

\_\_\_\_\_  
Name

\_\_\_\_\_  
District

\_\_\_\_\_  
Party Affiliation

## SENATE OF THE STATE OF INDIANA

### STATEMENT OF ECONOMIC INTERESTS FOR THE CALENDAR YEAR 2018

#### **General Instructions:**

1. This Statement must be filed by incumbent legislators not later than seven (7) calendar days following the first session day in January of each year. Candidates for election to the General Assembly who are not current legislators must file this Statement before filing a declaration of candidacy.
2. A Statement should cover economic interests for only the preceding calendar year.
3. A Statement must be filed as follows:
  - a. Incumbent Senators and nonincumbent candidates for election to the Senate must file the Statement with the Principal Secretary of the Senate, Third Floor Statehouse, Senate Chamber, Indianapolis, IN 46204.
  - b. Electronic submissions will not be accepted.
  - c. The Statement must have an original signature. Electronic signatures will not be accepted.
4. You may use additional pages if necessary.
5. You are not required to report the name of any church in which you, your spouse, or unemancipated child is a member, an officer, or a director.
6. You are not required to report the name of any business entity if your only interest, your spouse's only interest, and/or your unemancipated child's only interest in the business entity is any of the following:
  - a. A time or demand deposit in a financial institution.
  - b. An insurance policy issued by the business entity.
  - c. A mutual fund of the business entity.
7. In describing the nature of an employer's or business entity's business, give sufficient detail to make it clear to an individual of ordinary understanding what the employer or business entity does.
8. You must enter information in each item of the form. If information requested by an item is inapplicable to you, your spouse, and/or your unemancipated children (if information is requested about unemancipated children), enter "not applicable," "none," or a similar response.
9. You may file an amended Statement upon discovery of additional information required to be reported.
10. See IC 2-2.2-2 for clarification of questions.

11. Per IC 2-2.2-1-2: "Business entity" refers to any of the following:
  - a. A sole proprietorship.
  - b. A professional practice.
  - c. An unincorporated association.
  - d. A partnership.
  - e. A limited partnership.
  - f. A limited liability partnership.
  - g. A corporation.
  - h. A professional corporation.
  - i. A limited liability company.
  - j. A trust.
  - k. A business trust.
  - l. A real estate investment trust.
  - m. Any other form of organization permitted under Indiana law for business purposes.
  
12. Per IC 2-2.2-1-14: "Person" refers to an individual, a business entity, a nonprofit corporation, a governmental agency, or a political subdivision.
  
13. Per IC 2-2.2-1-17:
  - a. "Relative" of an individual refers to any of the following:
    - i. The individual's spouse.
    - ii. A parent of the individual or a parent of the individual's spouse.
    - iii. A child of the individual or a child of the individual's spouse.
    - iv. A sibling of the individual or a sibling of the individual's spouse.
    - v. An aunt or an uncle of the individual or an aunt or an uncle of the individual's spouse.
    - vi. A niece or nephew of the individual or a niece or nephew of the individual's spouse.
    - vii. A grandparent of the individual or a grandparent of the individual's spouse.
    - viii. A grandchild of the individual or a grandchild of the individual's spouse.
    - ix. A great-grandparent of the individual or a great-grandparent of the individual's spouse.
    - x. A great-grandchild of the individual or a great-grandchild of the individual's spouse.
  
  - b. A relative by adoption, half-blood, marriage, or remarriage is considered as a relative of whole kinship.

- Select One:**
- I am an Incumbent Legislator
  - I am a Legislative Candidate

1. Check this box if the General Assembly is your sole employer.

Otherwise, list the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business. If you are retired, or if your spouse is retired, state that fact under this item.

Name of Employer	Nature of Employer's Business	Your Employer	Spouse's Employer
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

2. List the name and nature of every business entity (see definition in IC 2-2.2-1-2):

- a. Owned or operated by you or your spouse;
- b. In which you or your spouse is a member;
- c. In which you or your spouse is an officer or director;
- d. In which you, your spouse, or your unemancipated children own stock or have another ownership interest having a fair market value of more than \$5,000;
- e. That is a trust in which you are a beneficiary of an interest with a fair market value of more than \$5,000; or
- f. In which you have stock options having a fair market value of more than \$5,000.

In addition, please indicate if any of the interests listed below are \$500,000 or more.

Name of Business Entity	Nature of Business Entity's Business	Your Interest	Spouse's Interest	Unemancipated Child's Interest	Interest => \$500,000
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Under this item, list the name of any person (see definition in IC 2-2.2-1-14), other than the General Assembly, not listed under item 1 or item 2 from which you or your spouse derived 25% or more of your income or your spouse's income and the nature of that person's business. For purposes of this item, you are not required to report the name of a person if the only income you received from the person was derived from the sale of agricultural or residential real property. Also, for purposes of this item, do not include any income derived from the sale of agricultural or residential real property when determining your total income.

Name of Person	Nature of Person's Business

4. List the name of any state agency or the Supreme Court of Indiana which licenses or regulates any of the following:
- Your profession or occupation;
  - Your spouse's profession or occupation; or
  - Any business entity listed under item 2. The requirement to file certain reports with the Indiana Secretary of State or to register with the Indiana Department of Revenue as a retail merchant, manufacturer or wholesaler is not considered licensure or regulation.

Name of State Agency	Nature of Licensure or Regulation	Profession or Occupation		Business Entity Listed Under Number 2		
		You	Spouse	You	Spouse	Unemancipated Child
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. List the name of any lobbyist who is a member, an officer or director, or a manager of an employer or a business entity named under item 1 or item 2.

Name of Lobbyist	Legislative Matters Which are the Object of the Lobbyist's Activity	Name of Employer or Business Entity

6. List the name of any lobbyist who is your relative. (See IC 2-2.2-1-17 for definition of "relative".)

Name	Relation

7. List the name of any state agency or official before which you have personally appeared on behalf of another person outside of the course of your official duties as a member of the General Assembly. The name of an agency or official is not required under this item if you received no compensation for any appearance on behalf of any person before the agency or official.

Name of State Agency or Official

8. List the name of each agency of the federal government or of a state other than Indiana with which you are registered because you are engaged in influencing executive or legislative action of the federal government or the other state.

Name of Federal Agency or Other State

I certify that I believe the foregoing is true, accurate and complete.

\_\_\_\_\_  
Signature *(Must be an original signature)*

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

Telephone Number

Filed with the Principal Secretary of the Indiana Senate this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Principal Secretary, Indiana Senate