Timothy (Tim) Brown — Name
#41 — District
Republican — Party Affiliation

# HOUSE OF REPRESENTATIVES OF THE STATE OF INDIANA

## STATEHOUSE
## INDIANAPOLIS, INDIANA 46204

## STATEMENT OF ECONOMIC INTERESTS FOR THE CALENDAR YEAR 2010

This statement shall be filed by members not later than seven (7) 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, Third Floor Statehouse, Indianapolis, Indiana 46204.

Additional pages may be used, if necessary. See I.C. 2-2.1-3-2 for clarification of the questions.

Select one:

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 or her spouse received more than 33% of his non-legislative income.

| Name of Employer | Nature of Business | Your Employer (x) | Spouse's Employer (x) |
|---|---|---|---|
| Lafayette Emergency Care | Medical Services | X | |
| Tri County Bank | Financial 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) |
|---|---|---|---|
| Dr Tim Brown | Medical Services | 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 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) |
|---|---|---|---|
| Franklin UM Retirement | Senior Living Community | 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) |
|---|---|---|---|
| AT+T Great Plain Energy Pfizer Chevron Horizon Bank Ford Microsoft | X | | |
| Cisco Steel Dynamics Fair Isaac Vascular Solu ETF Asia except Japan | X | 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 licensure or regulation. The requirement to file certain parts with the Indiana Secretary of State or to register with the Indiana Department of Revenue as a retail merchant, manufacturer or wholesaler shall not be considered licensure or regulation.

| Name of State Agency | Nature of Licensure | Profession or Occupation (x) | | Business listed under No. 2, 3 or 4 (x) | |
|---|---|---|---|---|---|
| | | You | Spouse | You | Spouse |
| Professional Licensing Agency | Medical License | X | | | |
| | | | | | |

7. 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 |
|---|---|---|
| | | |
| | | |

8. 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 No. |
|---|---|---|---|
| | | | |
| | | | |

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

Signature

PO BOX 861
Crawfordsville, IN 47933
Address

Crawfordsville 47933
City

765-362-7024
Telephone Number

Filed with the Principal Clerk of the
Indiana House of Representatives
This 10 day of JANUARY, 2011.

Amy Hall, Depty Clerk
Name, Title