

**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**

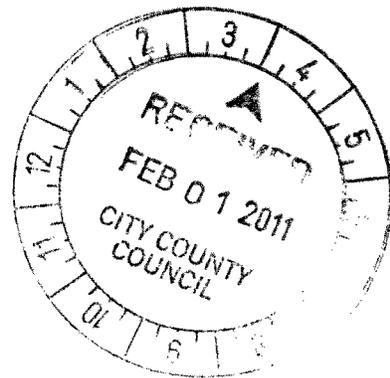
1. a. **Your Name:** PAUL C BATEMAN, JR.
- b. **Your Residence:** 4425 BARNOR DR.
- c. **Your Business Address:** N/A
2. a. **Did You Receive Compensation from any Employers in the Prior Year?**  
YES \_\_\_ NO

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

**Employer's Name:** \_\_\_\_\_

**Employer's Address:** N/A

*[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: N/A

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: 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 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]*

**4. Did You, Your Spouse, or any Dependant 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 DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. *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:

Global Parking System  
200<sup>th</sup> Christmas donation For Needy Family

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.**

Raul C. Bettemund  
COUNCILLOR

FEB 1-11  
DATE

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

**INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT**

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**All Questions Must Be Answered Completely and Legibly**

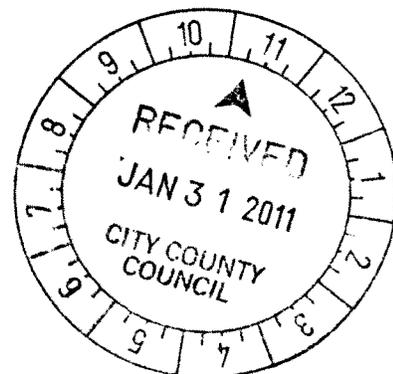
1. a. **Your Name:** Vernon A. Brown
- b. **Your Residence:**  
11817 Brocken Way, Indpls. IN 46229
- c. **Your Business Address:**  
\_\_\_\_\_  
\_\_\_\_\_
2. a. **Did You Receive Compensation from any Employers in the Prior Year?**  
YES  NO

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

**Employer's Name:** IFD

**Employer's Address:** 555 N. New Jersey St.  
Indpls. 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 \$5000.00 From an Employer?

YES  NO \_\_\_

If Yes, the Name and Address of Such Employer:

Employer's Name: IPS \_\_\_\_\_

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]*

**4. Did You, Your Spouse, or any Dependant 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 DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. *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:

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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

1-31-11  
DATE

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

**INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT**

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**All Questions Must Be Answered Completely and Legibly**

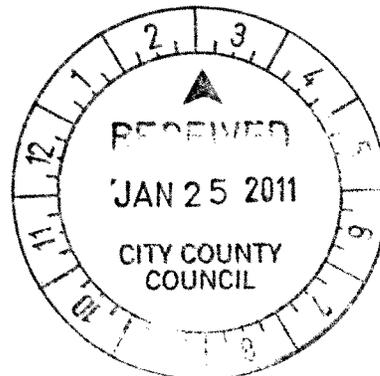
1. a. Your Name: Virginia (Ginny) J. Cain
- b. Your Residence: 9101 Anchor Mark Drive Indpls. IN 4623
- c. Your Business Address: 10 W. market St #1650  
46204(?)
2. a. Did You Receive Compensation from any Employers in the Prior Year?  
YES  NO

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

Employer's Name: The City of Indianapolis

Employer's Address: CCB

[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: Teleflex Medical

Employer's Address: Charlotte, N.C.

[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: Wishard Hospital

Entity's Address: Indpls. IN

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

4. Did You, Your Spouse, or any Dependant 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:

*Board* Heartland: Truly moving Pictures - South Meridian St. *above spaghetti fac*

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]

5. *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:

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7. I Acknowledge that if any Items Reported in Items 1 Through 4 A ... ing 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.**

Virginia J. Carr  
COUNCILLOR

1/24/11  
DATE

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

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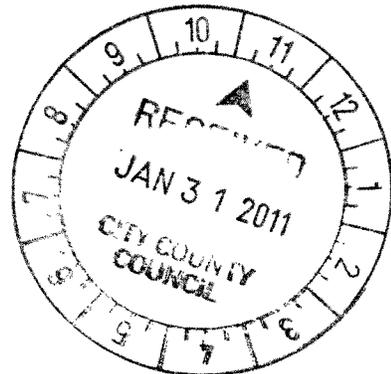
1. a. Your Name: JEFFERY L. CARDWELL
- b. Your Residence: 7613 HUDDLESTON DRIVE EAST, INDIANAPOLIS, IN 46217
- c. Your Business Address: 3205 MADISON AVENUE  
INDIANA POLIS, IN 46227-1127
2. a. Did You Receive Compensation from any Employers in the Prior Year?  
YES  NO

