INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Ryan Vaughn

   b. **YOUR RESIDENCE**
   8212 N. College Ave

   c. **YOUR BUSINESS ADDRESS**
   11 S. Meridian St.
   Indpls, IN 46204

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO ___

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Barnes & Thornburg LLP

EMPLOYER'S ADDRESS 11 S. Meridian St., Indpls, IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **WERE YOU SELF-EMPLOYED?** YES __ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

_____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.OO FROM AN EMPLOYER?** YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Rolls-Royce Inc.

EMPLOYER'S ADDRESS _____

_____

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ____ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____
_____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____
_____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. ***EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,*** **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES X NO ___

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

IPL, Indiana Pacers, NFL.

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO X
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? _____

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

COUNCILLOR _____ **DATE** 1/31/12

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET ____ OF _____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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All Questions Must Be Answered Completely and Legibly

1. **A**. Your Name: Michael J. McQuillen

B. Your Residence:
9130 Prairie Ridge CT, Indpls, IN 46256

C. Your Business Address:
POB 50022, Indpls, IN 46250

2. **A**. Did You Receive Compensation from any Employers in the Prior Year?
Yes __ No ✓

If Yes, The Name and Address of all Such Employers:

Employer's Name: NA

Employer's Address: NA

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes ✓ No ___

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: Antiques & Collectibles

Name under Which Such Business was conducted: Political Parade

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes ✓ No ___

If Yes, the Name and Address of Such Employer:

Employer's Name: Lawrence Township Schools

Employer's Address: 6501 Sunnyside RD
Indpls, IN 46236

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes____ No ✓

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: N/A

Employer's Name: N/A

Employer's Address: N/A

[*If your dependent children had other employers who paid them over $5000.00 use additional sheets*]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**

Yes ✓ No ___

If Yes, List the Names of Such Persons or Firms:

Indianapolis Motor Speedway, Indianapolis Colts, Indiana Pacers

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes ___ No ✓

If Yes, How Many Additional Sheets are attached? NA

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

Councillor or Candidate Signature

1-28-12
Date

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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All Questions Must Be Answered Completely and Legibly

1. A. Your Name: Von Osili

   B. Your Residence:
   1940 N. DELAWARE ST., INDIANAPOLIS, IN 46202

   C. Your Business Address:
   1333 N. MARKET ST., UNIT 104
   INDIANAPOLIS, IN 46204

2. A. Did You Receive Compensation from any Employers in the Prior Year?
   Yes ___ No ___

If Yes, The Name and Address of all Such Employers:

Employer's Name: A2SO4 ARCHITECTURE

Employer's Address: 300 S. MERIDIAN ST., SUITE 250
INDIANAPOLIS, IN 46225

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes ✓ No ___

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: ARCHITECTURE AND URBAN DESIGN

Name under Which Such Business was conducted: A + X DESIGN AND DEVELOPMENT

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes ✓ No ___

If Yes, the Name and Address of Such Employer:

Employer's Name: INDIANA UNIVERSITY - CENTER ON PHILANTHROPY

Employer's Address: 550 W. NORTH ST., SUITE 301
INDIANAPOLIS, IN 46202

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes ___ No ✓

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

[If your dependent children had other employers who paid them over $5000.00 use additional sheets]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes ✓ No ___

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: A2SO4 ARCHITECTURE

Entity's Address: 300 S. MERIDIAN ST., SUITE 250
INDIANAPOLIS, IN 46225

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ✓ No ___

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: ✓ Spouse: ____ Dependant Child: _____

Name of Organization: CHILDREN'S MUSEUM OF INDIANAPOLIS

Address of Organization: 3000 N. MERIDIAN ST, PO BOX 3000
INDIANAPOLIS, IN 46206-3000

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**

Yes___ No ✓

If Yes, List the Names of Such Persons or Firms:

_____

_____

_____

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes ✓ No__

If Yes, How Many Additional Sheets are attached? 1

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

_____ FEB. 1, 2012

Councillor or Candidate Signature **Date**

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Additional Sheet 1 **of** 1

Additional Response to Question: 5

Applicable to: Councillor ✓ Candidate ___ Spouse ___ Dependant Child ___

Person, Entity or Organization YMCA OF GREATER INDIANAPOLIS

Address: 615 N. ALABAMA ST., SUITE 200

INDIANAPOLIS IN 46204

Applicable to: Councillor ✓ Candidate ___ Spouse ___ Dependant Child ___

Person, Entity or Organization UNITED WAY OF CENTRAL INDIANA

Address: 3901 N. MERIDIAN ST., P.O. BOX 88409

INDIANAPOLIS, IN 46208-0409

Applicable to: Councillor ___ Candidate ___ Spouse ___ Dependant Child ___

Person, Entity or Organization ___

Address: ___

[If more sheets are needed, duplicate this page]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Christine Scales

   b. **YOUR RESIDENCE** 5133 Plantation Drive

   c. **YOUR BUSINESS ADDRESS** CC Building

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES __ NO no other than CC pay

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **WERE YOU SELF-EMPLOYED?** YES __ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS Ø

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED Ø

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.OO FROM AN EMPLOYER?** YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Radiology Assoc. of Indpls.

