

**CERTIFIED**

**REPORT**

**OF**

**NAMES, ADDRESSES, DUTIES AND COMPENSATION**

**OF**

**PUBLIC EMPLOYEES**

IN THE EMPLOY OF

---

Office, Department, Board, Bureau, Commission, Institution

OF

---

Governmental Unit , \_\_\_\_\_ County

JANUARY 19\_\_

Prepare, make and sign this report during month of January each year and file with the State Examiner  
 302 West Washington Street, 4th Floor, Room E418, Indianapolis, Indiana 46204,  
 in compliance with **Indiana Code 5-11-13.**

**TO ALL OFFICIALS (ELECTIVE OR APPOINTIVE), EXECUTIVES AND THOSE IN CHARGE:**

Pursuant to Indiana Code 5-11-13, list below, the name, address, duties and compensation of each officer, employee and agent in your office, department, board commission or institution, during the month of January, and send this report, properly certified, to the office of the State Examiner, 912 State Office Building, Indianapolis, Indiana, for filing as a public record. The rate and amount of Compensation shown for each person should be that payable during the current month (January).

	NAME OFFICER, EMPLOYEE OR AGENT	ADDRESS	DUTIES	COMPENSATION	
				PER*	AMOUNT
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					
41.					
42.					
43.					
44.					

\*PER—month, week, day or hour. If employee receives compensation other than cash, attach a separate schedule and indicate nature of same.

45.				
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.				
56.				
57.				
58.				
59.				
60.				
61.				
62.				
63.				
64.				
65.				

**CERTIFICATE**

I, \_\_\_\_\_ hereby certify that the names, addresses, duties and compensation of employees as listed herein are correct and complete and that it includes all employees of the aforesaid office, department, board, bureau, commission or institution, who were employees on this \_\_\_\_\_ day of January, 19\_\_\_\_.

SIGNED: \_\_\_\_\_

BY: \_\_\_\_\_