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: \_\_\_\_\_

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: CARDWELL Do-it Best Home Center

Entity's Address: 3205 MADISON AVENUE  
INDIANAPOLIS, IN 46227

*[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 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 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:

<u>INDPLS AIRPORT AUTHORITY</u>	<u>INDPLS CONVENTION &amp; VISITOR ASSOC (ICVA)</u>
<u>INDPLS POWER &amp; LIGHT</u>	<u>INDPLS COLTS</u>
<u>INDPLS MOTOR SPEEDWAY</u>	<u>INDIANA PACERS</u>

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? ONE

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

Jeffrey J. Gendron  
COUNCILOR

1.28.2011  
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	City of Indianapolis – The Council City County Building, Room T241 200 E. Washington Street Indianapolis, IN 46203
Cardwell, REALTORS 3205 Madison Avenue Indianapolis, IN 46227-1127	Huddleston Professional Centre, Inc. 3205 Madison Avenue Indianapolis, IN 46227-1127
Madison Capital, LLC 3205 Madison Avenue Indianapolis, IN 46227-1127	J.C. Madison, LLC 3205 Madison Avenue Indianapolis, IN 46227-1127
J. M. Holdings, 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 Store, 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
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**INDIANAPOLIS CITY-COUNTY COUNCIL  
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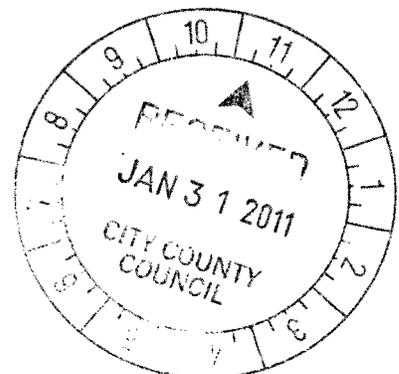
1. a. Your Name: BOB COCKRUM
- b. Your Residence: 6004 W. RALSTON RD., INDPLS, IN 46221
- c. Your Business Address: NA
2. a. Did You Receive Compensation from any Employers in the Prior Year?  
YES  NO

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]



PAGE 1

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 Dependant 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 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 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 DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

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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:

INDIANA POLIS POWER & LIGHT; 2 DINER MTGS  
INPLS LUNCH MTG.  
INDPLS PARKS FOUNDATION LUNCH AND RECEPTION

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? 3

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

Bob Cochran  
COUNCILLOR

1-28-2011  
DATE

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

PAGE 4

INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT

Additional Sheet 1 of 3.

Additional Response to Question: 6

APPLICABLE TO: COUNCILLOR  CANDIDATE  SPOUSE   
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION DAMAR LUNCH MTG

ADDRESS: 6324 S. KENTUCKY AVE  
INDPLS, IN 46241

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR  CANDIDATE  SPOUSE   
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION AT&T: 500 PARADE RECEPTION

ADDRESS: 240 N. MERIDIAN ST.  
INDPLS, IN 46204

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR  CANDIDATE  SPOUSE   
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION INDPLS MOTOR SPEEDWAY-500 TICKETS

ADDRESS: 4790 W. 16TH ST.  
INDPLS, IN 46222

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT**

Additional Sheet 2 of 3.

Additional Response to Question: 6

APPLICABLE TO: COUNCILLOR  CANDIDATE  SPOUSE   
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION ATA RECEPTION

ADDRESS: 50 S. MERIDIAN ST.  
IND 46204

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR  CANDIDATE  SPOUSE   
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION MARION COUNTY FARM-DINER

ADDRESS: 7300 ENTBOY AVE.  
IND 46239

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR  CANDIDATE  SPOUSE   
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION FFA WHEAT AT CONVENTION

ADDRESS: 6060 FFA DRIVE, P.O. BOX 68960  
IND 46268-0960

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT

Additional Sheet 3 of 3.

Additional Response to Question: 6

APPLICABLE TO: COUNCILLOR  CANDIDATE  SPOUSE   
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION MR. HERMAN STRAKIS, LUNCH

ADDRESS: 3333 W. TADY AVE.

INDPLS, IN 46221

ADDITIONAL RESPONSE TO QUESTION 6

APPLICABLE TO: COUNCILLOR  CANDIDATE  SPOUSE   
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION MR. DOUGLAS MEACHAM - LUNCH

ADDRESS: 2802 W. MCGARTY ST.

