
From: Web Form Poster [scrouch@auditor.in.gov]
Sent: Thursday, January 23, 2014 8:01 AM
To: IG Info
Subject: [Form 40876 submission]

For the Calendar Year: 2013
Check if this is an amendment to your current statement.:

Name (Last): Suzanne
Name (First): Crouch
Name (Middle): Maureen

Spouse's Name (Last): Larry
Name (First): Downs
Name (Middle): Robert

Office Address (Street): 220 W Washington Ave #240
Address (City): Indianapolis
Address (Zip): 46204

Office Telephone Number: (812)232-3300
Email Address (required): scrouch@auditor.in.gov

I am filing this statement as a (select one): incumbent

Office or Agency: Auditor
Job Title: Auditor of Indiana

PART 1 - GIFTS (If you have information to report below, select YES. If no information, select NO.) No

Name (Last):
Address (City):
Address (Zip):
Name (Last):

Address (City):
Address (Zip):

Name (Last):
Address (City):
Address (Zip):

PART - 2 REAL PROPERTY INTERESTS (If you have information to report below, select YES. If no information, select NO.) Yes

Property and its location: 5503 Wheatley Ct., Boynton Beach FL
Property and its location:
Property and its location:

PART - 3 Non-State Employers (If you have information to report below, select YES. If no information, select NO.) Yes

List the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business.

Your employer: State of Indiana

Nature of business: State Auditor

Spouse's employer: Kahn Dees Donovan & Kahn LLC

Nature of business: Law Firm

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE (If you have information to report below, select YES. If no information, select NO.) Yes

Name of Your Business:

Nature of Business:

Name of Spouse's Business: Kahn Dees Donovan & Kahn LLC

Nature of Spouse's Business: Law firm

Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)? no

List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse.s) non-state income in a year.

PART 5 - PARTNERSHIPS (If you have information to report below, select YES. If no information, select NO.) Yes

Name of Your partnership:

Nature of partnership:

Name of Spouse's partnership: Kahn Dees Donovan & Kahn

Nature of Spouse's partnership: Law firm

PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) No

Name of Corporation:

Nature of Business:

Name of Spouse's Corporation:

Nature of Spouse's Business:

PART 7 - STOCKHOLDER OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) Yes

Name of corporation: Walmart

your's: on

spouse's: on

children's:

Name of corporation: Phillip Morris

your's: on

spouse's: on

children's:

Name of corporation:

your's:

spouse's:

children's:

PART 8 - MOST RECENT EMPLOYER (If you have information to report below, select YES. If no information, select NO.) Yes

Name of your most recent former employer: Indiana House of Representatives

Address

Street: 220 W Washington Ave

City: Indianapolis

State: IN

Zip Code:

COMMENTS

<p>Please place any comments in the fields below

FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW
