

John J. Day

Name

100

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 of 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)
Marian College	Teaching (part time)	X	
St. Monica Church	Religion & Education		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>
<i>NONE</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>
<i>NONE</i>			

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.

<i>NAME OF BUSINESS</i>	<i>NATURE OF BUSINESS</i>	<i>Your Business (x)</i>	<i>Spouse's Business (x)</i>
<i>NONE</i>			

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>
<i>NONE</i>			

9. List the name of any lobbyist: (a) who is a member of a partnership or limited liability company of which you are a partner or member or employee or (b) who is an officer or director of a corporation of which you are an officer, director or employee or (c) who is a manager of a limited liability company of which you are a member or employee. Describe the legislative matters which are the object of the lobbyist's activity.

NAME OF LOBBYIST	LEGISLATIVE MATTERS WHICH ARE THE OBJECT OF THE LOBBYIST'S ACTIVITY	Your Connection
NONE		

10. List the name of any person or entity on whose behalf you have appeared before, contacted or transacted business with any state agency or official thereof. List also the name of the state agency, the nature of the appearance and the cause number, if any. This does not apply when the services are rendered without compensation. "State agency" does not include state-supported colleges or universities or the agencies of any municipality or political subdivision of the state.

NAME OF PERSON	NAME OF STATE AGENCY	Nature of Contact, Appearance, Etc.	Cause Number
NONE			

I certify that the foregoing information is true, accurate and complete, as I am verily informed and believe.



 Signature

Filed with the Clerk of the Indiana House of Representatives
 this 4 day of January, 2005.



 Name, Title

937E Dr. Woodruff Pl

 Address
Indpls, IN-46201

 City
317-636-6601

 Area Code / Telephone