INDPLS, IN 46221

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. 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**

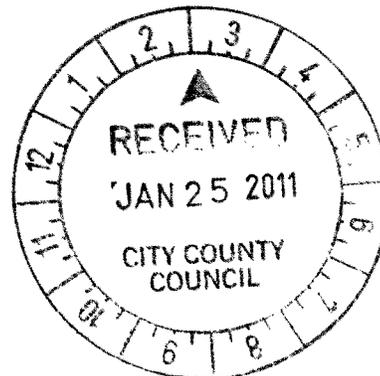
1. a. **Your Name:** Edward A. Coleman
- b. **Your Residence:** 4622 Whitridge LN
- c. **Your Business Address:**  
8115 Kline Rd.  
Indpls, IN 46250
2. a. **Did You Receive Compensation from any Employers in the Prior Year?**  
YES  NO

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

**Employer's Name:** National Government Services

**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: ~~Med. cert. Chart Review~~

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: IPS

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]*

**4. Did You, Your Spouse, or any Dependant 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 DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. *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:

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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

1/24/11  
DATE

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

**INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT**

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:** \_\_\_\_\_ Susie Day \_\_\_\_\_
- b. **Your Residence:** \_\_\_\_\_ 245 Churchman Avenue, Beech Grove, IN 46107 \_\_\_\_\_
- 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:** \_\_\_\_\_ State of Indiana \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_ 200 West Washington St. \_\_\_\_\_  
\_\_\_\_\_ 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 \$5000.00 From an Employer?  
YES  NO

If Yes, the Name and Address of Such Employer:

Employer's Name: State of Indiana

Employer's Address: 100 N. Senate Avenue, 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 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 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]*

**4. Did You, Your Spouse, or any Dependant 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: \_\_\_ Spouse: X Dependant Child: \_\_\_\_\_

Name of Organization: Beech Grove Public Library Board

Address of Organization: 1102 Main Street, Beech Grove, IN 46107

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

5. *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.*

Susan Day  
COUNCILLOR

January 27, 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**

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**All Questions Must Be Answered Completely and Legibly**

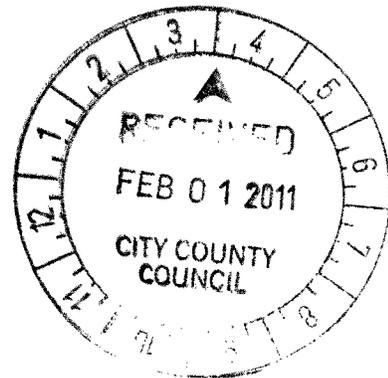
1. a. **Your Name:** \_\_\_\_\_ Jose M. Evans \_\_\_\_\_  
b. **Your Residence:** \_\_\_\_\_ 7644 Bancaster Drive, 46268  
c. **Your Business Address:** 1449 N. Pennsylvania, 46205
2. a. **Did You Receive Compensation from any Employers in the Prior Year?**  
YES X NO \_\_\_

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

**Employer's Name:** \_\_\_\_\_ American Education Center Inc.

**Employer's Address:** \_\_\_\_\_ 210 Sixth Avenue 33<sup>rd</sup> Floor, Pittsburgh, PA 15222

*[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: \_\_\_ Information Technology Services

Name Under Which Such Business was Conducted: \_\_\_ TechGlobal Systems

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: \_\_\_\_\_ Purdue University \_\_\_\_\_

Employer's Address: \_\_\_\_\_ 401 South Grant Street, West Lafayette, IN 47907

*[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 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:** \_\_\_ Indiana Latino Institute

**Address of Organization:** \_\_\_ 445 N. Pennsylvania St. Suite 800 46204

*[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 500, Indiana Black Expo, United Water

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? 0**

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

Jose M. Evans  
**COUNCILLOR**

1-1-11

**DATE**

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

**INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT**

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**All Questions Must Be Answered Completely and Legibly**

1. a. **Your Name:** Aaron 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:** Aaron Freeman – Attorney At Law

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

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*[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: Law

Name Under Which Such Business was Conducted: \_\_\_\_\_

Aaron Freeman, Attorney At Law / The Freeman Law Office, LLC / Ladd, Thomas, Sallee,  
Adams & Freeman

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: The Shelbourne Knee Center

Employer's Address: 1815 North Capital Suite 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 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 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]*

**4. Did You, Your Spouse, or any Dependant 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 DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. *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 Colts  
Indiana Sports Corporation

