

Pelath, Scott D

Name

9

District

Democratic

Party Affiliation

HOUSE OF REPRESENTATIVES OF THE STATE OF INDIANA

STATE HOUSE
INDIANAPOLIS, INDIANA 46204

STATEMENT OF ECONOMIC INTERESTS
FOR THE CALENDAR YEAR 2003

This statement shall be filed by members not later than seven days following the first session day in January of each year and covers only activity occurring in the preceding calendar year. Non-incumbent candidates for the General Assembly must file this statement before filing a declaration of candidacy. All statements shall be filed with the Principal Clerk of the House, Room 3A-8, 3rd Floor State House, Indianapolis.

Additional pages may be inserted, if necessary, See IC 2-2.1-3, for any clarification of the questions.

Incumbent legislator (x) X

Legislative candidate (x)

1. List the name of your employer(s) and the employer(s) of your spouse and the nature of the employer's business. "Employer" means any person or entity from whom the member of or candidate for the Indiana General Assembly or his spouse received more than 33% of his non-legislative income.

Table with 4 columns: NAME OF EMPLOYER, NATURE OF BUSINESS, Your Employer (x), Spouse's Employer (x). Row 1: Swanson Center, Community Mental Health Center, X.

2. List the name of every sole proprietorship or professional practice operated by you or your spouse and the nature of the business.

<i>NAME OF BUSINESS</i>	<i>NATURE OF BUSINESS</i>	<i>Your Business (x)</i>	<i>Spouse's Business (x)</i>

3. List the name of every partnership and limited liability company of which you or your spouse are a member and the nature of the business.

<i>NAME OF BUSINESS</i>	<i>NATURE OF BUSINESS</i>	<i>Your Business (x)</i>	<i>Spouse's Business (x)</i>

4. List the name of any corporation of which you or your spouse are an office or director and the nature of the corporation's business. Churches need not be listed.

<i>NAME OF BUSINESS</i>	<i>NATURE OF BUSINESS</i>	<i>Your Business (x)</i>	<i>Spouse's Business (x)</i>
Swanson Center	Community Mental Health Center	X	

5. List the name of any corporation in which you, your spouse or unemancipated child own stock or stock options having a fair market value in excess of \$10,000. No time or demand deposit in a financial institution or an insurance policy need be listed.

<i>NAME OF BUSINESS</i>	<i>Your Stock (x)</i>	<i>Spouse's Stock (x)</i>	<i>Children's Stock (x)</i>

