

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

In accordance to Sec. 151-1132 of the Revised Code of the Consolidated City and County, all City-County Councilors and any declared candidate for City-County Council are required to file an ethics disclosure statement. This statement shall be completed annually and must be submitted to the Clerk of the Council by or before 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 Councilor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

PERSONAL INFORMATION:

NAME John Barth

RESIDENCE (HOME) ADDRESS 4832 Graceland Ave Indianapolis, IN 46208

EMPLOYMENT/COMPENSATION:

DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYER(S) IN THE PRIOR YEAR?

YES X *NO*

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION. (IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS.)

EMPLOYER'S NAME: Molina Healthcare

EMPLOYER'S ADDRESS: 200 Oceangate 100, Long Beach, CA 90802

DATE OF HIRE: March, 2023

PLEASE LIST THE AMOUNT OF FUNDS IN EXCESS OF FIVE THOUSAND DOLLARS EACH EMPLOYER RECEIVED FROM THE CONSOLIDATED CITY OF INDIANAPOLIS-MARION

COUNTY DURING THE PRIOR CALENDAR YEAR ROUNDED TO THE NEAREST \$5000.00¹.
N/A

WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION.:

NAME OF BUSINESS: _____

NATURE OF THE BUSINESS: _____

SPOUSE EMPLOYMENT/COMPENSATION:

DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5,000.00 FROM AN EMPLOYER?

YES ☒ NO ___

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION.:

EMPLOYER'S NAME: MultiCare

EMPLOYER'S ADDRESS: 315 MLK, Jr. Way Tacoma, WA 98405

IF YOUR SPOUSE WAS PAID \$5,000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS

DEPENDENT EMPLOYMENT/COMPENSATION:

¹ The term "funds" included any incentives the employer may have received such as tax abatements or PILOTS and any contracts entered into directly by the Councilor or the employer. If the monetary value is not directly ascertainable, please provide the department/agency the agreement is with, the date of the agreement and a brief description of the incentive or funds anticipated.
Rev 2024

DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDENT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5,000.00 FROM AN EMPLOYER?

YES ____ NO X

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION.:

NAME OF DEPENDENT CHILD: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

IF YOUR DEPENDENT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5,000.00 USE ADDITIONAL SHEETS

OFFICER/EQUITY INTEREST/DIRECT INDIRECT COMPENSATION

DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDENT CHILDREN:

- A. *SERVE AS AN OFFICER OF ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY?* YES ____ NO X
- B. *OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS OF ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY, WHICH INTEREST INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%?* YES ____ NO X; OR
- C. *DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION IN EXCESS OF \$5,000.00, IN AGGREGATE, FROM ANY ONE BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY, DURING THE PAST CALENDAR YEAR?* YES ____ NO X

IF YES, PLEASE EXPLAIN BELOW, INCLUDE NAME AND ADDRESS OF ENTITY:

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

OFFICER/BOARD MEMBER

DID YOU, YOUR SPOUSE, OR ANY DEPENDENT 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, PLEASE PROVIDE THE FOLLOWING INFORMATION.:

PERSON SERVING: COUNCILOR X SPOUSE DEPENDENT CHILD

NAME OF ORGANIZATION: Mental Health Association of Indianapolis

ADDRESS OF ORGANIZATION: 1431 N. Delaware St, Indianapolis, In 46202

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

GIFTS OR OTHER ITEMS OF VALUE:

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 ONGOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, 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 SEEKS TO INFLUENCE COUNCIL ACTION? YES NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS:

I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 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.

John Barth /S/

COUNCILOR

DATE

RETURN TO: CLERK OF THE COUNCIL, 200 E. WASHINGTON ST. STE T-241, INDIANAPOLIS, INDIANA, 46204