

Baker, Nathaniel P

From: noreply@formstack.com
Sent: Saturday, June 18, 2022 12:19 PM
To: IG Info; Baker, Nathaniel P
Subject: Financial Disclosure Statement

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Financial Disclosure Statement
State Form 40876 (R13 / 1-17)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-8

YOUR FINANCIAL DISCLOSURE FORM WAS SUCCESSFULLY SUBMITTED!
We will process it as soon as possible. Please print and save as proof that you filed.
No action is required on these pages.

For the Calendar Year 2021

Last Name Brooks	First Name Everlla	Name (Middle) ZeNai
Spouse's First Name Darrell	Spouse's Last Name Brooks	Spouse's Middle Name Lamar
Office Address (Street) 125 W. SOUTH ST P.O. Box No. 2551 INDIANAPOLIS, IN 46206		
Office Telephone Number (317) 586-8186		Email Address zenai@votezenai.com

I am filing this statement as a Candidate for Office

Office or Agency Indiana State Auditor	Job Title Auditor of State
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Each part must be answered. Whenever a particular item does not apply, please write in "none" or "not applicable." Words in *bold italics* are included in the definitions.

PART 1 - GIFTS		
If you have Information to report below, click the YES button. If no information, click NO: No		
List the name and address of any person known to have a business relationship with the agency of the state officer or employee or the office sought by the candidate, and from whom the state officer, candidate, or the employee, or that individual's spouse or unemancipated children received a gift or gifts having a total fair market value in excess of one hundred dollars (\$100).		
Name (Last)	Address (City)	ZIP code
Name (Last)	Address (City)	Zip code

Name (Last)	Address (City)	Zip code
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PART - 2 REAL PROPERTY INTERESTS	
If you have Information to report below, click the YES button. If no information, click NO: Yes	
List the location of all real property in which you, your spouse, or your unemancipated children have equitable or legal interest either amounting to five thousand dollars (\$5,000) or more comprising ten per cent (10%) of your net worth or the net worth of your spouse or your unemancipated children. You need not include your residence unless it also serves as income property.	
Property and its location Condo - 8651 Jaffa Court East Drive Indianapolis, IN 46260	
Property and its location	
Property and its location	

PART - 3 Non-State Employers	
If you have Information to report below, click the YES button. If no information, click NO: Yes	
List the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business.	
Your employer 1) Cummins, Inc 2) Mind Your Business Accounting	Nature of business 1) Manufacturing Industry Corporate Responsibility and Foundation 2) Accounting and Tax transactions
Spouse's employer 1) Pike Township 2) New Liberty Church	Nature of business 1) School Administrator 2) Pastor

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE	
If you have Information to report below, click the YES button. If no information, click NO: Yes	
List any sole proprietorship owned or professional practice operated by you or your spouse and the nature of the business.	
Name of Your Business	Nature of Business
Name of Spouse's Business Brooks Ministries	Nature of Spouse's Business Religious and Consulting activities
Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)? No	
List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.	

PART 5 - PARTNERSHIPS	
If you have Information to report below, click the YES button. If no information, click NO: No	
List any partnership in which you or your spouse is a member and the nature of the partnership business.	
Name of Your partnership	Nature of partnership
Name of Spouse's partnership	Nature of Spouse's partnership

PART 6 - OFFICER OR DIRECTOR OF CORPORATION	
If you have Information to report below, click the YES button. If no information, click NO: Yes	
List the name of any corporation in which you or your spouse is a officer or director and the nature of the corporation's business. Churches need not be listed.	
Name of Corporation	Nature of Business Board Member

NABA INCPAS Leadership Indianapolis Evolve International	
Name of Spouse's Corporation	Nature of Spouse's Business

PART 7 - STOCKHOLDER OF CORPORATION	
If you have Information to report below, click the YES button. If no information, click NO: Yes	
List the name of any corporation in which you, your spouse, or your unemancipated children own stock or stock options having a fair market value in excess of ten thousand dollars (\$10,000). A time or demand deposit in a financial institution or insurance policy need not be listed.	
Name of corporation	Owner
Cummins	Yours
ATT	Spouse's

PART 8 - MOST RECENT EMPLOYER	
If you have Information to report below, click the YES button. If no information, click NO: Yes	
List the name and address of your most recent former employer.	
Name of your most recent former employer	Address (street, city, ZIP code)
Crowe	3815 River Crossing Pkwy Suite 300 Indianapolis, IN 46240

COMMENTS
Let me know if you need anything else! Thanks!

AFFIRMATION
I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.
I understand that I may file an amended statement upon discovery of additional information required to be reported.
I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000). I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

INSTRUCTIONS
Each part must be answered. Whenever a particular item does not apply, please write in "none" or "not applicable." Incomplete statements will be returned. Please note that the statement must be affirmed and signed. Complete the form by printing legibly or typing. Attachments may be included to provide additional information or to clarify. <i>Bold italicized</i> words in the form are defined below. Financial Disclosure Statements filed with the Office of Inspector General are available for public inspection, photocopying, and possible access on the agency Web site [www.in.gov/ig].

WHO MUST FILE THIS FORM, AND WHEN
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- 1) The Governor, Lieutenant Governor, Secretary of State, Auditor of State, Treasurer of State, Attorney General, and Superintendent of Public Instruction, any person who is the appointing authority of an agency, the director of each division of the Department of Administration, any purchasing agent within the Procurement Division of the Department of Administration, the chief investment officer employed by the Indiana public retirement system, any employee of the Indiana public retirement system whose duties include those described in IC 4-2-6-8(A)-(D), or an employee required to do so by rule adopted by the Commission must file this financial disclosure form no later than February 1 of every year.
- 2) Candidates for Governor, Lieutenant Governor, Secretary of State, Auditor of State, Treasurer of State, Attorney General, and Superintendent of Public Instruction must file this disclosure before filing a declaration of candidacy under IC 3-8-2, petition of nomination under IC 3-8-6, or declaration of intent to be a write-in candidate under IC 3-8-2-2.5, or before a certificate of nomination is filed under IC 3-8-7-8.
- 3) The persons listed in (1) above, must file not later than sixty (60) days after employment or taking office, unless the previous employment or office required the filing of a statement under this section.
- 4) The same persons required to file in (1) above must file not later than thirty (30) days after leaving employment or office, unless the subsequent employment or office requires the filing of a statement under this section.

DEFINITIONS OF TERMS USED IN THIS FORM

- 1) **"Business relationship"** means dealings of a person with an agency seeking, obtaining, establishing, maintaining, or implementing: (A) a pecuniary interest in a contract or purchase with the agency; or (B) a license or permit requiring the exercise of judgement or discretion by the agency.
- 2) **"Employer"** means any person from whom a state officer or employee or the officer's or employee's spouse received compensation.
- 3) **"Gift"** means the transfer or promise of a transfer of something of value regardless of the form without adequate and lawful consideration or consideration less than that required of others who are not state officers or employees, including the full or partial forgiveness of indebtedness, which is not extended to others who are not state employees on the same terms and conditions. However, "gift" does not include gifts from relatives of less than two hundred fifty dollars (\$250) or campaign contributions subject to IC 3-9-2.
- 4) **"Person"** means any individual, proprietorship, partnership, unincorporated association, trust, business trust, group, or corporation, whether or not operated for profit, or governmental agency or political subdivision.