EMPLOYER'S ADDRESS 1500 N. Albany
Beech Grove, IN

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD Ø

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

_____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS: United Northeast Community Developmt Corp. 6. 38th St. Indpls, IN

PERSON SERVING:
COUNCILLOR X SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

_____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. ***EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,*** **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

_____

_____

_____

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO X
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? _____

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

Christine Scales — 2/1/12

COUNCILLOR — **DATE**

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** William C Oliver

   b. **YOUR RESIDENCE** 4712 E. 34th St.

   c. **YOUR BUSINESS ADDRESS** _____

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES __ NO ✓

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **WERE YOU SELF-EMPLOYED?** YES __ NO ___

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____
_____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.OO FROM AN EMPLOYER?** YES __ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____
_____

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ____ NO ✓

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____
_____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**

(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO___

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

_____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES ___ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR ___ SPOUSE ____ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

_____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. ***EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,*** **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES ___ NO ___

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

_____

_____

_____

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO__
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? _____

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

William C. Oliver — 2-1-12

COUNCILLOR — **DATE**

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET ____ OF _____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Vernon A. Brown

   b. **YOUR RESIDENCE** 11817 Brocken Way Inapls In. 46229

   c. **YOUR BUSINESS ADDRESS** _____

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO ___

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME IFD

EMPLOYER'S ADDRESS 555 N New Jersey ST Inapls In 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **WERE YOU SELF-EMPLOYED?** YES __ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

_____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.OO FROM AN EMPLOYER?** YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____ I P S _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ____ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**

(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME Not To My Knowledge

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION Not To My Knowledge

ADDRESS OF ORGANIZATION _____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. ***EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,*** **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

_____

_____

_____

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO X
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? _____

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

_____ 2-1-12
COUNCILLOR **DATE**

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Marilyn Pfisterer

   b. **YOUR RESIDENCE** 1001 Mt. Auburn Dr. - Indpls 46224

   c. **YOUR BUSINESS ADDRESS** _____

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES __ NO ✓

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **WERE YOU SELF-EMPLOYED?** YES __ NO ___

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

_____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.OO FROM AN EMPLOYER?** YES ✓ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME National Fire Academy

EMPLOYER'S ADDRESS Emmitsberg, Md

_____

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ____ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**

(1) SERVE AS AN OFFICER OF,

(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR

(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO ✓

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

_____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES ✓ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR ✓ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION EIP

ADDRESS OF ORGANIZATION N. Meridian (@ McCoy) Indpls

_____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,* **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES ___ NO ✓

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

_____

_____

_____

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO__
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? _____

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

Marilyn Pfisterer — 1-31-12

COUNCILLOR — **DATE**

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET ____ OF _____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** BRIAN MAHERN

   b. **YOUR RESIDENCE** 1415 Lexington Ave.

   c. **YOUR BUSINESS ADDRESS** 101 W. Washington St. Suite 1500E
   Indpls, IN 46204

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO ___

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME INDIANA UTILITY REGULATORY COMMISSION

EMPLOYER'S ADDRESS 101 W. WASHINGTON ST.
Suite 1500 E
Indpls, IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **WERE YOU SELF-EMPLOYED?** YES __ NO Y

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

_____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.OO FROM AN EMPLOYER?**
YES __ NO ___ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ____ NO ___ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**

(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM N/A

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO___

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

_____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES ___ NO ___ N/A

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR ___ SPOUSE ____ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

_____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. ***EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,*** **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES ___ NO ___

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
INDIANAPOLIS MOTOR SPEED WAY

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO X
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? _____

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

COUNCILLOR _____ **DATE** 2/1/2012

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET ____ OF _____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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All Questions Must Be Answered Completely and Legibly

1. A. Your Name: Aaron M. Freeman

   B. Your Residence: 10410 Clifty Falls Road Indianapolis, IN 46239

   C. Your Business Address: 8925 Southeastern Avenue Indianapolis, IN 46239

2. A. Did You Receive Compensation from any Employers in the Prior Year?
   Yes X No ___

If Yes, The Name and Address of all Such Employers:

Employer's Name: The Freeman Law Office, LLC

Employer's Address: 8925 Southeastern Avenue Indianapolis, IN 46239

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes _X_ No ___

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: Practice of Law

Name under Which Such Business was conducted: The Freeman Law Office, LLC

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes _X_ No ___

If Yes, the Name and Address of Such Employer:

Employer's Name: The Shelbourne Knee Center

Employer's Address: 1815 North Capitol Avenue #600 Indianapolis, IN 46202

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes____ No _X_

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

[If your dependent children had other employers who paid them over $5000.00 use additional sheets]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes ___ No X

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: _____

Entity's Address: _____

_____

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ___ No X

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: ___ Spouse: ___ Dependant Child: _____

Name of Organization: _____

Address of Organization: _____

_____

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**

Yes X No ___

If Yes, List the Names of Such Persons or Firms:
Indianapolis Motor Speedway

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes ___ No X

If Yes, How Many Additional Sheets are attached? _____

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

Councillor or Candidate Signature

1/18/2012
Date

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Benjamin Hunter

   b. **YOUR RESIDENCE** 10921 Midnight Drive, Indianapolis IN 46239

   c. **YOUR BUSINESS ADDRESS**
   Butler University – 4600 N. Sunset Avenue, Indianapolis IN 46204

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO ___

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Butler University

EMPLOYER'S ADDRESS 4600 N. Sunset Avenue, Indianapolis IN 46208

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **WERE YOU SELF-EMPLOYED?** YES __ NO _X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____
_____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.OO FROM AN EMPLOYER?**
YES _X_____ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _Friedman Foundation for Educational Choice

EMPLOYER'S ADDRESS _____
_____

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ____ NO _X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____
_____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**

(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

_____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR ___ SPOUSE ____ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

_____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. ***EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,*** **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES _X_ NO ___

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway (IMS)
Indianapolis Super Bowl Host Committee
Milestone Construction
Indianapolis Airport Authority
United Consulting

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO__
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? _____