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.*

Aaron Freeman  
COUNCILLOR

January 31, 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**

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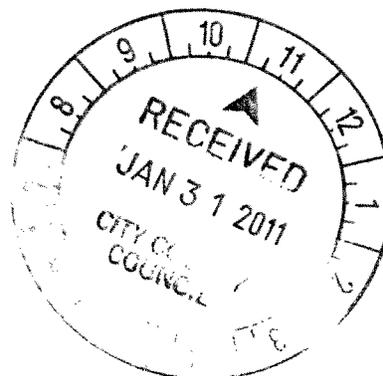
1. a. Your Name: MONROE GRAY
- b. Your Residence: 4811-SEVILLE DR.
- c. Your Business Address: N/A
2. a. Did You Receive Compensation from any Employers in the Prior Year?  
YES  NO

**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: \_\_\_\_\_

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]*

**4. Did You, Your Spouse, or any Dependant 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 DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. *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:

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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? 0

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

*Thomas G. Guff*  
COUNCILLOR

1/31/11  
DATE

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

**INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT**

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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:** Benjamin Hunter
- b. **Your Residence:**  
10921 Midnight Drive, Indianapolis, IN 46239
- 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:** 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

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: Friedman Foundation (dba: The Foundation for Educational Choice)

Employer's Address: One American Square, Suite 2420  
Indianapolis, IN 46282

*[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]*

**4. Did You, Your Spouse, or any Dependant 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:** Peace Learning Center Board of Directors (Rotated off board in 2010)

**Address of Organization:** 6040 DeLong Road  
Indianapolis, Indiana

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

5. **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 Airport Authority, Indianapolis Colts, Indianapolis Motor Speedway, IPL, United Consulting, and Indiana Pacers Sports and Entertainment.

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

January 28, 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**

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:** Maggie A. Lewis
- b. **Your Residence:** 4235 Trace Edge Ln. 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

**Employer's Address:** 14 N. Highland Ave.  
Indianapolis, 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: Independent Contractor / Consultant

Name Under Which Such Business was Conducted: Maggie Lewis

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's Office (No longer employed)  
Employer's Address: 200 E. Washington St. Suite 1360 at this agency  
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 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]

5. *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:

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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.***

*Naggie A. Lewis*  
COUNCILLOR

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**

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**All Questions Must Be Answered Completely and Legibly**

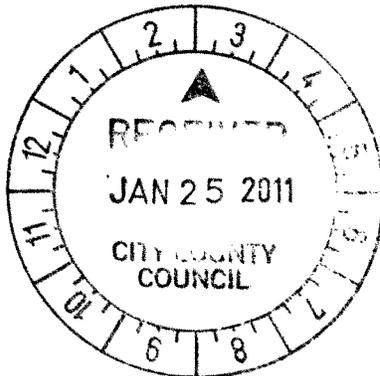
1. a. Your Name: Robert B. Lutz
- b. Your Residence: 1156 Texarkana Dr.
- c. Your Business Address: 5026 Crawfordsville Rd.  
Speedway IN 46224
2. a. Did You Receive Compensation from any Employers in the Prior Year?  
YES  NO

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]



b. Were You Self-Employed? YES  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 \$5000.00 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 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: 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]*

**4. Did You, Your Spouse, or any Dependant 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 DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. *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; Citizens Energy Group; AT&T

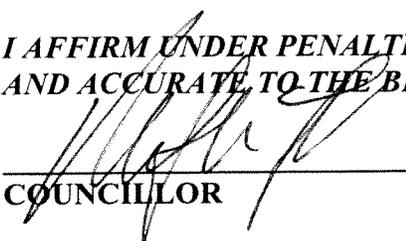
7. I Acknowledge that if any Items Reported in Items 1 Through 4 Above Change During the Year, I will Update Such Information Within 45 Days of the Change.

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

\_\_\_\_\_  
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**

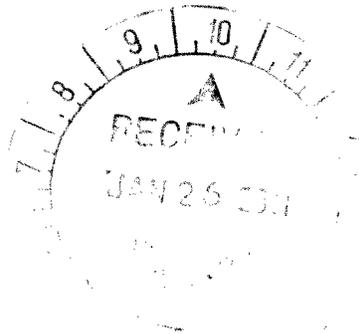
1. a. YOUR NAME BRIAN MAHERN
- b. YOUR RESIDENCE 1415 LEXINGTON AVE
- c. YOUR BUSINESS ADDRESS N/A
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES  NO

**IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS**

EMPLOYER'S NAME STATE OF INDIANA

EMPLOYER'S ADDRESS 101 W. WASHINGTON ST  
1500E 46205

*[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 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 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

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   
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.

Ryan Maben  
COUNCILLOR

1/26/2011  
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: \_\_\_\_\_  
\_\_\_\_\_

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: Dane Mahern
  - b. Your Residence: 2313 S. Garfield Dr. Indpls. IN. 46203
  - 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: City of Indianapolis

Employer's Address: 200 E. Washington St Suite 1541  
Indpls. 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 \$5000.00 From an Employer?

