STATE OF INDIANA
COUNTY OF ___________________________________

INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING: 20___

NOTE: Insert “Not Applicable” where appropriate.

I, ___________________________________________________________ the undersigned, certify the following:

Name of Candidate or Person Filling Vacant Office

(1) The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is ___________________________________________________________. (Include district, if applicable.)

(2) The name of my spouse was ___________________________________________________________.

(3) The name of my employer and the nature of its business was ___________________________________________________________.

(4) The name of the employer of my spouse and the nature of its business was ___________________________________________________________.

(5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was ___________________________________________________________.

(6) If I operated a professional practice, the name of the professional practice and the nature of its business was ___________________________________________________________.

(7) If I was a member of a partnership, the name of the partnership and the nature of its business was ___________________________________________________________.

(8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was ___________________________________________________________.

(9) If I was a member of a limited liability company, the name of the limited liability company and the nature of its business was ___________________________________________________________.

(10) If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its business was ___________________________________________________________.

(11) If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was ___________________________________________________________.

(12) If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was ___________________________________________________________.

COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.
I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and complete.

Signed, this the _____ day of _________________________________, 20__:

_______________________________________________________________
Signature

_______________________________________________________________
Printed Name

STATE OF __________________________________ )
COUNTY OF ________________________________ )
Subscribed and affirmed to before me this ________ day of _____________________________, 20__.

Notary Public or Other Official Administering Oath
My Commission expires (applies only to Notary Public): _____________________________
County of Residence: ______________________________________________________