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

_____
COUNCILLOR

January 31, 2012
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Angela L. Mansfield

   b. **YOUR RESIDENCE** 7836 Harcourt Springs Ct. 46260

   c. **YOUR BUSINESS ADDRESS** 8440 Allisonville Point Blvd Suite 300 46250

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ✓ NO ___

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME DuCharme, McMillen & Assoc

EMPLOYER'S ADDRESS Same as above

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **WERE YOU SELF-EMPLOYED?** YES __ NO ✓

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

_____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.OO FROM AN EMPLOYER?** YES __ NO ✓ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ____ NO ✓ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**

(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO ✓

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

_____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES ___ NO ✓

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

_____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. ***EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,*** **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES ___ NO ✓

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

_____

_____

_____

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO ✓
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? _____

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

Angela L. Mayes — 1/30/12

COUNCILLOR **DATE**

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

JAN 27 2012
CITY COUNTY COUNCIL

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

All Questions Must Be Answered Completely and Legibly

1. **A.** Your Name: Joseph Simpson

B. Your Residence: 4525 Guilford Ave

C. Your Business Address: N/A

2. **A.** Did You Receive Compensation from any Employers in the Prior Year?
Yes X No ___

If Yes, The Name and Address of all Such Employers:

Employer's Name: Indiana Legal Services

Employer's Address: 151 N. Delaware St #1850
Indpls, In 46204

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes __ No X

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was conducted: _____

_____

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes __ No ___ N/A

If Yes, the Name and Address of Such Employer:

Employer's Name: _____

Employer's Address: _____

_____

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes____ No X

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

_____

[*If your dependent children had other employers who paid them over $5000.00 use additional sheets*]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes ___ No X

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: _____

Entity's Address: _____
_____

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ___ No X

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: ___ Spouse: ____ Dependant Child: _____

Name of Organization: _____

Address of Organization: _____
_____

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**

Yes ___ No X

If Yes, List the Names of Such Persons or Firms:

_____

_____

_____

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes X No__

If Yes, How Many Additional Sheets are attached? 1

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

Councillor or Candidate Signature

1-26-12
Date

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Additional Sheet 1 **of** 1.

Additional Response to Question: 2

Applicable to: Councillor X Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization Washington Township Marion County

Address: 5302 N. Keystone Ave. Suite E
Indpls, Ind 46220

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

[If more sheets are needed, duplicate this page]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

All Questions Must Be Answered Completely and Legibly

1. A. Your Name: Mary Moriarty Adams

B. Your Residence: 5256 East 13th Street, Indianapolis, IN 46219

C. Your Business Address: 200 East Washington Street, Room 1318, Indianapolis, IN 46204

2. A. Did You Receive Compensation from any Employers in the Prior Year?
Yes X No ___

If Yes, The Name and Address of all Such Employers:

Employer's Name: Marion County Assessor

Employer's Address: 200 East Washington Street, Room 1360, Indianapolis, IN 46204

[If you had more than one employer, use additional sheets]

also:

Employer's Name: City County Council of Indianapolis

Employer's Address: 200 East Washington St. Room 241 Indianapolis, IN 46204

B. Were You Self-Employed? Yes __ No X

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was conducted: _____

_____

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes X No ___

If Yes, the Name and Address of Such Employer:

Employer's Name: Marion County Sheriff's Department

Employer's Address: 40 South Alabama, Indianapolis, IN 46204

_____

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes____ No X

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

_____

[*If your dependent children had other employers who paid them over $5000.00 use additional sheets*]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes ___ No X

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: _____

Entity's Address: _____
_____

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ___ No X

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: ___ Spouse: ____ Dependant Child: _____

Name of Organization: _____

Address of Organization: _____
_____

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**

Yes X No ___

If Yes, List the Names of Such Persons or Firms:

Citizens Energy - Colts Suite tickets
Indianapolis 500 - tickets (2) 500, Brickyard, Moto GP
Icsay Suite - Colts pre-season game tickets

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes X No___

If Yes, How Many Additional Sheets are attached? _____

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

Mary B. Moriarty Adams
Councillor or Candidate Signature

1/23/2012
Date

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Additional Sheet 1 **of** 1.

Additional Response to Question: 3

Applicable to: Councillor ___ Candidate ___ Spouse X Dependant Child ___

Person, Entity or Organization IMPD Pension Office (Retired IMPD)

Address: 50 North Alabama Street, 2nd Floor
Indianapolis, IN 46204

Applicable to: Councillor ___ Candidate ___ Spouse ___ Dependant Child ___

Person, Entity or Organization ___

Address: ___

Applicable to: Councillor ___ Candidate ___ Spouse ___ Dependant Child ___

Person, Entity or Organization ___

Address: ___

[If more sheets are needed, duplicate this page]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

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All Questions Must Be Answered Completely and Legibly

1. **A.** Your Name: José M. Evans

   B. Your Residence: 7644 Bancaster Dr

   C. Your Business Address: 7644 Bancaster Dr

2. **A.** Did You Receive Compensation from any Employers in the Prior Year?
   Yes __ No ✓

If Yes, The Name and Address of all Such Employers:

Employer's Name: _____

Employer's Address: _____

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes ✓ No ___

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: SALES

Name under Which Such Business was conducted: EVANS ENTERPRISES

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes __ No ___

If Yes, the Name and Address of Such Employer:

Employer's Name: _____

Employer's Address: _____

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes____ No ____

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

[*If your dependent children had other employers who paid them over $5000.00 use additional sheets*]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes ___ No___

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: _____

Entity's Address: _____
_____

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ___ No ___

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: ___ Spouse: ____ Dependant Child: _____

Name of Organization: _____

Address of Organization: _____
_____

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**

Yes ✓ No ___

If Yes, List the Names of Such Persons or Firms:
Indianapolis 500 Tickets: 500, Brickyard,

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes ___ No___

If Yes, How Many Additional Sheets are attached? _____

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

Councillor or Candidate Signature

1-25-11
Date

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Additional Sheet ____ of _____.

