FINANCIAL DISCLOSURE STATEMENT

State Form 40876 (R18 / 1-17)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-8

INDIANA STATE ETHICS COMMISSION

FEB 1 2022

FILED

For the calendar year **2021**

☐ **Check if this is an amendment to your current statement.**

Please read guidelines on page 4.

Name *(last)*	Name *(first)*	Name *(middle)*
Rokita	Theodore	Edward
Spouse's name *(last)*	Name *(first)*	Name *(middle)*
Rokita	Kathleen	Denise
Office address *(number and street)*	City	ZIP code
219 Statehouse	Indianapolis	46204
Office telephone number	Office e-mail address *(required)*	
(317) 232-6201	elizabeth.sutton@atg.in.gov	

I am filing this statement as a: *(please select one)* ☐ Candidate for office ☑ Incumbent officeholder ☐ Appointing authority ☐ Member of the INPRS ☐ Individual with final purchasing authority

Office or agency	Job title
Attorney General	Officeholder

EACH PART MUST BE ANSWERED. WORDS IN ***BOLD ITALICS*** ARE INCLUDED IN THE DEFINITIONS.

If you have information to report below, select YES. If no information, select NO. ☐ Yes ☑ No

PART 1 - GIFTS

*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

If you have information to report below, select YES. If no information, select NO. ☑ Yes ☐ No

PART 2 - REAL PROPERTY INTERESTS

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 or comprising ten percent (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
8823 Woodacre Lane Indianapolis, IN ; 421.5 Massachusetts Ave Unit B Indianapolis, IN

Property and its location
1230 East 54th Street, Indianapolis, IN

Property and its location
504 East 10th Street, Indianapolis, IN

If you have information to report below, select YES. If no information, select NO. ☑ Yes ☐ No

PART 3 - NON-STATE EMPLOYERS

*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
Apex Benefits Group, Inc.	Health Benefits Strategists
Spouse's employer	Nature of business
Somerset CPA's, Inc.	CPA's - Healthcare Consulting

If you have information to report below, select YES. If no information, select NO. ☑ Yes ☐ No

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE

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
Theodore E. Rokita Esq.	Consulting
Name of spouse's business	**Nature of spouse's business**

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*)?

☐ Yes ☑ 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.

none

If you have information to report below, select YES. If no information, select NO. ☑ Yes ☐ No

PART 5 - PARTNERSHIPS

List any partnership in which you or your spouse is a member and the nature of the partnership business.

Name of partnership	Nature of partnership
Hoosier Seneca, LLC	Aviation
Name of spouse's partnership	**Nature of spouse's partnership**
Same	Same

If you have information to report below, select YES. If no information, select NO. ☑ Yes ☐ No

PART 6 - OFFICER OR DIRECTOR OF CORPORATION

List the name of any corporation in which you or your spouse is an officer or director and the nature of the corporation's business. Churches need not be listed.

Name of corporation	Nature of business
Nanoviricides, Inc.	Pharmaceutical Development - Director
Name of spouse's corporation	**Nature of spouse's business**
Angelman Syndrome Foundation, Inc.	National Non-Profit for Cure of Angelman Syndrome- President

If you have information to report below, select YES. If no information, select NO. ☑ Yes ☐ No

PART 7 - STOCKHOLDER OF CORPORATION

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	Yours	Spouse's	Children's
Apex Benefits Group, Inc.	✓		
Apple, Inc.		✓	
Buckler Family Vineyards, LLC	✓	✓	

If you have information to report below, select YES. If no information, select NO. ☑ Yes ☐ No

PART 8 - MOST RECENT EMPLOYER

List the name and address of your most recent former employer.

Name of your most recent former employer	Street address (*number and street*)		
Apex Benefits Group, Inc.	9400 Priority Way West Drive		
	City	State	ZIP code
	Indianapolis	IN	46240

COMMENTS
Please place any comments in the fields below.
Part 6 (continued)
Aircraft Owners and Pilots Association (AOPA) Foundation, Inc. – non-profit dedicated to the development of high school STEM curriculum and other endeavors in furtherance of general aviation.
Part 7 (continued)
Marley's Chains, LLC - Yours
Wishbone Medical, Inc. - Yours
Nanoviricides, Inc. - Yours
Tesla - Spouse's
Fifth Third - Spouse's

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.

Personal signature	Date signed (*month, day, year*)
Todd Rokita	2/1/22

Mail or deliver to the following address:

Office of the Inspector General
315 West Ohio Street, Room 104
Indianapolis IN 46202-3210
Telephone: (317) 232-3850

INSTRUCTIONS

Each part must be answered. Incomplete statements will be returned. Please note that the statement must be affirmed and signed. Complete the form by printing legibly or typing. ***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), any agency employee, special state appointee, former agency employee, or former special state appointed with final purchasing authority or an employee required to do so by rule adopted by the inspector general 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"** includes the following:
   (A) Dealings of a person with an agency seeking, obtaining, establishing, maintaining, or implementing:
      (i) a pecuniary interest in a contract or purchase with the agency; or
      (ii) a license or permit requiring the exercise of judgement or discretion by the agency.
   (B) The relationship a lobbyist has with an agency.
   (C) The relationship an unregistered lobbyist has with an 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, limited liability company, or corporation, whether or not operated for profit, or governmental agency or political subdivision.