Indianapolis-Marion County
Board of Ethics

Statement of Economic Interest

PLEASE BE SURE TO ANSWER ALL QUESTIONS (print or type)

1. Name: SHERLONDA M. ANDERSON

2. Business address: 200 EAST WASHINGTON Suite 1501 46204

3. State the position and the department or agency of the City of Indianapolis or Marion County in which you serve. If you serve on one or more boards or commissions, please list each one:
Director- Department of Administration AND Equal Opportunity
CHAIR - City County Administrative Board

4. State your employer: City of INDIANAPOLIS

IF ANY OF YOUR ANSWERS TO QUESTIONS 5-8 IS "YES" OR IF YOU BELIEVE ANY ANSWER NEEDS FURTHER EXPLANATION, PLEASE REFER TO THE BACK OF THIS PAGE.

5. Have you, your spouse or minor children received during the past calendar year any gifts or honoraria having an aggregate fair market value in excess of $100 from a business entity which, to the best of your knowledge, is doing business with an agency of the City of Indianapolis or Marion County? ☐ **Yes** ☒ **No**

6. Did you, your spouse or your minor children have a direct or indirect pecuniary interest in any contract with the City of Indianapolis or Marion County during the past calendar year, other than a contract of employment? ☐ **Yes** ☒ **No**

7. Have you received any compensation from any business entity which, to the best of your knowledge, is doing or contemplates doing business with an agency of the City of Indianapolis or Marion County during your term of office or employment with an agency of the City of Indianapolis or Marion County? ☐ **Yes** ☒ **No**

8. Do you, your spouse or your minor children own stocks, bonds or other investments which represent ownership of 5 percent (5%) or more of a business entity or have a value in excess of $5,000 and which business entity, to the best of your knowledge, is doing or contemplates doing business with an agency of the City of Indianapolis or Marion County? ☐ **Yes** ☒ **No**

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

2/5/07
Date

RECEIVED
APR 25 2007
BY:

Sherlonda M. Anderson
Signature

6-27-07

If you believe any of your answers to Questions 5-8 needs additional explanation, please provide the explanation in the space for the appropriate question below. If you need more room, please attach additional pages.

If your answer to **QUESTION 5** is **"YES,"** please list the amount and source of each gift below:

If your answer to **QUESTION 6** is **"YES,"** please explain the extent of the interest below:

If your answer to **QUESTION 7** is **"YES,"** please list the names of these business entities below:

If your answer to **QUESTION 8** is **"YES,"** please list the names of these business entities below: