

**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**

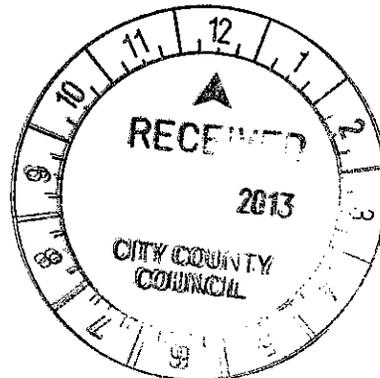
1. a. **YOUR NAME** Zach Adamson
- b. **YOUR RESIDENCE** 40 N Randolph St, Indianapolis, IN 46201
- c. **YOUR BUSINESS ADDRESS** 133 E Ohio St, Indianapolis, IN 46204
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES  NO

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

**EMPLOYER'S NAME** Just Hair

**EMPLOYER'S ADDRESS** 133 E Ohio St, Indianapolis, IN 46204

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



b. WERE YOU SELF-EMPLOYED? YES \_\_ NO X

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

**NATURE OF THE BUSINESS** \_\_\_\_\_

**NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED** \_\_\_\_\_

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?**  
YES \_\_ NO \_\_ Not Applicable

**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 \_\_ Not Applicable

**IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER**

**NAME OF DEPENDANT CHILD** \_\_\_\_\_

**EMPLOYER'S NAME** \_\_\_\_\_

**EMPLOYER'S ADDRESS** \_\_\_\_\_

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

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

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

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_

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

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

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

PERSON SERVING:

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

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

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

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Super Bowl Host Committee
AT&T
Keystone Construction
Centar Gaming
Indpls Colts

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

1/6/2013  
 DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY

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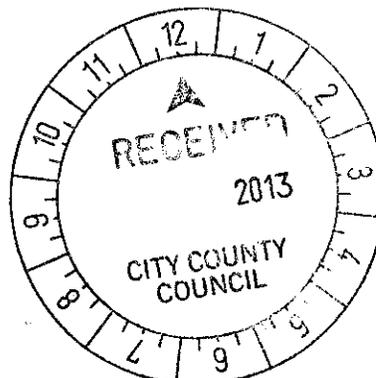
1. a. **YOUR NAME** John Barth
- b. **YOUR RESIDENCE** 4832 Graceland Ave, Indianapolis, IN 46208
- c. **YOUR BUSINESS ADDRESS** MHS, 1099 N. Meridian Suite 400, Indianapolis, IN 46204
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES  NO

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

**EMPLOYER'S NAME:** Managed Health Services (MHS)

**EMPLOYER'S ADDRESS:** 1099 N. Meridian Suite 400, Indianapolis, IN 46204

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



b. WERE YOU SELF-EMPLOYED? YES \_\_\_ NO X

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

NATURE OF THE BUSINESS

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED \_\_\_\_\_

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

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Wishard Health Services

EMPLOYER'S ADDRESS 1001 West 10th Street, Indianapolis, Indiana 46202

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

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

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

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

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

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

**IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES**

**ENTITY'S NAME** \_\_\_\_\_

**ENTITY'S ADDRESS** \_\_\_\_\_

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

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

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

**PERSON SERVING:**

COUNCILLOR X\_\_ SPOUSE \_\_\_ DEPENDANT CHILD \_\_\_\_\_

**NAME OF ORGANIZATION** Martin Luther King Community Center

**ADDRESS OF ORGANIZATION** 40 West 40<sup>th</sup> Street, Indianapolis, IN 46208

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

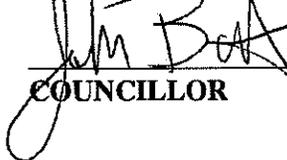
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IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS  
Indianapolis Colts (2 pre-season game tickets on 8/30/12).

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.

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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

1/27/13  
DATE

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

**INDIANAPOLIS CITY-COUNTY COUNCIL  
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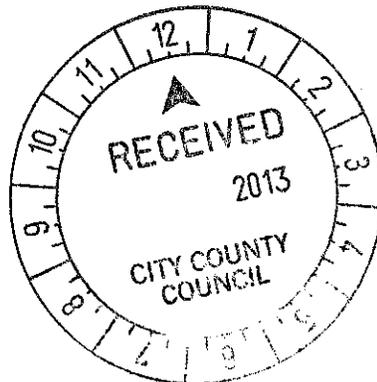
1. a. YOUR NAME VERNON A. BROWN
- b. YOUR RESIDENCE 11817 BROOKER WAY
- c. YOUR BUSINESS ADDRESS SAME
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES X NO

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

EMPLOYER'S NAME INDPLS FIRE DEPT

EMPLOYER'S ADDRESS 555 N New Jersey 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 INDIANAPOLIS PUBLIC SCHOOLS

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

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS  
WITH THE CITY OR COUNTY? YES \_\_\_ NO

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_

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

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

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

PERSON SERVING:

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

NAME OF ORGANIZATION Trapp City County Council

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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IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

500 + Motor Cycle Tickets From 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.

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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.

U. Q. B. D. 11/18  
COUNCILLOR

2-5-13  
DATE

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

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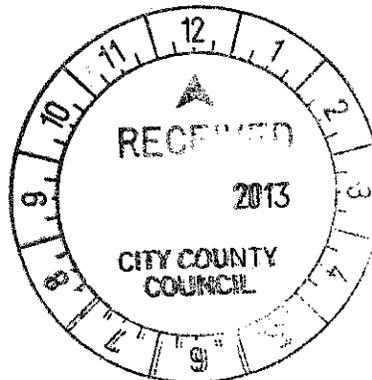
- 1. a. YOUR NAME Virginia (Ginny) Cain
- b. YOUR RESIDENCE 9101 Anchor Mark Drive, Indpls. IN 46236
- c. YOUR BUSINESS ADDRESS 10 W. Market Street, Suite 1650, Indpls. IN 46204  
200 E. Washington St. Indpls. IN
- 2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES  NO

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME U.S. Senate

EMPLOYER'S ADDRESS above addresses

*[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 UNIQUE SURGICAL AND LIGHTING PRODUCTS, Inc

EMPLOYER'S ADDRESS 1200 E US HWY 136, STET, PITTSBORO, IN 46167

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

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR 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 UNIQUE SURGICAL AND LIGHTING PRODUCTS, INC

ENTITY'S ADDRESS 1300 E US HWY 130, Ste J, PITTSBURGH, IN 46167

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

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

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

PERSON SERVING:

COUNCILLOR  SPOUSE  DEPENDANT CHILD

NAME OF ORGANIZATION HEARTLAND FILM FESTIVAL / TRULY MOVING PICTURES

ADDRESS OF ORGANIZATION 1043 VIRGINIA AVE, Ste 2, INDIANAPOLIS 46203

[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.

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 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

1/30/13  
 DATE

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

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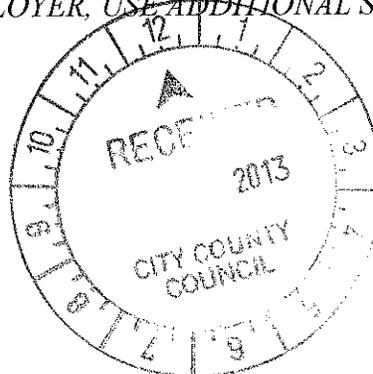
1. a. **YOUR NAME** \_\_\_\_\_ Jose M  
Evans \_\_\_\_\_
- b. **YOUR RESIDENCE** \_\_\_\_\_ 7644 Bancaster Drive Indianapolis, IN  
46268 \_\_\_\_\_
- c. **YOUR BUSINESS ADDRESS**  
\_\_\_\_\_ Same \_\_\_\_\_
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE  
PRIOR YEAR? YES  NO**

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

**EMPLOYER'S NAME** \_\_\_\_\_ Forest  
Pharmaceuticals \_\_\_\_\_

**EMPLOYER'S ADDRESS** \_\_\_\_\_ 13600 Shoreline Dr. St. Louis, MO  
63045 \_\_\_\_\_

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



b. WERE YOU SELF-EMPLOYED? YES  NO

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

NATURE OF THE BUSINESS \_\_\_\_\_Sales\_\_\_\_\_

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED \_\_\_\_\_Evans Enterprise  
\_\_\_\_\_ LLC

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 \_\_\_\_\_Purdue University\_\_\_\_\_

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

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES \_\_\_ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_

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

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

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

PERSON SERVING:

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

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

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

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

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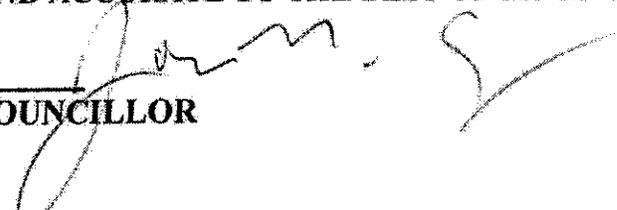
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7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

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

1-1-13  
\_\_\_\_\_  
DATE

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

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

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

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**ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY**

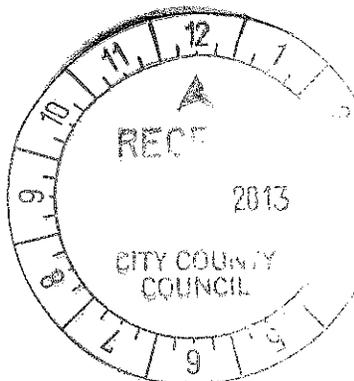
1. a. **YOUR NAME** AARON MICHAEL FREEMAN
- b. **YOUR RESIDENCE** 10410 CLIFTY FALLS ROAD INDIANAPOLIS, IN 46239
- c. **YOUR BUSINESS ADDRESS** 8925 SOUTHEASTERN AVENUE INDIANAPOLIS, IN 46239
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES  NO

**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 LAW

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED VOYLES ZAHN & PAUL / THE FREEMAN LAW OFFICE

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 CAPITOL AVENUE INDIANAPOLIS, 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 X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_

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

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

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

PERSON SERVING:

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

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

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

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

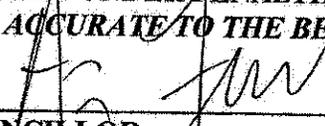
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

1. INDIANAPOLIS SUPER BOWL HOST COMMITTEE
2. INDIANAPOLIS MOTOR SPEEDWAY
3. CAPITAL IMPROVEMENT BOARD
4. INDIANA PACERS
5. GREATER INDIANAPOLIS PROGRESS COMMITTEE (GIPC)

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?     NA    

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

  
\_\_\_\_\_  
COUNCILLOR

1/28/2013  
DATE

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

727-4230

**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 William W. Gooden

b. YOUR RESIDENCE 7545 N. Pennsylvania St., Indianapolis, IN 46240

c. YOUR BUSINESS ADDRESS 300 N. Meridian St., Suite 1100  
Indianapolis, IN 46240

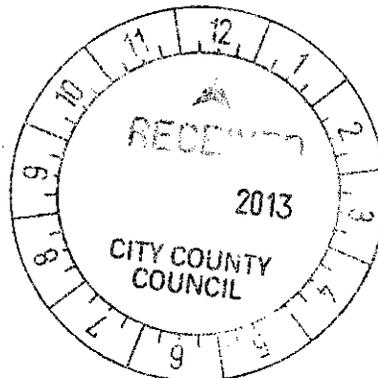
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES  NO

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

EMPLOYER'S NAME City of Indianapolis

EMPLOYER'S ADDRESS 200 E. Washington St.  
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 Attorney

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED William W. Gooden, Attorney at Law (Sole Proprietor)

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 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 Marion County Public Defender Board

ADDRESS OF ORGANIZATION 200 E. Washington St., Suite 560  
Indianapolis, IN 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

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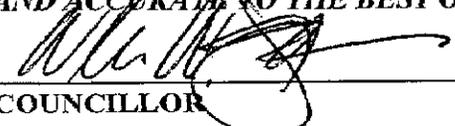


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7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

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

2/1/2013  
 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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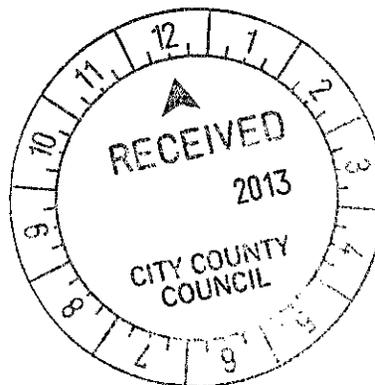
1. a. **YOUR NAME** MONROE GRAY
- b. **YOUR RESIDENCE** 4811 SEVILLE DR.
- c. **YOUR BUSINESS ADDRESS** RETIRED
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES  NO

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

**EMPLOYER'S NAME** \_\_\_\_\_

**EMPLOYER'S ADDRESS** \_\_\_\_\_

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



b. WERE YOU SELF-EMPLOYED? YES  NO

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

NATURE OF THE BUSINESS \_\_\_\_\_

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED \_\_\_\_\_

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

**IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER**

EMPLOYER'S NAME \_\_\_\_\_

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

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES \_\_\_ NO

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_

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

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

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

PERSON SERVING:

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

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

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

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

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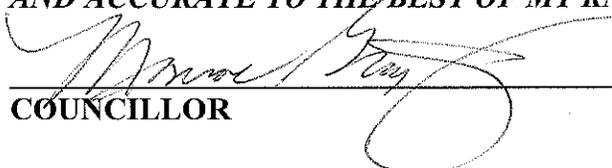
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7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

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

1-29-13  
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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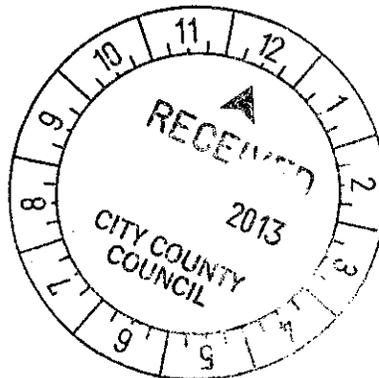
1. a. **YOUR NAME**     Pamela Hickman      
b. **YOUR RESIDENCE**     8164 Dean Rd Indianapolis, IN 46240      
c. **YOUR BUSINESS ADDRESS** \_\_\_\_\_  
\_\_\_\_\_
  
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES  NO

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

**EMPLOYER'S NAME**     City of Indianapolis City County Council    

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

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 St Francis Hospital Indiana Heart Physicians

EMPLOYER'S ADDRESS 8111 S Emerson Ave Indianapolis, IN 46237

*[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 X NO \_\_\_

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

PERSON SERVING:

COUNCILLOR X SPOUSE \_\_\_ DEPENDANT CHILD \_\_\_\_\_

NAME OF ORGANIZATION Forrest Manor Multi Service Center

ADDRESS OF ORGANIZATION 5603 E. 38<sup>th</sup> St Indianapolis IN 46218

*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.

Camela Z. Wickman  
COUNCILLOR

1-23-2013  
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: Jason Holliday
- B. Your Residence: 5137 Emmert Dr. / Ind., IN 46221
- C. Your Business Address: Drawer 1 / Clayton, 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: Ray's Trash Service
- Employer's Address: Drawer 1 / Clayton, IN

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



B. Were You Self-Employed? Yes \_\_\_ No

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

Nature of the Business: \_\_\_\_\_

Name under Which Such Business was conducted: \_\_\_\_\_

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

Yes \_\_\_ No

If Yes, the Name and Address of Such Employer:

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

Employer's Address: \_\_\_\_\_

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

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

Yes \_\_\_ No

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: \_\_\_\_\_

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

Employer's Address: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

Person Serving:

Councillor: \_\_\_ Spouse: \_\_\_ Dependant Child: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
\_\_\_\_\_

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

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

Yes \_\_\_ No

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

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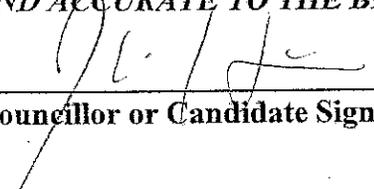
7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

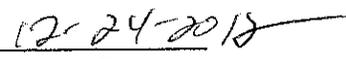
If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

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 or Candidate Signature

  
\_\_\_\_\_  
Date

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

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

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

**ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY**

1. a. **YOUR NAME** Benjamin Hunter
- b. **YOUR RESIDENCE**  
10921 Midnight Drive, Indianapolis, IN 46239
- 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** Butler University

**EMPLOYER'S ADDRESS**

Butler University

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 \_\_\_\_\_

I. 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 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 X**

**IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES**

**ENTITY'S NAME** \_\_\_\_\_

**ENTITY'S ADDRESS** \_\_\_\_\_

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

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

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

**PERSON SERVING:**  
COUNCILLOR \_\_\_ SPOUSE \_\_\_ DEPENDANT CHILD \_\_\_\_\_

**NAME OF ORGANIZATION** \_\_\_\_\_

**ADDRESS OF ORGANIZATION** \_\_\_\_\_

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

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

1. Indianapolis Airport Authority
2. Indianapolis Colts
3. Indianapolis Power & Light
4. Indianapolis Motor Speedway
5. Indianapolis Chamber of Commerce

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.

 HUNTER B  
COUNCILLOR

1/9/2013  
DATE

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

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

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**ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY**

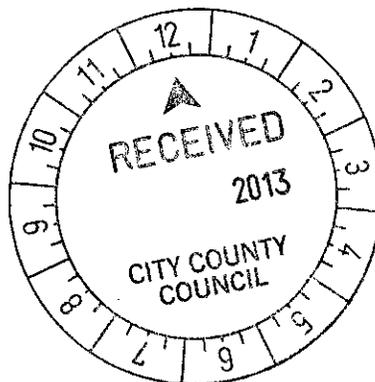
1. a. YOUR NAME Maggie A. Lewis
- b. YOUR RESIDENCE 4235 TRACE Edge Ln. Indpls. IN 46254
- c. YOUR BUSINESS ADDRESS \_\_\_\_\_
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES  NO

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

EMPLOYER'S NAME Dove Recovery House for Women

EMPLOYER'S ADDRESS 14 N. Highland Ave. 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 Marion County Assessor's Office

EMPLOYER'S ADDRESS 200 E. Washington St. Suite 1360  
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]

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

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

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_

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

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

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

PERSON SERVING:

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

NAME OF ORGANIZATION Dove Recovery House for Women

ADDRESS OF ORGANIZATION 14 N. Highland Ave. Indianapolis.  
IN 46202

*[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

Capital Improvement Board

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

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

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

Maggie Lewis  
COUNCILLOR

1-28-13  
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 Indianapolis Downtown Inc.  
ADDRESS: 111 Monument Circle # 1900  
Indpls (Council Rep.)