Additional Response to Question: _____

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

[If more sheets are needed, duplicate this page]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

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All Questions Must Be Answered Completely and Legibly

1. A. Your Name: Pamela L. Hickman

   B. Your Residence: 8164 Dean Rd 46240

   C. Your Business Address: 6010 W. 86th St 46278

2. A. Did You Receive Compensation from any Employers in the Prior Year?
   Yes __ No X

If Yes, The Name and Address of all Such Employers:

Employer's Name: _____

Employer's Address: _____

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes __ No X

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was conducted: _____

_____

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?

Yes X No __

If Yes, the Name and Address of Such Employer:

Employer's Name: St Louis Harrison Health

Employer's Address: 1600 ALBANY St BeachGrove, IN 46107

_____

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?

Yes____ No X

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

_____

[*If your dependent children had other employers who paid them over $5000.00 use additional sheets*]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes ___ No ✓

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: _____

Entity's Address: _____

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ✓ No ___

If Yes, the Name and Address of Such Organization or Organizations: Forest Manor Multi Service Center
Serve on Board

Person Serving:
Councillor: ✓ Spouse: ___ Dependant Child: _____

Name of Organization: Forest Manor Multi Service Center

Address of Organization: 5603 E 38th St 46218

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

2. St Francis Hosp Regional Board
Franciscan
1600 Albany St
Beech Grove, IN 46107

3. Rock Steady Boxing Foundation
6200 Bradford Blvd
46220

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**

Yes ___ No X

If Yes, List the Names of Such Persons or Firms:

_____

_____

_____

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes __ No X

If Yes, How Many Additional Sheets are attached? _____

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

Pamela R Hickman 1-20-12

Councillor or Candidate Signature **Date**

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

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All Questions Must Be Answered Completely and Legibly

1. **A.** Your Name: Leroy Robinson

B. Your Residence: 4314 Darbny Dr. 46254

C. Your Business Address: (see below)

2. **A.** Did You Receive Compensation from any Employers in the Prior Year?
Yes ✓ No ___

If Yes, The Name and Address of all Such Employers:

Employer's Name: MSDPT

Employer's Address: 5353 W. 21st Street 46268

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes__ No ✓

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was conducted: _____

_____

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes __ No ___

If Yes, the Name and Address of Such Employer:

Employer's Name: _____

Employer's Address: _____

_____

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes____ No ✓

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

_____

[*If your dependent children had other employers who paid them over $5000.00 use additional sheets*]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From: _____

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes ___ No ✓

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: _____

Entity's Address: _____

_____

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ___ No ✓

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: ___ Spouse: ____ Dependant Child: _____

Name of Organization: _____

Address of Organization: _____

_____

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**

Yes ___ No ✓

If Yes, List the Names of Such Persons or Firms:

_____

_____

_____

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes __ No ✓

If Yes, How Many Additional Sheets are attached? _____

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

Jerry Robinson — 1-23-12

Councillor or Candidate Signature — **Date**

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Additional Sheet ____ of _____.

Additional Response to Question: _____

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

[If more sheets are needed, duplicate this page]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

All Questions Must Be Answered Completely and Legibly

1. **A.** Your Name: Zach Adamson

B. Your Residence: 40 N Randolph St, 46201

C. Your Business Address: 133 E Ohio St, 46204

2. **A.** Did You Receive Compensation from any Employers in the Prior Year?
Yes X No ___

If Yes, The Name and Address of all Such Employers:

Employer's Name: D+Z, inc

Employer's Address: 133 E Ohio St, 46204

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes __ No X

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: Hair Salon

Name under Which Such Business was conducted: Just Hair

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes __ No ___ NA

If Yes, the Name and Address of Such Employer:

Employer's Name: _____

Employer's Address: _____

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes____ No ____ NA

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

[*If your dependent children had other employers who paid them over $5000.00 use additional sheets*]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes X No X

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: Riley Area Development Corp.

Entity's Address: 430 Mass Av, 46204

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes X No ___

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: X Spouse: ___ Dependant Child: _____

Name of Organization: Riley Area Development Corp

Address of Organization: 430 Mass Ave, 46204

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**

Yes ___ No X

If Yes, List the Names of Such Persons or Firms:

_____

_____

_____

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes __ No X

If Yes, How Many Additional Sheets are attached? _____

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

_____ 1-18-12

Councillor or Candidate Signature **Date**

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

All Questions Must Be Answered Completely and Legibly

1. **A.** Your Name: Steve Talley

B. Your Residence: 5444 East 40th Street, Indianapolis, In 46226
C. Your Business Address: Indianapolis Metropolitan Police Department
3229 N. Shadeland AV Suite 101
Indianapolis, IN 46226

2. **A.** Did You Receive Compensation from any Employers in the Prior Year?
Yes X No ___

If Yes, The Name and Address of all Such Employers:

Employer's Name: City of Indianapolis

Employer's Address: 200 E. Washington Street, Room E220
Indianapolis, IN 46204

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes __ No X

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: N/A

Name under Which Such Business was conducted: N/A

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes __ No X

If Yes, the Name and Address of Such Employer:

Employer's Name: N/A

Employer's Address: N/A

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes X No ____

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: N/A

Employer's Name: N/A

Employer's Address: N/A

[*If your dependent children had other employers who paid them over $5000.00 use additional sheets*]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes ___ No X

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: N/A

Entity's Address: N/A

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ___ No X

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: N/A Spouse: N/A Dependant Child: N/A

