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**From:** Web Form Poster [dmandman2@icloud.com]  
**Sent:** Saturday, August 17, 2013 5:59 PM  
**To:** IG Info  
**Subject:** Dwayne Sawyer-Auditor FDS

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

Name (Last): Sawyer  
Name (First): Dwayne  
Name (Middle): Louis

Spouse's Name (Last): Sawyer  
Name (First): Melissa  
Name (Middle): Lou Anne

Office Address (Street): 240 Statehouse  
Address (City): Indianapolis  
Address (Zip): 46256

Office Telephone Number: ( 317 )233-1443  
Email Address (required): [dmandman2@icloud.com](mailto:dmandman2@icloud.com)

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

Office or Agency: State Auditor  
Job Title: State auditor

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: 1276 Summer Ridge Lane Brownsburg, IN 46112  
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.) No

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

Your employer:

Nature of business:

Spouse's employer:

Nature of business:

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

Name of Your Business:

Nature of Business:

Name of Spouse's Business:

Nature of Spouse's Business:

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)?

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.) No

Name of Your partnership:

Nature of partnership:

Name of Spouse's partnership:

Nature of Spouse's partnership:

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

Name of Corporation: The Hubb Inc

Nature of Business: Social Network

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.) No

Name of corporation:

your's:

spouse's:

children's:

Name of corporation:

your's:

spouse's:

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: Positron

Address

Street: 9715 Kincaid Dr., Suite 1000

City: Fishers

State: IN

Zip Code:

COMMENTS

<p>Please place any comments in the fields below

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FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW  
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