ADDITIONAL RESPONSE TO QUESTION \_\_\_\_\_

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

PERSON, ENTITY OR ORGANIZATION Visit Indy  
ADDRESS: 200 South Capitol Ave, Suite 300  
Indpls. IN 46225-1063 (Council Rep.)

ADDITIONAL RESPONSE TO QUESTION \_\_\_\_\_

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

PERSON, ENTITY OR ORGANIZATION Capital Improvement Board  
ADDRESS: Indiana Convention Center  
(Council appointment)

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

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

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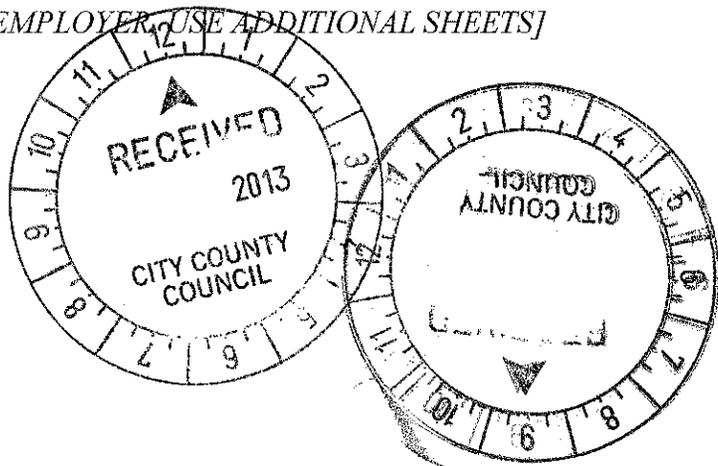
**ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY**

1. a. **YOUR NAME** Robert B. Lutz  
b. **YOUR RESIDENCE**  
1156 Texarkana Dr., Indianapolis, IN 46231  
c. **YOUR BUSINESS ADDRESS**  
5026 Crawfordsville Rd.  
Speedway, IN 46224
  
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO

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

**EMPLOYER'S NAME** City of Indianapolis (Councillor pay 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 X NO \_\_\_

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME Zore's Inc., (received compensation in excess of \$5,000.00)

ENTITY'S ADDRESS 1300 N. Mickley Ave., Indianapolis, IN 46224

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

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

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

PERSON SERVING:

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

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

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

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway, Indianapolis Colts, Citizens Energy Group, AT&T, Visit Indy

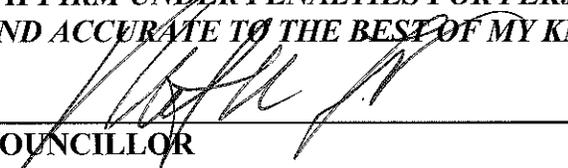
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7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

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 X NO      
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED?    1   

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

  
\_\_\_\_\_  
COUNCILLOR

1/29/2013  
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**

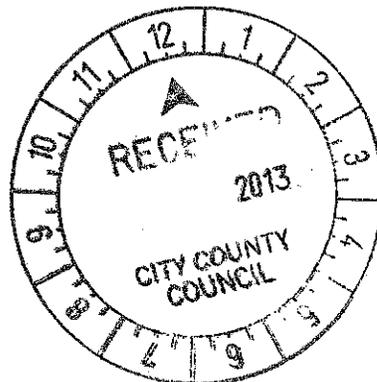
1. a. YOUR NAME BRIAN MAHERN
- b. YOUR RESIDENCE 1402 Storm Ave.
- c. YOUR BUSINESS ADDRESS 101 W. WASHINGTON ST SUITE 1500E  
INDPS, IN 46204
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES  NO

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

EMPLOYER'S NAME STATE OF INDIANA

EMPLOYER'S ADDRESS 101 W. WASHINGTON ST  
SUITE 1500E INDPS 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 \_\_\_ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

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

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

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

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES \_\_\_ NO

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_

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

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

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

PERSON SERVING:

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

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

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

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

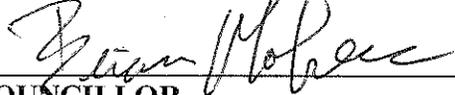
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

INDIANAPOLIS MOTOR SPEEDWAY  
INDIANA REPERTORY THEATRE

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

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

2/1/2013  
DATE

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

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

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**ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY**

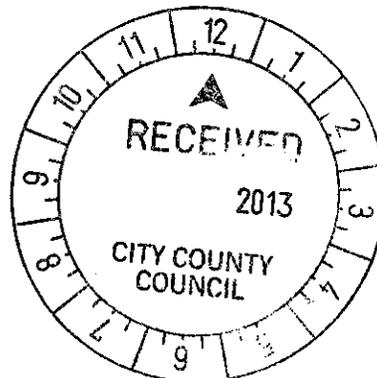
1. a. YOUR NAME Angela L. Mansfield
- b. YOUR RESIDENCE 7836 Harcourt Springs Court
- c. YOUR BUSINESS ADDRESS 8440 Allison Pointe Blvd.
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES  NO

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

EMPLOYER'S NAME DuCharme, McMillen & Assoc

EMPLOYER'S ADDRESS 8440 Allison Pointe Blvd.

*[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 N/A

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?  
YES \_\_\_ NO \_\_\_ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME 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 DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES \_\_\_ NO \_\_\_ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD N/A

EMPLOYER'S NAME 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 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 N/A

ENTITY'S ADDRESS N/A

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

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

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

PERSON SERVING:

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

NAME OF ORGANIZATION N/A

ADDRESS OF ORGANIZATION N/A

*[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

N/A

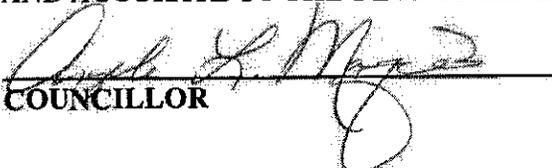
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7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

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? N/A

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

  
COUNCILLOR

1/9/2013  
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** Frank Mascari

b. **YOUR RESIDENCE**  
411 Park Meadow Ct  
Beech Grove In 46107

c. **YOUR BUSINESS ADDRESS**  
701 Main St  
Beech Grove, In 46107

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

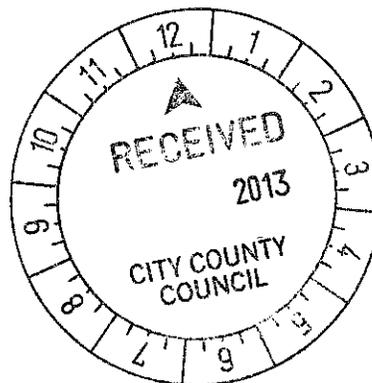
**IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS**