Name of Organization: N/A

Address of Organization: N/A

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**

Yes ___ No X

If Yes, List the Names of Such Persons or Firms:
N/A

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes __ No X

If Yes, How Many Additional Sheets are attached? _____

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

Steve Talley
Councillor or Candidate Signature

Jan 19, 2012
Date

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** John Barth _____

   b. **YOUR RESIDENCE** 5136 Kenwood Ave, Indianapolis, IN 46208_____

   c. **YOUR BUSINESS ADDRESS** 1099 N. Meridian, Indianapolis, IN 46204
   _____

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES _X_ NO ___

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Managed Health Service_____

EMPLOYER'S ADDRESS 1099 N. Meridian, Indianapolis, IN 46204
_____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **WERE YOU SELF-EMPLOYED?** YES __ NO _X__

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

_____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.OO FROM AN EMPLOYER?** YES _X_ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Wishard Health Services_____

EMPLOYER'S ADDRESS 1001 W. Tenth Street, Indianapolis, Indiana 46202_____

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ____ NO _X__

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO_X__

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____
_____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES _X__ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR _X__ SPOUSE ____ DEPENDANT CHILD _____

NAME OF ORGANIZATION Martin Luther King Community Center _____

ADDRESS OF ORGANIZATION 40 W. 40th Street, Indianapolis, Indiana 46208_____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. ***EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,*** **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES ___ NO _X__

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

_____

_____

_____

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO_X_
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? _____

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

John Bott _____ 1/26/12 _____

COUNCILLOR **DATE**

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

All Questions Must Be Answered Completely and Legibly

1. **A.** Your Name: FRANK MASCARI

B. Your Residence: 411 PARK MEADOW CT
BEECH GROVE IN 46107

C. Your Business Address: 701 MAIN ST
BG IN

2. **A.** Did You Receive Compensation from any Employers in the Prior Year?
Yes X No ___

If Yes, The Name and Address of all Such Employers:

Employer's Name: SPALDING JEWELRY

Employer's Address: 701 MAIN ST
BG IN 46107

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes ✓ No ___

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: JEWELRY RETAIL

Name under Which Such Business was conducted: BEECH GROVE JEWELRY
DBA SPALDING JEWELRY

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes ✓ No ___

If Yes, the Name and Address of Such Employer:

Employer's Name: BEECH GROVE JEWELRY

Employer's Address: 701 MAIN ST

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes____ No ✓

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

[*If your dependent children had other employers who paid them over $5000.00 use additional sheets*]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes ___ No X

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: _____

Entity's Address: _____
_____

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ___ No X

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: ___ Spouse: ____ Dependant Child: _____

Name of Organization: _____

Address of Organization: _____
_____

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**

Yes ___ No X

If Yes, List the Names of Such Persons or Firms:

_____

_____

_____

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes __ No X

If Yes, How Many Additional Sheets are attached? _____

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

Fran Mascari — 1/19/12

Councillor or Candidate Signature — **Date**

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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All Questions Must Be Answered Completely and Legibly

1. A. Your Name: Maggie A. Lewis

   B. Your Residence: 4235 Trace Edge W. Indpls. IN 46254

   C. Your Business Address: _____

2. A. Did You Receive Compensation from any Employers in the Prior Year?
   Yes ✓ No ___

If Yes, The Name and Address of all Such Employers:

Employer's Name: Dove Recovery House For Women

Employer's Address: 14 N. Highland Ave. Indpls. IN 46202

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes __ No ___

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was conducted: _____

_____

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes ✓ No ___

If Yes, the Name and Address of Such Employer:

Employer's Name: Marion County Assessor

Employer's Address: 200 E. Washington St.
Indpls. IN 46204

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes____ No ✓____

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

_____

[*If your dependent children had other employers who paid them over $5000.00 use additional sheets*]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes ___ No ✓

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: _____

Entity's Address: _____

_____

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ✓ No ___

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: ___ Spouse: ✓ Dependant Child: _____

Name of Organization: Indiana Black Expo

Address of Organization: 3145 N. Meridian St.
Indpls. IN 46208

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Additional Sheet 1 **of** 1.

Additional Response to Question: 5

Applicable to: Councillor ✓ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization Indiana Criminal Justice Institute

Address: 101 N. Washington St. Suite 1170 East 46204

* No longer with agency *

Applicable to: Councillor___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

[If more sheets are needed, duplicate this page]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**
Yes ___ No ✓

If Yes, List the Names of Such Persons or Firms:

_____

_____

_____

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes ___ No___

If Yes, How Many Additional Sheets are attached? _____

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

Maggie N. Lewis — 1.18.11

Councillor or Candidate Signature — **Date**

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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All Questions Must Be Answered Completely and Legibly

1. **A.** Your Name: Monroe Gray

B. Your Residence: 4811 Seville Dr.

C. Your Business Address:

2. **A.** Did You Receive Compensation from any Employers in the Prior Year?
Yes __ No ✓

If Yes, The Name and Address of all Such Employers:

Employer's Name: _____

Employer's Address: _____

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes __ No ___

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was conducted: _____

_____

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes __ No ___

If Yes, the Name and Address of Such Employer:

Employer's Name: N/A

Employer's Address: _____

_____

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes____ No ____

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: N/A

Employer's Name: _____

Employer's Address: _____

_____

[*If your dependent children had other employers who paid them over $5000.00 use additional sheets*]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes ___ No ✓

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: _____

Entity's Address: _____

_____

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ___ No ✓

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: ___ Spouse: ____ Dependant Child: _____

Name of Organization: _____

Address of Organization: _____

_____

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**
Yes ___ No ✓

If Yes, List the Names of Such Persons or Firms:

