

Joe Micon
Name

26
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 2004

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)

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 or candidate for the Indiana General Assembly or his spouse received more than 33% of his non-legislative income.

NAME OF EMPLOYER	NATURE OF BUSINESS	Your Employer (x)	Spouse's Employer (x)
Purdue University	Higher Ed.		X
Lafayette Urban Ministry	Human Services	X	

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

NAME OF BUSINESS	NATURE OF BUSINESS	Your Business (x)	Spouse's Business (x)
Wilson Farms	Beef Cattle Ranch	X	X
Jo Wilson ACSW	Mental Health Therapy		X

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.

NAME OF BUSINESS	NATURE OF BUSINESS	Your Business (x)	Spouse's Business (x)
n/a			

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

NAME OF BUSINESS	NATURE OF BUSINESS	Your Business (x)	Spouse's Business (x)
Purdue U. Warram County Cooperative Extension		X	
St. Vincent Williamsport Hospital		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.

NAME OF BUSINESS	Your Stock (x)	Spouse's Stock (x)	Children's Stock (x)
n/a			