**EMPLOYER'S NAME** Spalding Jewelry

**EMPLOYER'S ADDRESS** 701 Main St, Beech Grove, In 46107

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*[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** Retail Jewelry

**NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED** Beech Grove Jewelry  
DBA Spalding Jewelry

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

**IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER**

**EMPLOYER'S NAME** Same

**EMPLOYER'S ADDRESS** Same

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

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

**IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER**

**NAME OF DEPENDANT CHILD** \_\_\_\_\_

**EMPLOYER'S NAME** \_\_\_\_\_

**EMPLOYER'S ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

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

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

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

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_  
\_\_\_\_\_

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

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

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

PERSON SERVING:  
COUNCILLOR \_\_\_ SPOUSE \_\_\_ DEPENDANT CHILD \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_  
\_\_\_\_\_

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

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

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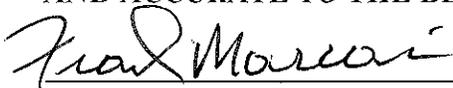
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7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

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

1/28/13  
DATE

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

Due - Feb. 1, 2013

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

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**ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY**

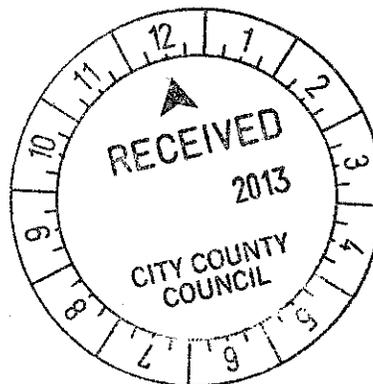
1. a. YOUR NAME Janice McHenry  
b. YOUR RESIDENCE 7641 Torbay Circle  
c. YOUR BUSINESS ADDRESS Same (Retired)
  
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES  NO

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

**EMPLOYER'S NAME** \_\_\_\_\_

**EMPLOYER'S ADDRESS** \_\_\_\_\_

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



b. WERE YOU SELF-EMPLOYED? YES \_\_\_ NO

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

NATURE OF THE BUSINESS \_\_\_\_\_

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED \_\_\_\_\_

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

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Sears Holding Corp.

EMPLOYER'S ADDRESS 3333 Beverly Rd.  
Hoffman Estates, IN 60179

(7425 E. Washington St.; Indpls., IN 46219)  
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR 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]*

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 1.) CICOA - Council Representative  
2.) IMAGIS - Council Representative

ADDRESS OF ORGANIZATION 1.) 4755 Kingsway Dr., Suite 200-46205  
2.) 200 E. Washington St., Suite 1322-46204

*[IF YOU, YOUR SPOUSE OR 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; Super Bowl Committee; 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.

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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 McKerny  
COUNCILLOR

Jan. 28, 2013  
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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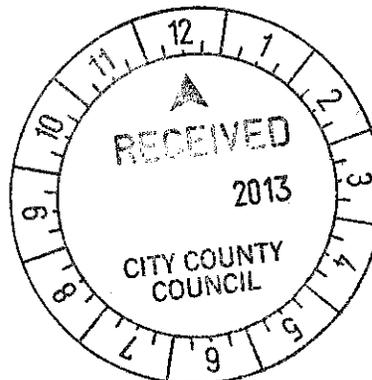
1. a. YOUR NAME Michael J. McQuillen
- b. YOUR RESIDENCE 9130 Prairie Ridge Ct, Edgemoor, IN 46256
- c. YOUR BUSINESS ADDRESS POB 50022, Indy IN 46250
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES  NO

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

EMPLOYER'S NAME NA

EMPLOYER'S ADDRESS NA

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



b. WERE YOU SELF-EMPLOYED? YES  NO

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

NATURE OF THE BUSINESS Antique Collectibles sales

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 Polly A. McQuillan - Lawrence Township Schools

EMPLOYER'S ADDRESS 7900 E. 71st ST  
Edgely IN 46256

[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 NA

EMPLOYER'S ADDRESS NA

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



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

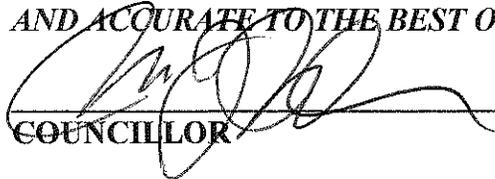
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indiana Pacers - tickets  
Indianapolis Colts - tickets  
Edgis Motor Speedway - tickets

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

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

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

  
COUNCILLOR

1-10-13  
DATE

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

**INDIANAPOLIS CITY-COUNTY COUNCIL  
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**ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY**

1. a. **YOUR NAME** Jeff Miller
- b. **YOUR RESIDENCE** 558 Fletcher Ave, Indianapolis, IN 46203
- c. **YOUR BUSINESS ADDRESS**  
N/A

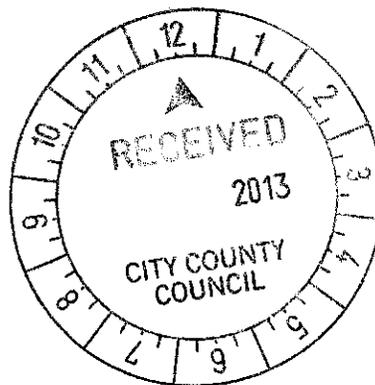
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO

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

**EMPLOYER'S NAME** Capgemini Consulting

**EMPLOYER'S ADDRESS** 111 North Canal, 15th Floor  
Chicago, IL 60606

*[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 X NO \_\_\_

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

PERSON SERVING:

COUNCILLOR X SPOUSE \_\_\_ DEPENDANT CHILD \_\_\_\_\_

NAME OF ORGANIZATION Southeast Neighborhood Development & Land Bank of Indy

ADDRESS OF ORGANIZATION SEND: 1030 Orange Street, Indianapolis, IN 46203  
LBI: 202 East Market Street, Indianapolis, IN 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

Colts; Clear Channel Outdoor, Inc.