_____

_____

_____

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes __ No__

If Yes, How Many Additional Sheets are attached? _____

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

_____ _____

Councillor or Candidate Signature **Date**

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Robert B. Lutz

b. **YOUR RESIDENCE** 1156 Texarkana Dr.

c. **YOUR BUSINESS ADDRESS** 5026 Crawfordsville Rd.
Speedway In 46224

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO ___

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME City of Indianapolis (Councillor Salary only)

EMPLOYER'S ADDRESS 200 E. Washington St
Indianapolis In 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

RECEI
JAN 27 201?
CITY COU
COUNCI

b. **WERE YOU SELF-EMPLOYED?** YES X NO ___

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS Legal services

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED Robert B. Lutz Attorney at Law

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.OO FROM AN EMPLOYER?** YES __ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ____ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES X NO___

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME Zores Inc. (Received compensation in excess of $5000-)

ENTITY'S ADDRESS 1300 N. Mickley Indianapolis In 46224

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR ___ SPOUSE ____ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. ***EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,*** **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES X NO ___

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
Indianapolis Motor Speedway, Indianapolis Colts, Citizens Energy Group, AT&T, Capital Improvements Board.

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES X NO___
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? 1

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

COUNCILLOR _____ **DATE** 1/27/12

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET 1 **OF** 1.

ADDITIONAL RESPONSE TO QUESTION 4

APPLICABLE TO: COUNCILLOR X CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION Speedway Public Library

ADDRESS: 5633 W. 25th St.
Speedway In 46224
received compensation in excess of $5000 -

ADDITIONAL RESPONSE TO QUESTION 4

APPLICABLE TO: COUNCILLOR X CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION Town of Clermont

ADDRESS: 9049 Crawfordsville Rd.
Clermont Ind 46234
Received compensation in excess of $5000 -

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

All Questions Must Be Answered Completely and Legibly

1. **A.** Your Name: Virginia (Ginny) J. Carr

B. Your Residence: 9101 Anchor Mark Drive Indpls. IN 46236

C. Your Business Address: ~~10 W. Market Street #1650 - 46204~~

2. **A.** Did You Receive Compensation from any Employers in the Prior Year?
Yes X No ___

If Yes, The Name and Address of all Such Employers:

Employer's Name: U.S. Senator Dan Coats

Employer's Address: 10 W. market Street #1650 Indpls. IN 46204

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes __ No X

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was conducted: _____

_____

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes X No ___

If Yes, the Name and Address of Such Employer:

Employer's Name: Unique Surgical Products, Inc.

Employer's Address: P.O. Box 310 Pittsboro, IN 46167

_____

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes____ No X

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

_____

[*If your dependent children had other employers who paid them over $5000.00 use additional sheets*]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes ___ No X (this is confusing how stated)

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: _____

Entity's Address: _____

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes X No ___

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: X Spouse: ____ Dependant Child: _____

Name of Organization: Heartland: Truly moving Pictures

Address of Organization: 1043 Virginia Avenue Indpls, IN 46203

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**

Yes X No ___

If Yes, List the Names of Such Persons or Firms:
Indpls. Motor Speedway (Christmas gift), Indpls Power + Light (Dinner)
Indiana Repertory Theatre

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes ___ No X

If Yes, How Many Additional Sheets are attached? _____

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

Virginia J Carr
Councillor or Candidate Signature

1/17/12
Date

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Additional Sheet ____ of _____.

Additional Response to Question: _____

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

[If more sheets are needed, duplicate this page]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

All Questions Must Be Answered Completely and Legibly

1. A. Your Name: JEFFERY L. CARDWELL

   B. Your Residence: 7613 Huddleston Drive East, INDIANAPOLIS, IN 46217

   C. Your Business Address: 3205 MADISON AVENUE
   INDIANAPOLIS, IN 46227-1127

2. A. Did You Receive Compensation from any Employers in the Prior Year?
   Yes ✓ No ___

If Yes, The Name and Address of all Such Employers:

Employer's Name: See attached

Employer's Address: _____

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes ✓ No ___

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: See attached

Name under Which Such Business was conducted: _____

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes ✓ No ___

If Yes, the Name and Address of Such Employer:

Employer's Name: Cardwell Home Center

Employer's Address: 3205 Madison Ave, INDIANAPOLIS, IN 46227

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes ___ No ✓

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

[If your dependent children had other employers who paid them over $5000.00 use additional sheets]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes ✓ No___

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: Cardwell Home Center

Entity's Address: 3205 Madison Ave, INDIANAPOLIS, IN 46227

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ✓ No ___

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: ✓ Spouse: ____ Dependant Child: _____

Name of Organization: See attached

Address of Organization: _____

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**

Yes ✓ No ___

If Yes, List the Names of Such Persons or Firms:

INDPLS AIRPORT AUTHORITY
INDPLS POWER & LIGHT
INDPLS MOTOR SPEEDWAY
INDPLS CONVENTION & VISITORS ASSOC (ICVA)
INDPLS COLTS / NFL SUPER BOWL COMM.
INDIANA PACERS

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes ✓ No___

If Yes, How Many Additional Sheets are attached? _____

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

Jeffery K. Cardwell
Councilor or Candidate Signature

1.25.2012
Date

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

From the Office of Jeffery L. Cardwell, City-County Councillor

3205 Madison Avenue • Indianapolis, IN 46227 • (317) 781-4769

Indianapolis City-County Council Ethics Disclosure Statement – Continued

Question 2 a. Did you receive compensation from any employers in the prior year?