YES  NO

If Yes, the Name and Address of Such Employer:

Employer's Name: The Capital Grille

Employer's Address: Indianapolis Downtown Washington St.

[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]*

**4. Did You, Your Spouse, or any Dependant 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 DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. *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:

IPL, Indianapolis Motor Speedway, AT&T  
\_\_\_\_\_  
\_\_\_\_\_

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.***

Dane Mahan  
COUNCILLOR

1-28-2014  
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**

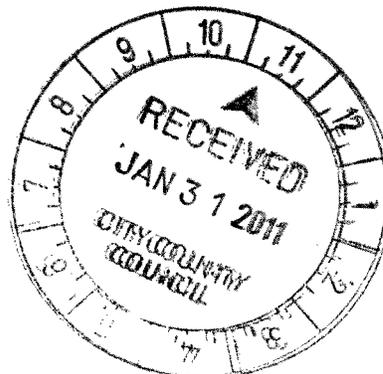
1. a. **Your Name:** Barbara Malone
- b. **Your Residence:**  
2886 Wooded Glen Court  
Indpls IN 46268
- c. **Your Business Address:**  
Ammon & Associates, P.C.  
155 E. Market St. Indpls IN 46204
2. a. **Did You Receive Compensation from any Employers in the Prior Year?**  
YES  NO

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

**Employer's Name:** See above

**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: See # 1 & 2

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 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 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:

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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.***

Rauliana Malone  
COUNCILLOR

2/1/11  
DATE

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

**INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT**

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:** Angela L. Mansfield  
      b. **Your Residence:** 7836 Harcourt Springs Court, Indianapolis, IN 46260  
      c. **Your Business Address:** 8440 Allison Pointe Blvd., Suite 300, Indianapolis, IN 46250
  
2.    a. **Did You Receive Compensation from any Employers in the Prior Year?** Yes

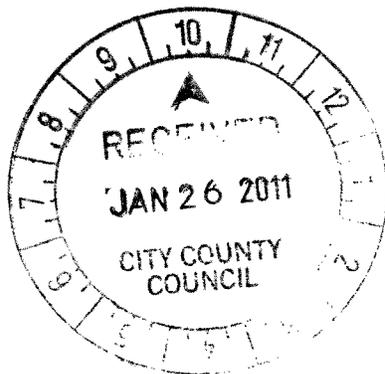
**If Yes, The Name and Address of all Such Employers:**

**Employer's Name:** DuCharme, McMillen & Assoc.

**Employer's Address:** 8440 Allison Pointe Blvd., Suite 300, Indianapolis, IN 46250

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



b. Were You Self-Employed? No

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: \_\_\_\_\_

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

If Yes, the Name and Address of Such Employer: N/A

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? N/A

If Yes, the Name and Address of Such Employer: N/A

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?**

No

**If Yes, The Name and Addresses of Such Business Entities: N/A**

**Entity's Name:** \_\_\_\_\_

**Entity's Address:** \_\_\_\_\_

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

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

**If Yes, the Name and Address of Such Organization or Organizations: N/A**

**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]*

5. *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? No*

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

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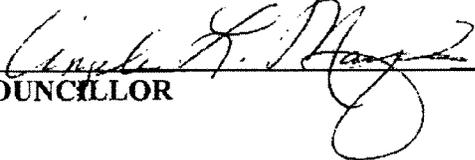
7. I Acknowledge that if any Items Reported in Items 1 Through 4 Above Change During the Year, I will Update Such Information Within 45 Days of the Change.

If the Space Provided on this Form is Inadequate, Additional Sheets may be Used to Provide the Additional Information.

Are You Attaching Additional Sheets? No

If Yes, How Many Additional Sheets are Attached? N/A

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

  
COUNCILLOR

1-26-2011  
DATE

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

**INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT**

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: Janice Rae McHenry
- b. Your Residence: 7641 Torbay Circle - 46254
- c. Your Business Address: Home
2. a. Did You Receive Compensation from any Employers in the Prior Year?  
YES  NO  Retired

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 46217)

[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: N/A

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]*

4. Did You, Your Spouse, or any Dependant 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.) C I C O A - (Council Representative)  
2.) I M A G I S - (Council Representative)

Address of Organization: 1.) 4755 Kingsway Dr., Suite 200 - 46205  
2.) 200 E. Washington Street, Suite 1322 - 46204

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

5. 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;  
United Water; IPL; Mayor Ballard; IRT

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 Hattick McKinney  
COUNCILLOR

Jan 31, 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**

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**All Questions Must Be Answered Completely and Legibly**

