Philip K. Giaquinta
Name

80
District

Democrat
Party Affiliation

HOUSE OF REPRESENTATIVES OF THE STATE OF INDIANA

STATE HOUSE
INDIANAPOLIS, INDIANA 46204

STATEMENT OF ECONOMIC INTERESTS FOR THE CALENDAR YEAR 2007

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) Philip K. Giaquinta 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)*
City of Fort Wayne	Utilities Services Manager	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)*

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)*

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.

NAME OF BUSINESS	*NATURE OF BUSINESS*	*Your Business (x)*	*Spouse's Business (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)*

6. List the name of any state agency or the supreme court of Indiana which licenses or regulates any of the following: (a) your profession or occupation, (b) your spouse's profession or occupation or (c) any proprietorship, partnership, corporation or limited liability company listed under items 2, 3, or 4. Also list the nature of the licensure or regulation. The requirement to file certain parts with the secretary of state or to register with the department of revenue as a retail merchant, manufacturer or wholesaler shall not be considered as licensure or regulation.

NAME OF STATE AGENCY	*NATURE OF LICENSURE*	*Profession or Occupation (x)*		*Business listed under No. 2, 3, 4 (x)*	
		You	*Spouse*	*You*	*Spouse*

7. List the name of any person whom you know to have been a lobbyist in the previous calendar year and whom you know to have purchased the following: (a) from you, your sole proprietorship or family business, goods or services for which the lobbyist paid in excess of $100 or (b) from you partner, goods or services for which the lobbyist paid in excess of $1,000. This subdivision does not apply to purchases made after December 31, 1998, by a lobbyist from a legislator's retail business made in the ordinary course of business at prices that are available to the general public. For purposes of this subdivision, a legislator's business is considered a retail business if the business is a retail merchant as defined by IC 6-2.5-1-8. "Lobbyist" means any person, firm, corporation or association registered under IC 2-7-2. "Family business" means a corporation in which you and your spouse own at least 80% of the voting stock, regardless of whether all or a portion is owned jointly or severally.

NAME OF LOBBYIST	*Purchased over $100 from you or your business (x)*	*Purchased over $1,000 from your partner (x)*

8. List the name of any person or entity from whom you received any of the following: (a) any gift of cash from a lobbyist, (b) any single gift other than cash having a fair market value in excess of $100 or (c) any gifts other than cash having a fair market value in the aggregate in excess of $250. Gifts from a spouse or close relative need not be listed unless the donor has a substantial economic interest in a legislative matter. Campaign contributions need not be listed.

NAME OF DONOR	*Any gift of cash from a lobbyist (x)*	*Any single gift over $100 (x)*	*Total gifts over $250 (x)*
Allied Theatre		X	
Dax Denton		X	
Indianapolis Motor Speedway	X		X
Indianapolis Airport pass	X	X	

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*

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*

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

Philip K. Giaquinta
Signature

4416 Arlington Ave
Address

Fort Wayne
City

260-456-6412
Area Code / Telephone

Filed with the Clerk of the Indiana House of Representatives this 10th day of January, 2008.

Clint McCray, Principal Clerk
Name, Title