



BOARD MEMBER DISCLOSURE

State Form 55499 (2-14)
INDIANA STATE DEPARTMENT OF HEALTH
ISDH HEALTHY HOOSIERS FOUNDATION, INC.

This Form is open for public inspection.

- INSTRUCTIONS:**
- This Form must be completed annually.*
 - You must complete, sign, and date this Form. Attach additional pages when necessary.*

DEFINITIONS AND EXPLANATORY MATERIAL

Each part must be answered. Incomplete statements will be returned. If you have no information to report in a section, please indicate such by writing "none" or "N/A" for that section. Please note that the form must be affirmed and signed. Complete the form by printing legibly or typing. Italicized words in the form are defined below.

DEFINITIONS

(1) "*Business relationship*" includes the following:

- (A) Dealings of a person with an agency seeking, obtaining, establishing, maintaining, or implementing:
 - (i) a pecuniary interest in a contract or purchase with the agency; or
 - (ii) a license or permit requiring the exercise of judgment or discretion by the agency.
- (B) The relationship a lobbyist has with an agency.
- (C) The relationship an unregistered lobbyist has with an agency.

(2) "*Employer*" means any person from whom a candidate for appointment or appointee or the candidate for appointment or appointee's immediate family member received compensation (a customer or client of a self-employed individual in a sole proprietorship or a professional practice is not considered to be an employer).

(3) "*Immediate family*" means a person's (i) a spouse; (ii) partner; (iii) housemate; or (iv) unemancipated dependent.

(4) "*Person*" means any individual, proprietorship, partnership, unincorporated association, trust, business trust, group, limited liability company, or corporation, whether or not operated for profit, or a governmental agency or political subdivision.

Full Name	Appointed position held or to be held
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Address (<i>number and street, city, state, and ZIP code</i>)	
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Telephone Number	Email Address
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Full Name of Spouse

Full Name of Other <i>Immediate Family</i> Members

I. Real Property Interests

List any ownership in real property in which you or your *immediate family* have equitable or legal interest either amounting to five thousand dollars (\$5,000) or more or comprising ten percent (10%) of your net worth or the net worth of your *immediate family* member. You need not include your residence unless it also serves as income property.

A. Your real property interests are:

B. Your *immediate family's* real property interests are:

II. Non-State Employer

List the name of your *employer(s)* and the *employer(s)* of your *immediate family* members and the nature of each *employer's* business.

A. Your *employer(s)* and the nature of your *employer's* business:

B. Your *immediate family* member's *employer(s)* and the nature of your *immediate family* member's *employer's* business:

C. Does your *employer* or your *immediate family* member's *employer* have any active contracts with the State of Indiana? If so, please list the contracting agencies below and describe the nature of the contract:

D. Does your *employer* or your *immediate family* member's *employer* have a *business relationship* with the State of Indiana or with any state agency? If so, please list the agency and describe the nature of the *business relationship*.

III. Sole Proprietorship or Professional Practice

List any sole proprietorship owned or professional practice operated by you or your *immediate family* member and the nature of the business.

A. Sole proprietorship(s) owned or professional practices operated by you and the nature of the business:

B. Sole proprietorship(s) owned or professional practices operated by your *immediate family* member and the nature of the business:

C. Do any of the businesses listed above have a *business relationship* with the State of Indiana or any state agency? If so, please list the agency involved and describe the nature of the *business relationship*.

D. Do any clients for these businesses listed above have a *business relationship* with your agency/board/commission (or in the case of a candidate, with the agency/board/commission you are seeking)? If so, please describe the nature of the *business relationship*.

E. List the name of any client or customer from whom you or your *immediate family* member received more than thirty-three percent (33%) of your (or your *immediate family* member's) income in a year.

IV. Partnerships

List any partnership in which you or your *immediate family* member is a member and the nature of the partnership business.

A. Partnerships in which you are a member and the nature of the partnership business:

B. Partnerships in which your *immediate family* member is a member and the nature of the partnership business:

C. Do any of the partnerships listed above have a *business relationship* with the State of Indiana or with any state agency? If so, please list the state agency and describe the nature of the *business relationship*.

V. Officer or Director of a Corporation

List the name of any corporation in which you or your *immediate family* member is an officer or director and the nature of the corporation's business. Churches need not be listed.

A. Corporations in which you are an officer or director and the nature of the corporation's business:

B. Corporations in which your *immediate family* member is an officer or director and the nature of the corporation's business:

C. Do any of the corporations listed above have a *business relationship* with the State of Indiana or with any state agency? If so, please list the state agency and describe the nature of the *business relationship*.

VI. Stockholder of a Corporation

List the name of any corporation in which you or your *immediate family* member own stock or stock options having a fair market value in excess of ten thousand dollars (\$10,000). For each corporation, indicate whether you or your *immediate family* member owns the stock or stock options. A time or demand deposit in a financial institution or insurance policy need not be listed.

VII. Outside Office

List the name of any elected or appointed positions you hold within Federal, state or local government or with a political party office. For each position, list the name of the position, whether the position is appointed or elected, whether it is a partisan office, whether it is a paid position, and whether you intend to continue position if appointed to position listed on page 1 of this form.

VIII. Lobbying Activity

List any lobbying activity you are currently engaged in. Include what organization you lobbied for, who you lobbied, the dates you lobbied, and any additional relevant information.

I swear or affirm that the foregoing information is full, true, and correct to the best of my knowledge. I understand that I may file an amended statement upon discovery of additional information required to be reported.

Signature

Date (*month, day, year*)