



STATEMENT OF ECONOMIC INTERESTS FOR LOCAL AND SCHOOL BOARD OFFICES

(CAN-12)

State Form 55128 (11-12)
Indiana Election Commission (IC 3-8-9)

INSTRUCTIONS: This statement must be filed with a candidate's: (1) declaration of candidacy for nomination at a primary or town party convention; (2) petition of nomination as a school board candidate; (3) petition of nomination as a minor party or independent candidate; (4) declaration of intent to be a write-in candidate; or (5) certificate of candidate selection to fill an early or late vacancy on a general or municipal election ballot. This statement must also be filed no later than noon 60 days after an individual assumes a vacant local office.

STATE OF INDIANA

COUNTY OF MONROE

INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:

2020

NOTE: Insert "Not Applicable" where appropriate.

I, Scott E Smith the undersigned, certify the following:
Name of Candidate or Person Filling Vacant Office

- (1) The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is
POLK TOWNSHIP BOARD (Include district, if applicable.)
- (2) The name of my spouse is Kim S. Smith
- (3) The name of my employer and the nature of its business is
LAWRENCE COUNTY - CENTRAL EMERGENCY DISPATCH
- (4) The name of the employer of my spouse and the nature of its business is
I.V. Health Bloomington - Oncology P.N.
- (5) If I own a sole proprietorship, the name of the sole proprietorship and the nature of its business is
N/A
- (6) If I operate a professional practice, the name of the professional practice and the nature of its business is
N/A
- (7) If I am a member of a partnership, the name of the partnership and the nature of its business is
N/A
- (8) If my spouse is a member of a partnership, the name of the partnership and the nature of its business is
N/A
- (9) If I am a member of a limited liability company, the name of the limited liability company and the nature of its business is
N/A
- (10) If my spouse is a member of a limited liability company, the name of the limited liability company and the nature of its business is
N/A
- (11) If I am an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is
N/A
- (12) If my spouse is an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business is
N/A

COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.

I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and complete.

Signed, this the 5 day of June, 2020

Scott E. Smith

Signature

Scott E. Smith

Printed Name

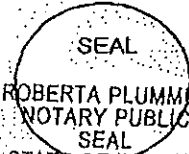
STATE OF Indiana }
COUNTY OF Lawrence }

Subscribed and affirmed to before me this 5th day of June, 2020

Roberta Plummer
Notary Public or Other Official Administering Oath

My Commission expires (applies only to Notary Public): 12-01-2025

County of Residence: Lawrence Co



ROBERTA PLUMMER
NOTARY PUBLIC
SEAL
STATE OF INDIANA
Lawrence County
My Commission Expires: December 1, 2025
Commission Number: 707661