

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 Councillors 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 Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

PERSONAL INFORMATION:

NAME Crista Carlino

RESIDENCE ADDRESS 8576 Sunningdale Blvd
Indianapolis, IN 46234

EMPLOYMENT:

DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?

YES X NO

IF YES, PLEASE ANSWER THE FOLLOWING RELATED QUESTIONS:

EMPLOYER'S NAME Workforce Inc. dba Recycle Force

EMPLOYER'S ADDRESS 816 N. Sherman Drive
Indianapolis, IN

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

WERE YOU SELF-EMPLOYED? YES NO X

IF YES, PLEASE ANSWER THE FOLLOWING RELATED QUESTIONS:

NAME OF BUSINESS

NATURE OF THE BUSINESS _____

SPOUSE/DEPENDENT 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 ANSWER THE FOLLOWING RELATED QUESTIONS:

EMPLOYER'S NAME n/a - no spouse

EMPLOYER'S ADDRESS _____

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

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 ANSWER THE FOLLOWING RELATED QUESTIONS:

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

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

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 X

IF YES, PLEASE ANSWER THE FOLLOWING RELATED QUESTIONS:

PERSON SERVING:

COUNCILLOR SPOUSE DEPENDENT CHILD

NAME OF ORGANIZATION

ADDRESS OF ORGANIZATION

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

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.

CityLee Carino
OUNCILLOR

1/21/2025
DATE

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