

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

In accordance with 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__Mike

Dilk_____

RESIDENCE (HOME) ADDRESS ____4622 Blackstone Drive, Indianapolis, IN

46237_____

EMPLOYMENT/COMPENSATION:

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

YES ☒ NO ☐

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

EMPLOYER'S NAME: American Homes 4

Rent _____

EMPLOYER'S ADDRESS: ____6943 Hillsdale Court, Indianapolis, IN

46250_____

DATE OF HIRE: 05/07/2018

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.

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 ☐ N/A ☒

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION.:

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

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

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 ____ N/A ☒ 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 ____ N/A ☒ 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:

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 MAY ADDITIONAL SHEETS ARE ATTACHED? _____

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

Mike Dilk

COUNCILOR

DATE

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