Answer: YES

If Yes, the name and address of all such employers:

Associated Materials, Inc. d/b/a
Cardwell Do-it Best Home Center
3205 Madison Avenue
Indianapolis, IN 46227-1127

Cardwell, REALTORS
3205 Madison Avenue
Indianapolis, IN 46227-1127

Madison Capital, LLC
3205 Madison Avenue
Indianapolis, IN 46227-1127

J. M. Holdings, LLC
3205 Madison Avenue
Indianapolis, IN 46227-1127

City of Indianapolis – The Council
City County Building, Room T241
200 E. Washington Street
Indianapolis, IN 46203

Huddleston Professional Centre, Inc.
3205 Madison Avenue
Indianapolis, IN 46227-1127

J.C. Madison, LLC
3205 Madison Avenue
Indianapolis, IN 46227-1127

Question 2 b. Were you Self-Employed?

Answer: YES

Associated Materials, Inc. d/b/a Cardwell Do-it Best Home Center	General Retail Hardware & Garden Center, Tool Rental and Building Material Supplier
Cardwell, REALTORS	Residential & Commercial Real Estate Broker
Huddleston Professional Centre, Inc.	Property Management/Investment | Leasing Broker
Madison Capital, LLC	Commercial Property Management | Investment
J.C. Madison, LLC	Residential/Commercial Management | Investment
J.M. Holdings, LLC	Industrial Property Management | Investment

Question 5. Did you, your spouse, or any dependant child serve as an officer or board member of any organizations that received or applied for funding from the City or County?

Answer: YES Person Serving: Councillor

Gateway Business Alliance, Inc. d/b/a
Gateway Community Alliance
A registered not-for-profit organization
3205 Madison Avenue
Indianapolis, IN 46227-1127

Indianapolis City Market Corporation
A registered not-for-profit organization
Volunteer Board Member
222 E. Market Street
Indianapolis, IN 46204

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Jack E. Sandlin

   b. **YOUR RESIDENCE** 1310 E. Southport Road, Indianapolis, IN 46227

   c. **YOUR BUSINESS ADDRESS** PO Box 47802, Indianapolis, IN 46247

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES x NO ___

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME JS Consulting Inc d/b/a Jack Sandlin & Associates

EMPLOYER'S ADDRESS PO Box 47802 Indianapolis, IN 46247

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **WERE YOU SELF-EMPLOYED?** YES __ NO _x_

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

_____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES _x_ NO __

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME __Indiana Computer Enterprises, Inc.

EMPLOYER'S ADDRESS _4705 W. 72nd St, Indianapolis, IN 46268

_____

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ____ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD ___NA_____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES _x_ NO___

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
Self
ENTITY'S NAME ___JS Consulting, Inc., d/b/a Jack Sandlin & Associates

ENTITY'S ADDRESS PO Box 47802, Indianapolis, IN 46247

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
Spouse
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME ___Indiana Computer Enterprises Inc.

ENTITY'S ADDRESS 4705 W. 72nd St, Indianapolis, IN 46268

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES ___ NO _x_

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR ___ SPOUSE ____ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. *EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,* **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES _x_ NO ___

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Capital Improvement Board

---

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO x
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? ___

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

Jon E Sandlin
COUNCILLOR

1/20/2012
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

All Questions Must Be Answered Completely and Legibly

1. A. Your Name: Holliday, Jason

   B. Your Residence: 5137 Emmert Dr. / IND, IN 46221

   C. Your Business Address: Drawer I, Clayton, IN

2. A. Did You Receive Compensation from any Employers in the Prior Year?
   Yes X No ___

If Yes, The Name and Address of all Such Employers:

Employer's Name: Ray's Trash Service

Employer's Address: Drawer I / Clayton, IN

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes __ No X

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was conducted: _____

_____

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes __ No X

If Yes, the Name and Address of Such Employer:

Employer's Name: _____

Employer's Address: _____

_____

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes____ No X

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

_____

[*If your dependent children had other employers who paid them over $5000.00 use additional sheets*]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes X No___

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: Ray's Trash Service

Entity's Address: Drawer I / Clayton, IN

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ___ No X

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: ___ Spouse: ____ Dependant Child: _____

Name of Organization: _____

Address of Organization: _____

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**
Yes ___ No X

If Yes, List the Names of Such Persons or Firms:

_____

_____

_____

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes __ No X

If Yes, How Many Additional Sheets are attached? _____

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

_____ 1-17-12

Councillor or Candidate Signature **Date**

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ___ No X

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: ___ Spouse: ___ Dependant Child: _____

Name of Organization: _____

Address of Organization: _____

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes ___ No X

If Yes, the Name and Address of Such Employer:

Employer's Name: _____

Employer's Address: _____

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes ___ No X

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

[If your dependent children had other employers who paid them over $5000.00 use additional sheets]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

All Questions Must Be Answered Completely and Legibly

1. A. Your Name: Holliday, Jason

B. Your Residence: 5137 Emmert Dr. / IND, IN 46221

C. Your Business Address: Drawer I, Clayton, IN

2. A. Did You Receive Compensation from any Employers in the Prior Year?
Yes X No ___

If Yes, The Name and Address of all Such Employers:

Employer's Name: Ray's Trash Service

Employer's Address: Drawer I / Clayton, IN

[If you had more than one employer, use additional sheets]

Due – Feb. 1, 2012

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

All Questions Must Be Answered Completely and Legibly

1. **A.** Your Name: Janice Shattuck McHenry

   B. Your Residence: 7641 Torbay Circle

   C. Your Business Address: Home (Retired)

2. **A.** Did You Receive Compensation from any Employers in the Prior Year?
   Yes __ No ✓

If Yes, The Name and Address of all Such Employers:

Employer's Name: _____

Employer's Address: _____

[If you had more than one employer, use additional sheets]

B. Were You Self-Employed? Yes __ No ✓

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was conducted: _____

_____

3. **A.** During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of $5000.00 From an Employer?
Yes ✓ No ___

If Yes, the Name and Address of Such Employer:

Employer's Name: Sears Holding Corp.