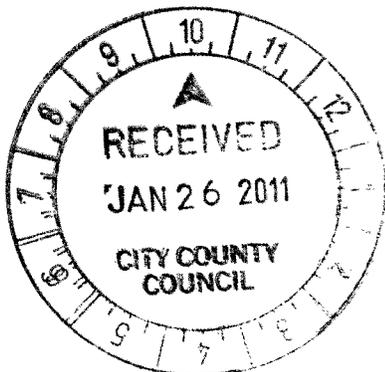
1. a. Your Name: Michael J. McQuillen
- b. Your Residence: 9130 Prairie Ridge Ct 46256
- c. Your Business Address: POB 50077 46250
2. a. Did You Receive Compensation from any Employers in the Prior Year?  
YES  NO

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

Employer's Name: \_\_\_\_\_

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: 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: 7601 E. 56th St 46226

[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]*

**4. Did You, Your Spouse, or any Dependant 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 DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. *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 Colts, Indianapolis Motor Speedway

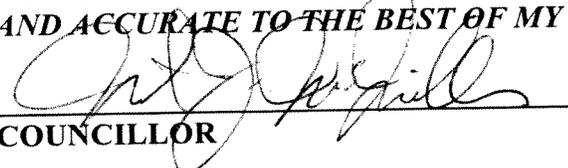
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If the Space Provided on this Form is Inadequate, Additional Sheets may be Used to Provide the Additional Information.

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

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**

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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** Doris Minton McNeill
- b. **YOUR RESIDENCE** 2056 N, Medford Avenue
- c. **YOUR BUSINESS ADDRESS**  
200 East Washington Street  
Indianapolis, IN 4620-43307
- \_\_\_\_\_
- \_\_\_\_\_

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** Indpls Public Schools

**EMPLOYER'S ADDRESS** 120 E. Walnut Street

\_\_\_\_\_

*[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 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 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]*

4. 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?

5.

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

PERSON SERVING:

COUNCILLOR x SPOUSE \_\_\_ DEPENDANT CHILD \_\_\_\_\_

NAME OF ORGANIZATION Westside Neighborhood  
Association \_\_\_\_\_

ADDRESS OF ORGANIZATION 1831 Lafayette Road \_\_\_\_\_

*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 \_\_\_ Not sure how to answer this, as neighborhood president, community merchants who may or may not be members of the neighborhood association may donate food for meetings, funerals, however, I am not sure what the value is. Please advise.

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

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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.

Louis Minton-McRae  
COUNCILLOR

1-31-11  
DATE

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

**INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT**

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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: Mary Moriarty Adams
- b. Your Residence: 5256 East 13th Street, Indianapolis, IN 46219
- c. Your Business Address: 200 East Washington Street, Rm. 1326, 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:**

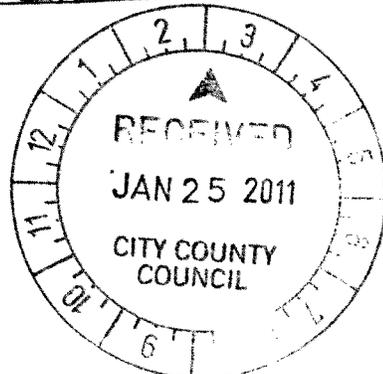
Employer's Name: Marian County Assessor's Office

Employer's Address: 200 East Washington Street, Room 1301  
Indianapolis, IN 46204

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

Employer's Name: City County Council

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



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 Sheriff's Dept.

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 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 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]*

**4. Did You, Your Spouse, or any Dependant 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 DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. 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 Irgray Suite - Pre Season Game  
Indianapolis Power & Light  
CITIZENS ENERGY

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.

Mary Bridget Moriarty Adams  
COUNCILLOR

1/24/2011  
DATE

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

**INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT**

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:** Jackie Nytes
- b. **Your Residence:** 3444 Washington Blvd. Indianapolis, IN 46205
- c. **Your Business Address:** SAME
  
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:** Mapleton Fall Creek Development Corporation

**Employer's Address:** 130 E. 30<sup>th</sup> Street Indianapolis, IN 46205

---

*[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: Printing Partners \_\_\_\_\_

Employer's Address: 929 W. 16<sup>th</sup> Street 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 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:** Printing Partners 929 W. 16<sup>th</sup> Street Indianapolis, IN 46202

**Entity's Name:** Mapleton Fall Creek Development Corporation 130 E. 30<sup>th</sup> Street Indianapolis, IN 46205

---

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

**4. Did You, Your Spouse, or any Dependant 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:** Indianapolis Symphony Orchestra

**Address of Organization:** 32 East Washington Street, Indianapolis, IN 46204

---

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

5. *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:**

ICVA 2 Tickets to a COLTS game; Colts Organization 2 tickets to a Colts game; 2 tickets to the Indy 500 and the Brickyard race

