



# FINANCIAL DISCLOSURE STATEMENT

State Form 55167 (1-13)

OFFICE OF THE GOVERNOR OF INDIANA

**This Financial Disclosure Statement is open for public inspection.**

**NOTES:** Members of certain boards of state and local government are required to file this Financial Disclosure Statement as a condition of assuming office and, then, annually while serving as an officeholder.

**INSTRUCTIONS:** 1. You must complete this form. (Attach additional pages when necessary.)

2. You must sign and date this form upon completion.

3. If you have been recently appointed, you must file this form with the Governor's Office prior to attending your first meeting.

## DEFINITIONS AND EXPLANATORY MATERIAL

"Business" means a corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, trust or foundation, or any other individual or entity carrying on a business or profession, whether or not for profit.

"Close financial association" means an association in which the person filing shares significant financial involvement with an individual and the filer would reasonably be expected to be aware of the individual's business activities and would have access to the necessary records either directly or through the individual. "Close financial association" does not mean an association based on (i) the receipt of retirement benefits or deferred compensation from a business by which the person filing this statement is no longer employed, or (ii) the receipt of compensation for work performed by the person filing as an independent contractor of a business that represents an entity before any state governmental agency when the person filing has no communications with the state governmental agency.

"Contingent liability" means a liability that is not presently fixed or determined, but may become fixed or determined in the future with the occurrence of some certain event.

"Immediate family" means (i) a spouse and (ii) any other person residing in the same household as the filer, who is a dependent of the filer or of whom the filer is a dependent.

"Dependent" means any person, whether or not related by blood or marriage, who receives from the filer, or provides to the filer, more than one-half of his financial support.

"Personal interest" means for the purposes of this form only, a personal and financial benefit or liability accruing to a filer or a member of his immediate family. Such interest shall exist by reason of (i) ownership in real or personal property, tangible or intangible; (ii) ownership in a business; (iii) income from a business; or (iv) personal liability on behalf of a business; however, unless the ownership interest in a business exceeds three percent (3%) of the total equity of the business, or the liability on behalf of a business exceeds three percent (3%) of the total assets of the business, or the annual income, and/or property or use of such property, from the business exceeds \$10,000 or may reasonably be anticipated to exceed \$10,000, such interest shall not constitute a "personal interest".

Name	Office or position held or to be held
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Address (number and street, city, state, and ZIP code)

## I. FINANCIAL INTERESTS

My personal interests and those of my immediate family are as follows: Include all forms of personal interests held at the time of filing: real estate, stocks, bonds, equity interests in proprietorships and partnerships. You may exclude:

1. Deposits and interest bearing accounts in banks, savings institutions and other institutions accepting such deposits or accounts;
2. Interests in any business, other than a news medium, representing less than three percent (3%) of the total equity value of the business;
3. Liability on behalf of any business representing less than three percent (3%) of the total assets of such business; and
4. Income (other than from salary) less than \$10,000 annually from any business.

You need not state the value of any interest. You must state the name or principal business activity of each business in which you have a personal interest.

A. My personal interests are:

Residence, address, or, if no address, location

Other real estate, address, or, if no address, location

Name or principal business activity of each business in which stock, bond or equity interests is held

B. The personal interests of my immediate family are:

Real estate, address, or, if no address, location

Name or principal business activity of each business in which stock, bond or equity interests is held

**II. OFFICES, DIRECTORSHIPS, AND SALARIED EMPLOYMENTS**

The paid offices, paid directorships and salaried employments which I hold or which members of my immediate family hold and the businesses from which I or members of my immediate family receive retirement benefits are as follows: (You need not state any dollar amounts.)

A. My paid offices, paid directorships and salaried employments are:

POSITION HELD	NAME OF BUSINESS

B. The paid offices, paid directorships and salaried employments of members of my immediate family are:

POSITION HELD	NAME OF BUSINESS

**III. BUSINESSES TO WHICH SERVICES WERE FURNISHED**

A. The businesses I have represented, excluding activity defined as lobbying, before any state governmental agency, excluding any court or judge, for which I have received total compensation in excess of \$1,000 during the preceding year, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers, are as follows:

Identify businesses by name and name the state governmental agencies before which you appeared on behalf of such businesses.

NAME OF BUSINESS	NAME OF GOVERNMENTAL AGENCY

B. The businesses that, to my knowledge, have been represented, excluding activity defined as lobbying, before any state governmental agency, excluding any court or judge, by persons with whom I have a close financial association and who received total compensation in excess of \$1,000 during the preceding year, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers, are as follows:

Identify businesses by type and name the state governmental agencies before which such person appeared on behalf of such businesses.

TYPE OF BUSINESS	NAME OF GOVERNMENTAL AGENCY

C. All other businesses listed below that operate in Indiana to which services were furnished pursuant to an agreement between you and such businesses and for which total compensation in excess of \$1,000 was received during the preceding year:

*Check each category of business to which services were furnished.*

<input type="checkbox"/> Electric utilities	<input type="checkbox"/> Banks	<input type="checkbox"/> Retail companies
<input type="checkbox"/> Gas utilities	<input type="checkbox"/> Savings institutions	<input type="checkbox"/> Beer, wine or liquor companies or distributors
<input type="checkbox"/> Telephone utilities	<input type="checkbox"/> Loan or finance companies	<input type="checkbox"/> Trade associations
<input type="checkbox"/> Water utilities	<input type="checkbox"/> Manufacturing companies (state type of product, e.g., textile, furnitures, etc.)	<input type="checkbox"/> Professional associations
<input type="checkbox"/> Cable television companies	<input type="checkbox"/> Mining companies	<input type="checkbox"/> Associations of public employees or officials
<input type="checkbox"/> Intrastate transportation companies	<input type="checkbox"/> Life insurance companies	<input type="checkbox"/> Counties, cities or towns
<input type="checkbox"/> Interstate transportation companies	<input type="checkbox"/> Casualty insurance companies	<input type="checkbox"/> Labor organizations
<input type="checkbox"/> Oil or gas retail companies	<input type="checkbox"/> Other insurance companies	

**IV. COMPENSATION FOR EXPENSES**

A. Persons, associations, or other sources other than my governmental agency from which I or a member of my immediate family received remuneration in excess of \$200 during the preceding year, in cash or otherwise, as honorariums or payment of expenses in connection with my attendance at any meeting or other function to which I was invited in my official capacity are as follows:

NAME OF SOURCE	DESCRIPTION OF OCCASION	AMOUNT OF REMUNERATION FOR EACH OCCASION

B. The provisions of Part III A and B of the disclosure form prescribed by this section shall not be applicable to officers and employees of local governmental and local advisory agencies.

C. Except for real estate located within the county, city or town in which the officer or employee serves or a county, city or town contiguous to the county, city or town in which the officer or employee serves, officers and employees of local governmental or advisory agencies shall not be required to disclose under Part I of the form any other interests in real estate.

I swear or affirm that the foregoing information is full, true, and correct to the best of my knowledge.

Signature	Date (month, day, year)
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