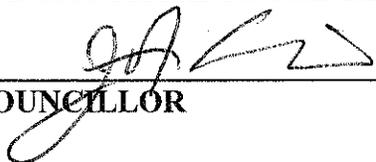
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7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

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

1/28/13  
\_\_\_\_\_  
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 Mary Moriarty Adams
- b. YOUR RESIDENCE 5256 East 13th Street, Indianapolis, IN 46219
- c. YOUR BUSINESS ADDRESS 200 East Washington St, Room 1318, Indianapolis, IN 46204
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES  NO

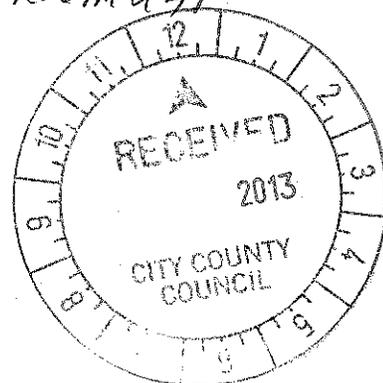
**IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS**

EMPLOYER'S NAME Marion County Assessor

EMPLOYER'S ADDRESS 200 East Washington St, Room 1318, Indianapolis, IN 46204

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

Employer - Indianapolis City County Council  
200 East Washington Street, 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

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_

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

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

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

PERSON SERVING:

COUNCILLOR  SPOUSE \_\_\_ DEPENDANT CHILD \_\_\_ *(I sit on the Bd. of Dir.)*

NAME OF ORGANIZATION Indiana Association of Cities & Towns

ADDRESS OF ORGANIZATION 200 South Meridian Street,  
Suite 340, Indianapolis, IN 46225

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

Citizens Energy - tickets to Colts game at their suite  
Indianapolis Motor Speedway - tickets to Indpls 500, Brickyard & Motor GP  
Jim Tracy's Suite - Pre-season Colts game

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

1/25/2013  
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**

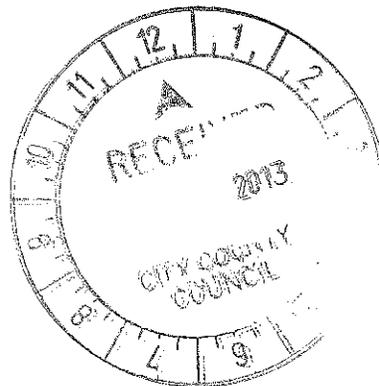
1. a. **YOUR NAME** William C. Oliver
- b. **YOUR RESIDENCE** 4712 E. 34<sup>th</sup> St.
- c. **YOUR BUSINESS ADDRESS**  
SAME  
City-County Council
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES  NO

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

**EMPLOYER'S NAME** City of Indpls.

**EMPLOYER'S ADDRESS** 200 E. Washington 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 CCC #10

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]*

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

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

PERSON SERVING:

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

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

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

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

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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.

William A. Plunk  
COUNCILLOR

1-31-13  
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** Vop Osili
- b. **YOUR RESIDENCE** 1940 N. Delaware St., Indianapolis, IN 46202
- c. **YOUR BUSINESS ADDRESS** 133 W. Market St., Indianapolis, IN 46204
- \_\_\_\_\_
- \_\_\_\_\_
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES  NO

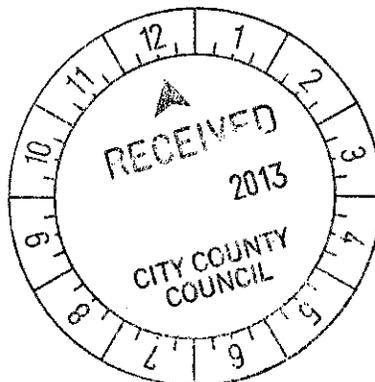
**IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS**

**EMPLOYER'S NAME** \_\_\_\_\_

**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 Architecture

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED A+X Design and Development

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

**IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER**

EMPLOYER'S NAME Indiana University School on Philanthropy

EMPLOYER'S ADDRESS 550 W. North St., 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

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS  
WITH THE CITY OR COUNTY? YES \_\_\_ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_

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

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

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

PERSON SERVING:

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

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

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

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway

Indianapolis Indians Baseball

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

February 1, 2013  
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**

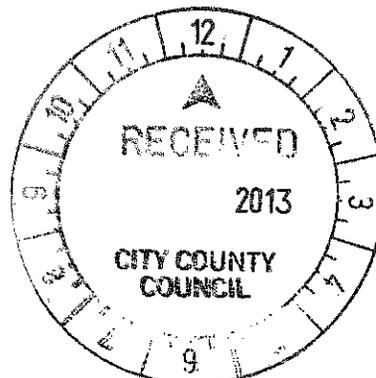
1. a. YOUR NAME Marilyn Fusterer
- b. YOUR RESIDENCE 1001 Mt Auburn Dr.
- c. YOUR BUSINESS ADDRESS NA
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES \_\_\_ NO

**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]*



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]

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 PACE / EIP

ADDRESS OF ORGANIZATION N. Keyatou / N. Meireux - United Way  
Blng

[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.

Marilyn Fister  
COUNCILLOR

1-11-13  
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**

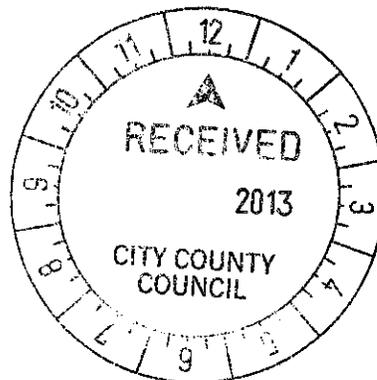
1. a. **YOUR NAME** \_\_\_\_\_ Leroy Robinson \_\_\_\_\_
- b. **YOUR RESIDENCE** \_\_\_\_\_ 4314 Dabny Drive – Indy, IN. 46264 \_\_\_\_\_
- c. **YOUR BUSINESS ADDRESS** \_\_\_\_\_ 5353 W. 71<sup>st</sup>. Street – Indy, IN. 46268 \_\_\_\_\_
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES  NO

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

**EMPLOYER'S NAME** \_\_\_\_\_ MSDPT \_\_\_\_\_

**EMPLOYER'S ADDRESS** \_\_\_\_\_ Same as above \_\_\_\_\_

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



b. WERE YOU SELF-EMPLOYED? YES \_\_ NO  X\_\_

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

**NATURE OF THE BUSINESS** \_\_\_\_\_

**NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED** \_\_\_\_\_

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?**  
YES \_\_ NO \_\_ N/A\_\_

**IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER**

**EMPLOYER'S NAME** \_\_\_\_\_

**EMPLOYER'S ADDRESS** \_\_\_\_\_

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

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

**IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER**

**NAME OF DEPENDANT CHILD** \_\_\_\_\_

**EMPLOYER'S NAME** \_\_\_\_\_

**EMPLOYER'S ADDRESS** \_\_\_\_\_

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

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

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

**IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES**

**ENTITY'S NAME** \_\_\_\_\_

**ENTITY'S ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

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

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

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

**PERSON SERVING:**

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

**NAME OF ORGANIZATION** \_\_\_\_\_

**ADDRESS OF ORGANIZATION** \_\_\_\_\_  
\_\_\_\_\_

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

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS  
NBA and IMS \_\_\_\_\_

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.

