin Martin	5

(C) I understand that failure to hire properly qualified and experienced deputy registrar employees is grounds to withhold or terminate my deputy registrar contract.



Deputy registrar (proposer) signature

Date: 02/02/2026

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Kimberly Lynn Speer-East Location number: 13-C

Instructions. Use this form to project the number of hours the deputy registrar, office manager, assistant office manager, and all other experienced (if known) and/or new hire employees will work, the projected hourly wages paid, and the weekly and monthly payroll costs.

The deputy registrar shall be regularly scheduled and on duty at the license agency at least twenty (20) hours per week, during regular business hours. This twenty-hour requirement does not apply to nonprofit corps., county auditors/clerks of court, or deputy registrars operating multiple locations (assessed as received). The deputy registrar shall appoint a full-time office manager, who shall be either the deputy registrar or a full-time employee with responsibility for management of the agency. The office manager shall be regularly scheduled, and shall work at least thirty-six (36) hours per week during regular business hours. The deputy registrar shall also designate an assistant office manager who shall supervise the agency in the absence of the deputy registrar and the full-time office manager.

The projected total weekly work hours for the deputy registrar and all employees should equal or exceed the minimum staffing recommended for the Class Size Agency as prescribed in the Agency Specifications.

In accordance with the standards established by the United States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of less than \$405,000 per year and \$11.00 per hour by businesses with gross receipts of \$405,000 or more per year.

The deputy registrar need not list any salary or wages for the deputy's own service as deputy registrar or as the office manager.

Caution. For deputy registrars who also serve as the office manager, be careful not to duplicate hours worked.

EMPLOYMENT POSITION	PROJECTED HOURS PER WEEK	PROJECTED HOURLY RATE	PROJECTED WEEKLY PAY	PROJECTED MONTHLY PAY (weekly x 4)
Deputy Registrar	36.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	40.00	\$ 38.00	\$ 1,520.00	\$ 6,080.00
Assistant Office Manager	36.00	\$ 20.00	\$ 720.00	\$ 2,880.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>7</u>	105.00	\$ 18.25	\$ 1,916.25	\$ 7,665.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>1</u>	25.00	\$ 14.50	\$ 362.50	\$ 1,450.00
TOTALS	242.00	N/A	\$ 4,518.75	\$ 18,075.00

4.4 START-UP COSTS CALCULATION

Proposer's name: Kimberly Lynn Speer-East Location number: 13-C

The purpose of this form is to assure the BMV that you are financially able to cover the costs of beginning a deputy registrar business. We need to know that you have enough financial resources to cover your personnel, site preparation, and site rental costs.

1. PERSONNEL COSTS (FOUR WEEKS)

Use Form 4.3 to calculate four (4) weeks' personnel costs for this location.

\$ 18075.00

2. SITE PREPARATION COSTS (AMORTIZED)

A. If this is a Deputy Provided Site, calculate and enter the actual projected costs you will need to spend to prepare the building for use as a deputy registrar agency in each of the following categories:

1. Building Modifications	\$ <u>N/A</u>
2. Counter Costs	\$ <u>N/A</u>
3. Other Costs	\$ <u>N/A</u>
4. Total	\$ <u>N/A</u>

Total amortized over 60 month contract period
(Divide line 4 by 60) = \$ N/A

B. If this is a BMV Controlled Site, enter the information contained in the Agency Specifications for this location. Do not change the information from the Agency Specifications.

\$ 0.00

3. AGENCY RENTAL PAYMENTS (3 MONTHS)

A. If this is a Deputy Provided Site, enter the actual amount you will pay to rent or lease this site.

B. If this is a BMV Controlled Site, enter the estimated rent listed in the Agency Specifications for this site. Do not change the amount listed.

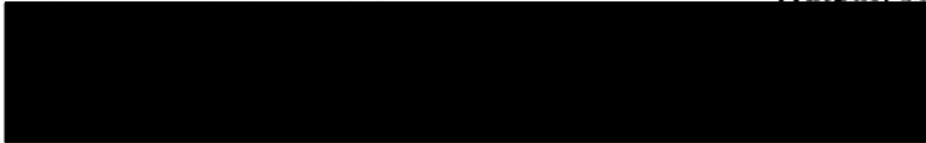
One month's rent: \$ 1629.80 x 3 = \$ 4889.40

TOTAL START-UP COSTS

[four weeks' personnel costs, plus one month's amortized site preparation costs (2.A total amount or 2.B BMV Controlled Site amount), plus three months' rent] \$ 22964.40

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
DEPUTY REGISTRAR CONTRACT - 2026

This Agreement is made by and between the Registrar of Motor Vehicles, (Registrar, herein), located at 1970 West Broad Street, Columbus, Ohio 43223-1102 and Kimberly Lynn Speer-East _____, (deputy registrar, herein) whose



_____, to operate a deputy registrar agency, Location No. 13-C, to be located as follows: in the State of Ohio, County of Clermont

City/Village/Township (indicate which) City of Milford

Street address: 1007 Lila Avenue

(City) Milford, Ohio (Zip) 45150

WHEREAS, the Registrar of Motor Vehicles, pursuant to section 4503.03, section 4507.01, and other applicable sections of the Ohio Revised Code, wishes to appoint and contract the above named person as deputy registrar for the above referenced location;

WHEREAS, the above named deputy registrar wishes to accept this appointment and contract as deputy registrar;

NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

1. The Registrar hereby appoints the above named person as a deputy registrar subject to the 2026 Deputy Registrar Contract Terms and Conditions which are incorporated herein by reference;
2. The above named person hereby accepts appointment as a deputy registrar subject to the 2026 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the 28th day of **June, 2026**, and shall end on the 28th day of **June, 2031**, unless otherwise terminated as provided herein;

4. The deputy registrar is appointed and accepts appointment in the capacity of [state whether: "an individual," "County Auditor for (specify county)," "Clerk of Courts for (specify county)," or "a nonprofit corporation"]:

an individual

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2026 Deputy Registrar Contract Terms and Conditions incorporated herein.

[Signature]

02/02/2026

Deputy Registrar signature

Date

STATE OF OHIO :

COUNTY OF Clermont :

Before me, a notary public in and for said county and state, personally appeared the above named Kimberly Lynn Speer-East, who acknowledged that he or she did sign the foregoing instrument and that the same is his or her free act and deed.

IN WITNESS WHEREOF I have hereunto set my hand and official seal, this 2nd day of February, 2026.

[Signature]
NOTARY PUBLIC

Printed name of Notary Public: Kaitlyn Simmons

My commission Expires: March 20, 2028

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES



KAITLYN MAREE GRACE
SIMMONS
Notary Public
State of Ohio
My Comm. Expires
March 20, 2028

BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on