Employer's Address: 3333 Beverly Rd.
Hoffman Estates, IL 60179
(7425 E. Washington St.; Indpls., IN 46219)

[If your spouse was paid $5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of $5000.00 From an Employer?
Yes____ No ____

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: N/A

Employer's Name: _____

Employer's Address: _____

_____

[*If your dependent children had other employers who paid them over $5000.00 use additional sheets*]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of $5000.00 During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?
Yes ___ No ✓

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: _____

Entity's Address: _____

_____

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ✓ No ___

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:
Councillor: ✓ Spouse: ____ Dependant Child: _____

Name of Organization: 1.) CICOA - Council Representative
2.) IMAGIS - Council Representative
Address of Organization: 1.) 4755 Kingsway Dr., Suite 200 - 46205
2.) 200 E. Washington St., Suite 1322 - 46204

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form,* **Did You Receive any Gifts, or Other Items, Valued Over $100, or in the Aggregate Over $250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?**

Yes ___ No ___

If Yes, List the Names of Such Persons or Firms:
Indianapolis Motor Speedway; Indianapolis Colts; IRTP? - not sure it amounted to that (much).

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes __ No ✓

If Yes, How Many Additional Sheets are attached? _____

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

Janice McHenry
Councillor or Candidate Signature

Jan. 30, 2011
Date

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Additional Sheet ____ of _____.

Additional Response to Question: _____

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

Applicable to: Councillor ___ Candidate ___ Spouse___ Dependant Child_____

Person, Entity or Organization _____

Address: _____

_____

[If more sheets are needed, duplicate this page]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Sarita Puckett

b. **YOUR RESIDENCE**
4042 Monaco Dr, Indpls, IN 46220

c. **YOUR BUSINESS ADDRESS**
200 E. Washington St, T241
Indpls, IN 46204

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ✓ NO ___

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Strayer University

EMPLOYER'S ADDRESS 9025 N. River Rd Ste 400
Indpls, IN 46240

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **WERE YOU SELF-EMPLOYED?** YES __ NO ✓

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

_____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.OO FROM AN EMPLOYER?** YES __ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ____ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**

(1) SERVE AS AN OFFICER OF,

(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR

(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

_____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

_____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. ***EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,*** **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

_____

_____

_____

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO X
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? _____

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

_____ 3-15-12
COUNCILLOR **DATE**

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET ____ OF _____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE___
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

_____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** NaTrina DeBow

b. **YOUR RESIDENCE**
3910 Basque Ct. Indpls. IN 46228

c. **YOUR BUSINESS ADDRESS**
City County Council
200 E. Washington St, Indpls. IN 46204

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ✓ NO ___

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME City County Council

EMPLOYER'S ADDRESS 200 E. Washington St
Indpls. IN 46228

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **WERE YOU SELF-EMPLOYED?** YES __ NO ✓

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

_____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.OO FROM AN EMPLOYER?** YES ✓ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME USPS - Mapleton

EMPLOYER'S ADDRESS 2650 Dr. Martin Luther King Indpls. IN 46208

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ____ NO ✓

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO ✓

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____
_____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES ___ NO ✓

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR ___ SPOUSE ____ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____
_____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. ***EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,*** **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES ___ NO ✓

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

_____

_____

_____

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO ✓
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? _____

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

Nathina DeBow _____ 1/30/12 _____
COUNCILLOR **DATE**

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Angela Gonzalez

   b. **YOUR RESIDENCE** 116 S. Audubon Rd. #4, Indpls 46219

   c. **YOUR BUSINESS ADDRESS** City-County Council, 200 E. Washington Ste 241 T, Indpls 46204

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO ___

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME City-County Council

EMPLOYER'S ADDRESS 200 E. Washington St, 241 T, Indpls

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **WERE YOU SELF-EMPLOYED?** YES __ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

_____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.OO FROM AN EMPLOYER?** YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Concrete Contractors, Inc.

EMPLOYER'S ADDRESS Post Road, Indpls, IN

_____

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ____ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**

(1) SERVE AS AN OFFICER OF,

(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR

(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

_____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

_____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. ***EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,*** **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

_____

_____

_____

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO X
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? _____

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

Angela Gonzalez _____ 1-30-12
~~COUNCILLOR~~ **DATE**
Asst. Clerk

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Hope C. Tribble

   b. **YOUR RESIDENCE**
   3210 Washington Blvd Indianapolis IN 46205

   c. **YOUR BUSINESS ADDRESS**
   200 E Washington Street # 227
   Indianapolis IN 46204

2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ✓ NO ___

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME IN House of Representatives

EMPLOYER'S ADDRESS 200 W Washington Street
Indianapolis IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. **WERE YOU SELF-EMPLOYED?** YES __ NO ✓

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

_____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF $5000.OO FROM AN EMPLOYER?** N/A
YES __ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR SPOUSE WAS PAID $5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF $5000.00 FROM AN EMPLOYER?** YES ____ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

_____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER $5000.00 USE ADDITIONAL SHEETS]

4. DID **YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF $5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO ✓

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____
_____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. **DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY?** YES ___ NO ✓

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:
COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____
_____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. ***EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM,*** **DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER $100, OR IN THE AGGREGATE OVER $250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION?** YES ___ NO ✓

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

_____

_____

_____

7. **I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.**

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO__
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? _____

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

Hope C. Trubble _____ 1/31/2012
[redacted] **DATE**

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.