Teroy Robinson  
COUNCILLOR

1-9-13  
DATE

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

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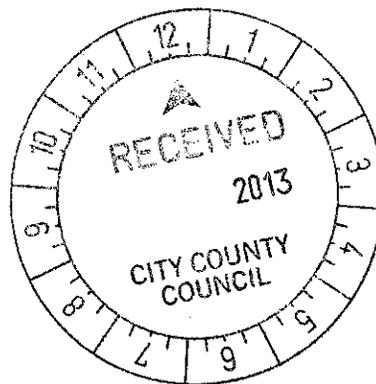
1. a. **YOUR NAME** Jack E. Sandlin
- b. **YOUR RESIDENCE** 1310 E. Southport Road, Indianapolis, IN 46227
- c. **YOUR BUSINESS ADDRESS** PO Box 47802, Indianapolis, IN 46247
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES  NO

**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 Diverse Tech Services

EMPLOYER'S ADDRESS 6325 Digital Way, Suite 100 Indianapolis IN 46278

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

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

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD NA

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

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

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

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS  
WITH THE CITY OR COUNTY? YES x NO \_\_\_

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

Self

ENTITY'S NAME JS Consulting, Inc., d/b/a Jack Sandlin & Associates

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

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

Spouse

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME NA

ENTITY'S ADDRESS

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 Colts - Tickets

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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.

Paul E. Sandlin  
COUNCILLOR

1/28/2013  
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, Indianapolis 46250

c. YOUR BUSINESS ADDRESS  
City County Council Offices

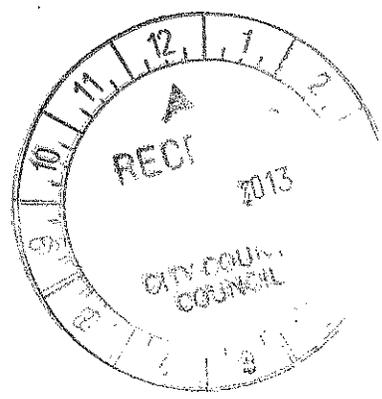
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES  NO  none other than Council Position

**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 Radiology Associates of Indianapolis

EMPLOYER'S ADDRESS St. Francis Hospital, 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 \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_

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

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

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

PERSON SERVING: <sup>\*</sup> - No longer serve  
COUNCILLOR  SPOUSE \_\_\_ DEPENDANT CHILD \_\_\_

NAME OF ORGANIZATION United North East Community Development Corp.

ADDRESS OF ORGANIZATION E. 38th St, Indpls.

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

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Please see below

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.

Christine E. Scale  
COUNCILLOR

2/1/2013  
DATE

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

Answer to #6

I benefitted from a dinner sponsored by IPL which was an educational/business dinner to apprise all councillors of the nature of plans, actions, present and future goals of IPL. Estimated cost of my individual dinner-under \$100.00.

I also received as a gift an NFL Superbowl "swag" package consisting of jacket, hand knit scarf by volunteer, and other lesser "souvenirs" such as Superbowl programs. These were of undetermined value and presented to councillors by the Indianapolis Superbowl Committee. I would imagine that as the items were mass produced on a large scale, the entire gift package would be under \$100.00 in value.

I did not take advantage of any other tickets or items offered to me at for free or at a reduced cost due to my Council position.

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

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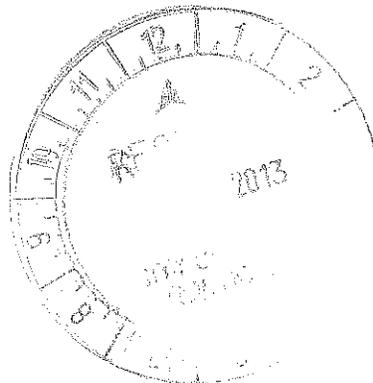
1. a. YOUR NAME Jefferson Shreve
- b. YOUR RESIDENCE 725 E Markwood Ave, Indy 46227
- c. YOUR BUSINESS ADDRESS 227 W. Dodd St  
Bloomington, IN 47403
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES  NO

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

EMPLOYER'S NAME STORAGE EXPRESS

EMPLOYER'S ADDRESS 227 W Dodd Bloomington IN 47403

[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 Oil & gas leases

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED Jefferson Shreve, Trustee

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  
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EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS  
WITH THE CITY OR COUNTY? YES \_\_\_ NO

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_

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

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

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

PERSON SERVING:  
COUNCILLOR \_\_\_ SPOUSE \_\_\_ DEPENDANT CHILD \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER  
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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

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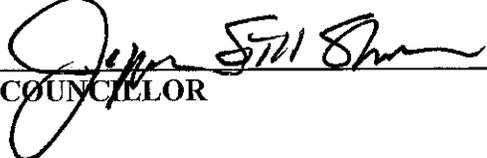
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7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

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

2/8/13  
DATE

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

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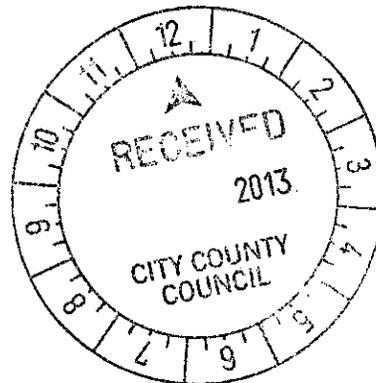
**ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY**

1. a. YOUR NAME Joseph E Simpson  
b. YOUR RESIDENCE 4525 Guilford Ave, Indpls, 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 Indiana Legal Services Inc  
EMPLOYER'S ADDRESS 151 No. Delaware Street  
#1850, Indpls, 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 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 \_\_\_ N/A

