Winfield C. Moses Jr. 81 Democrat

Name District 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) ✓ 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)
The Village of North Oak	Mobile Home Community	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 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)
The Village of North Oak	Mobile Home Community	X	
Village Manufactured Housing	" " "	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)
The Village of North Oak	X		
Fairmington Apartments Inc See attached list	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)	
State Board of Health	Mobile Home Park	You	Spouse	You	Spouse

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

1203 Three Rivers North
Address

Fort Wayne
City

260 - 489 - 9402 (Bus)
Telephone Number

Filed with the Principal Clerk of the
Indiana House of Representatives
This 11 day of January, 2011.

Pam Kirk Deputy Clerk
Name, Title

Security Description	Symbol
ABBOTT LABORATORIES	ABT
ACE LTD	ACE
ANADARKO PETROLEUM CORP	APC
ANHEUSER BUSCH INBEV SA/NV	BUD
AT&T INC	T
BANK OF AMERICA CORP	BAC
CINCINNATI BELL INC NEW	CBB
COCA-COLA COMPANY	KO
CVS CAREMARK CORP	CVS
DIRECTV CL A	DTV
EQUINIX INC NEW	EQIX
GENERAL MILLS INC	GIS
GENL CABLE CORP	BGC
GENUINE PARTS COMPANY	GPC
HEINZ HJ COMPANY	HNZ
INTEL CORP	INTC
ISHARES INC MCSI BRIC INDEX FUND	BKF
KIMBERLY CLARK CORP	KMB
KRAFT FOODS CLASS A	KFT
LANDSTAR SYSTEM INC	LSTR
MARKET VECTORS ETF TR GOLD MINERS FUND	GDX
MASTERCARD INC CLASS A	MA
MCDONALDS CORP	MCD
NATIONAL OILWELL VARCO INC	NOV
NESTLE S A SPNSD ADR REPSTING REG SHS	NSRGY
NEWMONT MINING CORP HOLDING COMPANY	NEM
NORFOLK SOUTHERN CORP	NSC
NUCOR CORP	NUE
PFIZER INC	PFE
PROCTER & GAMBLE COMPANY	PG
QUALCOMM INC	QCOM
QUANTA SERVICES INC	PWR
RAYTHEON COMPANY NEW	RTN
SOUTHERN COMPANY	SO
TAIWAN SEMICONDUCTOR MANUFACTURING COMI	TSM
TALISMAN ENERGY INC	TLM
TELEPHONE & DATA SYSTEMS INC	TDS
UNILEVER N V NEW YORK SHARES NEW	UN
UNITEDHEALTH GROUP INC	UNH
VIACOM INC NEW CL A	VIA
VODAFONE GROUP PLC NEW SPONSORED ADR	VOD
WINDSTREAM CORP	WIN