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.***

Jackie Nyles  
COUNCILLOR

1-31-11  
DATE

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

**INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT**

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**

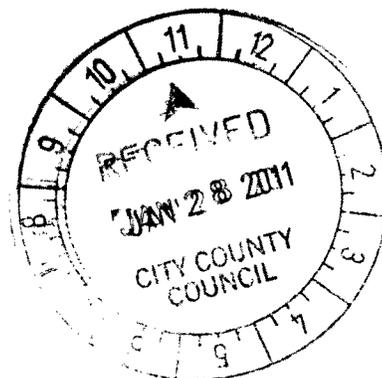
1. a. Your Name: William C. Oliver
- b. Your Residence: 4712 E. 34<sup>th</sup> St.
- c. Your Business Address: 4712 E. 34<sup>th</sup> St.
2. a. Did You Receive Compensation from any Employers in the Prior Year?  
YES  NO

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

Employer's Name: Chrysler / Retired

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: Snow Removal / Lawn Care

Name Under Which Such Business was Conducted: Oliver Serv.

---

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 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 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 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:

Corbitt and Soars Const.

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.**

William C. Allen  
COUNCILLOR

1-29-11  
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: \_\_\_\_\_

\_\_\_\_\_

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**

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**

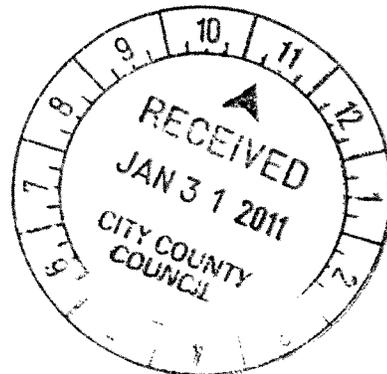
1. a. **Your Name:** Marilyn Pfeiffer
- b. **Your Residence:** 1001 Mt Auburn Dr.
- c. **Your Business Address:**  
\_\_\_\_\_  
\_\_\_\_\_
2. a. **Did You Receive Compensation from any Employers in the Prior Year?**  
YES  NO

**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: \_\_\_\_\_

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]*

**4. Did You, Your Spouse, or any Dependant 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:** PALE / EIP/IPC Corp

**Address of Organization:** 2855 N. Keystone / 3901 N. Meind

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

5. *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:

---

---

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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.***

*Marilyn Peterson*  
COUNCILLOR

*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**

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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**

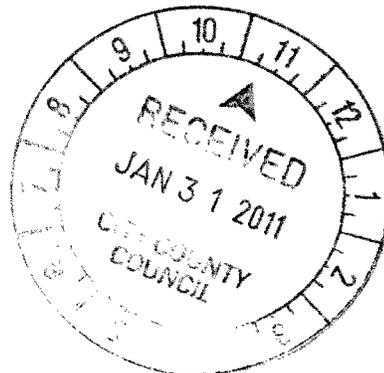
1. a. **Your Name:** Angel M. Rivera
- b. **Your Residence:** 1950 N. Talbott St #3 Indianapolis, IN 46202
- c. **Your Business Address:** SAME AS HOME
2. a. **Did You Receive Compensation from any Employers in the Prior Year?**  
YES  NO

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

**Employer's Name:** The Consultants Consortium

**Employer's Address:** 1099 N. Meridian St. Ste 910  
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 \$5000.00 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 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:** TCC Software Solutions

**Entity's Address:** 1099 N. Meridian St. Ste 900  
Indianapolis, IN 46204

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

**4. Did You, Your Spouse, or any Dependant 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 Bureau Inc

**Address of Organization:** 1575 Dr. Martin Luther King Jr. St.  
Indianapolis, IN 46202

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

5. **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:**

JMS, CoHs, United Water, ICVA, 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? 1**

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

*Angela M. Turner*  
**COUNCILLOR**

Jan. 31, 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 1 of 1.

Additional Response to Question: \_\_\_\_\_

APPLICABLE TO: COUNCILLOR  CANDIDATE  SPOUSE   
DEPENDANT CHILD \_\_\_\_\_

PERSON, ENTITY OR ORGANIZATION NEW EMPLOYER (SELF)

ADDRESS: AKIRB LLC 1950 N. Talbot St. #5  
Indianapolis, IN 46202

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:** Joanne M. Sanders
- b. **Your Residence:** 5144 N Carrollton Ave.  
Indianapolis, IN 46205
- c. **Your Business Address:**  
N/A
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:** Int'l Alliance of Theatrical Stage Employees

**Employer's Address:** 1430 Broadway 20th FL  
New York, NY 10018

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

Indianapolis Symphony Orchestra  
32 East Washington Street  
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 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 \_\_\_ NO X