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 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

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS  
WITH THE CITY OR COUNTY? YES \_\_\_ NO

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_

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

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

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

PERSON SERVING:

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

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

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

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

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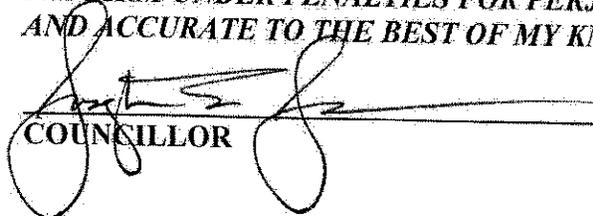
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7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

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

1-31-13  
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** \_Steve Talley  
b. **YOUR RESIDENCE** 5444 E. E. 40<sup>TH</sup> Street, Indianapolis, IN 46226  
c. **YOUR BUSINESS ADDRESS** 201 N. Shadeland AV., Indianapolis, IN 46219
  
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO

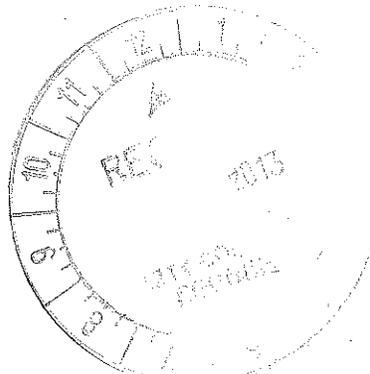
**IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS**

**EMPLOYER'S NAME** \_City of Indianapolis

**EMPLOYER'S ADDRESS** \_241 East Washington Street, Indianapolis, IN 46204

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*[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?

I am widowed 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 \_\_\_ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

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

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

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS  
WITH THE CITY OR COUNTY? YES \_\_\_ NO X N/A *Stew Taler 2-15-2013*

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_

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

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

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

PERSON SERVING:  
COUNCILLOR \_\_\_ SPOUSE \_\_\_ DEPENDANT CHILD \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

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

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

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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.

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IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? \_\_\_\_\_

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

Steve Tally  
COUNCILLOR

1/9/2013  
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 MaTrina DeBow
- b. YOUR RESIDENCE 3910 Basque Ct, Indpls. In 46228
- 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 County Council

EMPLOYER'S ADDRESS 200 E. Washington 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 USPS - Mapleton

EMPLOYER'S ADDRESS 2650 Dr. Martin Luther King  
Indpls. IN 46208

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

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

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

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

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

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS  
WITH THE CITY OR COUNTY? YES \_\_\_ NO

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_  
\_\_\_\_\_

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

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

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

PERSON SERVING:

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

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_  
\_\_\_\_\_

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

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

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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.

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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.

Yasmine DeBow  
COUNCILLOR

1/29/13  
DATE

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

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

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**ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY**

1. a. YOUR NAME Angela Gonzalez
- b. YOUR RESIDENCE 116 S. Audubon Rd, Apt. 4, Indpls 46219
- c. YOUR BUSINESS ADDRESS 200 E. Washington St, Ste 241 T, Indpls, 46204
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES  NO

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

EMPLOYER'S NAME City-County Council

EMPLOYER'S ADDRESS 200 E. Washington St, Ste 241-T, 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 Concrete Contractors, Inc.

EMPLOYER'S ADDRESS 295 Nwessing Rd, Ludpls 46229

[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

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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

1-9-13  
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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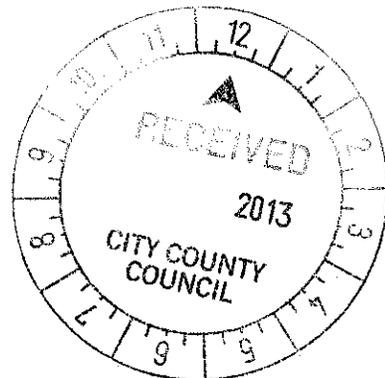
1. a. **YOUR NAME** SaRita Puckett  
b. **YOUR RESIDENCE** 4042 Monaco Drive Apt C, Indianapolis, IN 46220  
c. **YOUR BUSINESS ADDRESS** 200 E Washington St., Ste T241, Indianapolis, IN 46204
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO

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

**EMPLOYER'S NAME** Strayer University

**EMPLOYER'S ADDRESS** 9025 N River Rd, Ste 400, Indianapolis, IN 46240

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



b. WERE YOU SELF-EMPLOYED? YES \_\_\_ NO X

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

NATURE OF THE BUSINESS \_\_\_\_\_

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED \_\_\_\_\_

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?

YES \_\_\_ NO X

**IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER**

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

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

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR 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 \_\_\_\_\_

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

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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 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.*

  
\_\_\_\_\_  
SENIOR STAFF

1-9-13  
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:** Hope C. Tribble  
b. **YOUR RESIDENCE:** 3210 Washington Boulevard, Indianapolis, IN 46205  
c. **YOUR BUSINESS ADDRESS:** 200 East Washington St Ste T241, Indpls., IN 46204
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO \_\_\_

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

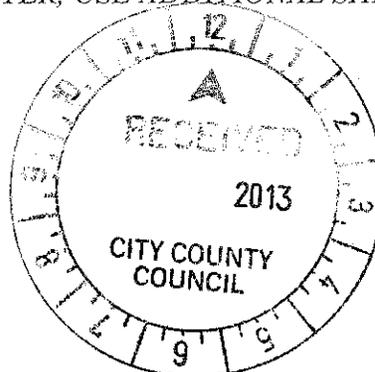
**EMPLOYER'S NAME** State of Indiana, House of Representatives

**EMPLOYER'S ADDRESS** 200 West Washington Street, Indianapolis, IN 46204

**EMPLOYER'S NAME** City of Indianapolis, City-County Council

**EMPLOYER'S ADDRESS** 200 East Washington Street, Indianapolis, IN 46204

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



b. WERE YOU SELF-EMPLOYED? YES  NO

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

NATURE OF THE BUSINESS \_\_\_\_\_

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED \_\_\_\_\_

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?

Not Applicable

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

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS  
WITH THE CITY OR COUNTY? YES \_\_\_ NOX

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME \_\_\_\_\_

ENTITY'S ADDRESS \_\_\_\_\_

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

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

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

PERSON SERVING:

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

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

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

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

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

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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.

  
\_\_\_\_\_  
Council Chief Financial Officer

  
\_\_\_\_\_  
DATE

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