

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 Vop Osili

RESIDENCE (HOME) ADDRESS 1940 N. Delaware St., Indianapolis, IN 46202

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: Woolpert

EMPLOYER'S ADDRESS: 333 N. Alabama St., Suite 200, Indianapolis, IN 46202

DATE OF HIRE: January, 2020

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.

Aggregate amount not known. Contracts with ISA and OPHS.

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

WERE YOU SELF-EMPLOYED? YES NO X

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 X NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION.:

EMPLOYER'S NAME: Indiana University _____

EMPLOYER'S ADDRESS: 301 University Blvd., Indianapolis, IN 46202 _____

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

DEPENDENT EMPLOYMENT/COMPENSATION:

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 NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:.

PERSON SERVING: COUNCILOR X SPOUSE X DEPENDENT CHILD

NAME OF ORGANIZATION: **See attached sheets**

ADDRESS OF ORGANIZATION:

**IF YOU, YOUR SPOUSE OR DEPENDENT CHILDREN HAD POSITION
ORGANIZATIONS THAT MUST BE DISCLOSED, ATTACH ADDITIONAL SHEETS**

GIFTS OR OTHER ITEMS OF VALUE:

Rev 2024

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 X NO _____

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

***See attached sheets**

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 X NO _____

IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____ 3 _____

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



COUNCILOR

January 31, 2025

DATE

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

***Additional sheets per the questions below**

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 X DEPENDENT CHILD _____

NAME OF ORGANIZATION: _____ See below _____

ADDRESS OF ORGANIZATION: _____

PERSON SERVING: Vop Osili

COUNCILLOR X SPOUSE _____ DEPENDENT CHILD _____

NAME OF ORGANIZATION Children's Museum of Indianapolis _____

ADDRESS OF ORGANIZATION 3000 N. Meridian St., Indianapolis, IN 46208 _____

PERSON SERVING: Vop Osili

COUNCILLOR X SPOUSE _____ DEPENDENT CHILD _____

NAME OF ORGANIZATION Downtown Indy, Inc _____

ADDRESS OF ORGANIZATION 111 Monument Circle, Suite 250, Indianapolis, IN 46204 _____

PERSON SERVING: Vop Osili

COUNCILLOR X SPOUSE _____ DEPENDENT CHILD _____

NAME OF ORGANIZATION Indiana Black Expo _____

ADDRESS OF ORGANIZATION 601 N. Shortridge Rd., Indianapolis, IN 46219 _____

PERSON SERVING: Vop Osili

COUNCILLOR X SPOUSE ____ DEPENDENT CHILD _____

NAME OF ORGANIZATION Madam Walker Legacy Center _____

ADDRESS OF ORGANIZATION 617 Indiana Ave., Indianapolis, IN 46204 _____

PERSON SERVING: Vop Osili

COUNCILLOR X SPOUSE ____ DEPENDENT CHILD _____

NAME OF ORGANIZATION Monumental Marathon _____

ADDRESS OF ORGANIZATION PO Box 55488, Indianapolis, IN 46205 _____

PERSON SERVING: Vop Osili

COUNCILLOR X SPOUSE ____ DEPENDENT CHILD _____

NAME OF ORGANIZATION PACE _____

ADDRESS OF ORGANIZATION 1314 N. Meridian St., Indianapolis, IN 46204 _____

PERSON SERVING: Una Osili (spouse)

COUNCILLOR ____ SPOUSE X DEPENDENT CHILD _____

NAME OF ORGANIZATION Central Indiana Community Foundation _____

ADDRESS OF ORGANIZATION 615 N. Alabama St., Suite 119, Indianapolis, IN 46204 _____

PERSON SERVING: Una Osili (spouse)

COUNCILLOR ____ SPOUSE X DEPENDENT CHILD _____

NAME OF ORGANIZATION Bank of Indianapolis _____

ADDRESS OF ORGANIZATION 107 N. Pennsylvania St., Suite 100, Indianapolis, IN 46204 _____

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 X NO _____

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

Indiana Pacers

Bose

Market Street Group

Indianapolis 500

Colts

Keystone/ Indy Eleven

IUHealth

Indianapolis Foundation

Indy Chamber
