**From:** noreply@formstack.com
**To:** IG Info
**Subject:** Financial Disclosure Statement
**Date:** Monday, May 11, 2020 7:52:15 PM

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

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 2019

| Last Name<br>Harter IV | First Name<br>Nathan | Name (Middle)<br>Warren |
|---|---|---|
| Spouse's First Name<br>Rachel | Spouse's Last Name<br>Harter | Spouse's Middle Name |
| Office Address (Street)<br>150 Courthouse Square<br>Ste. 229<br>Greensburg, IN 47240 | | |
| Office Telephone Number<br>(812) 663-8505 | | Email Address<br>nharter@decaturcounty.in.gov |

I am filing this statement as a Candidate for Office

| Office or Agency | Job Title |
|---|---|
| Indiana Attorney General | Indiana Attorney General |

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 |

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

| |
|---|
| compromising 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<br>226 N. Lathrop St., Greensburg, IN 47240 |
| Property and its location |
| Property and its location |

| PART - 3 Non-State Employers<br>If you have Information to report below, click the YES button. If no information, click NO: No | |
|---|---|
| List the name of your ***employer(s)*** and the employer(s) of your spouse and the nature of each employer's business. | |
| Your employer | Nature of business |
| Spouse's employer | Nature of business |

| PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE<br>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<br>No formal entity. | Nature of Spouse's Business<br>Spouse does sewing/alterations of women's formal wear. |
| 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)?<br>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<br>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<br>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<br>Lucky Investment Club, LLC, member. | Nature of Business<br>Monthly stock investments, studying trends in the market. |
| Name of Spouse's Corporation | Nature of Spouse's Business |

| PART 7 - STOCKHOLDER OF CORPORATION<br>If you have Information to report below, click the YES button. If no information, click NO: No | |
|---|---|
| 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 |
|---|---|

| PART 8 - MOST RECENT EMPLOYER<br>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<br>Stephen Legal Group, LLC | Address (street, city, ZIP code)<br>105 E. Main St.<br>Greensburg, IN 47240 |

**COMMENTS**

226 N. Lathrop is a single family dwelling. It is part of the parcel on which my residence sits, and is used as an income property at this time. I am unaware of any conflict this would raise with my candidacy for or service as Attorney General.

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. ***Bold italicized*** 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

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.