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: N/A

Employer's Name: ~~N/A~~ N/A

Employer's Address: N/A

*[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 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 DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

**4. 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: XX Spouse: \_\_\_ Dependant Child: \_\_\_\_\_

**Name of Organization:** Indpls Downtown Inc

**Address of Organization:** East Ohio St  
Indianapolis, IN 46204

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

ICVA	Bethlehem House
200 S Capitol Ave	130 East 30th Street
Indianapolis, IN 46225	Indianapolis, IN 46205

5. **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: Parking pass

IPL: Dinners (2)

ICVA: Colts tix (2)

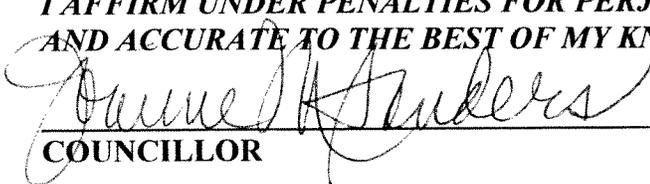
7. **I Acknowledge that if any Items Reported in Items 1 Through 4 Above Change During the Year, I will Update Such Information Within 45 Days of the Change.**

**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

January 31, 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**

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

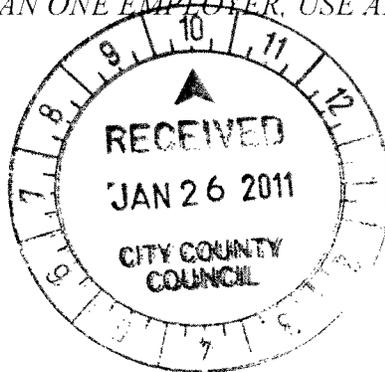
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES  NO

**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. 72<sup>nd</sup> 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  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. 72<sup>nd</sup> 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

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

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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.*

Jack E. Handlin  
COUNCILLOR

1/25/2011  
DATE

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

**INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT**

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**All Questions Must Be Answered Completely and Legibly**

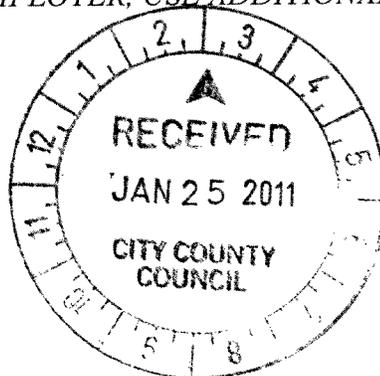
1. a. **Your Name:** Christine Scales
- b. **Your Residence:**  
5133 Plantation Drive
- c. **Your Business Address:**  
City County Building / E. Washington St., Indpls, IN
2. a. **Did You Receive Compensation from any Employers in the Prior Year?**  
YES  NO

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

**Employer's Name:** City of Indpls - CCC

**Employer's Address:** 200 E. Washington St., Indpls

[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: City County Council

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: Radiology Assoc. of Indpls

Employer's Address: 1500 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

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: United North East Community Developmt. Corp.  
Entity's Address: E. 38th St., Indpls *-Sought grants*

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

**4. Did You, Your Spouse, or any Dependant 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 DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. *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:

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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.***

Christine Seales  
COUNCILLOR

1/24/2011  
DATE

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

**INDIANAPOLIS CITY-COUNTY COUNCIL  
ETHICS DISCLOSURE STATEMENT**

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**All Questions Must Be Answered Completely and Legibly**

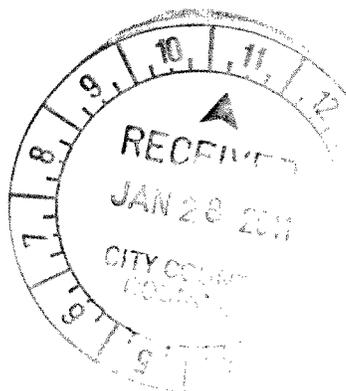
1. a. **Your Name:** M. Ryan Vaughn
- b. **Your Residence:**  
8212 N. College
- c. **Your Business Address:**  
11 S. Meridian St. Indpls IN 46204
2. a. **Did You Receive Compensation from any Employers in the Prior Year?**  
YES  NO

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

**Employer's Name:** Barnes + Thornberg, LLC

**Employer's Address:** 11 S. Meridian St.

*[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: Rolls-Royce

Employer's Address: 2001 S. Tibbs Ave

[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 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 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 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:

Indiana Pacers, ICVA  
\_\_\_\_\_  
\_\_\_\_\_

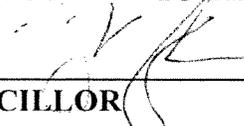
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COUNCILLOR

1/27/11  
DATE

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