

March 8, 2007

BY HAND DELIVERY

Honorable Barbara Boxer, Chairman
Honorable John Cornyn, Vice Chairman
Honorable Mark Pryor
Honorable Pat Roberts
Honorable Ken Salazar
Honorable Craig Thomas
United States Senate Select Committee on Ethics
220 Hart Building
Washington, DC 20510

Re: Ethics Complaint Concerning Senator Evan Bayh of Indiana

Dear Senators:

Under the provisions of the Senate Ethics Manual, Appendix C, Part II, Rule 2, "Procedures for Complaints, Allegations or Information," Judicial Watch, Inc. (hereafter "Judicial Watch"), in the public interest, files this formal complaint against Senator Evan Bayh of the State of Indiana for violation of United States law, the Senate Code of Official Conduct, and for improper conduct that reflects upon the United States Senate. Specifically, Judicial Watch alleges Senator Evan Bayh may have violated §104 ("Failure to file or filing false reports") of the Ethics in Government Act.

Senator Bayh's Senate Financial Disclosure Forms for the years 2002 though 2005 denote the answer "no" to the question ". . . do you hold any reportable positions on or before the date of filing of the current calendar year." ¹

The Evan and Susan Bayh Foundation filed its first Form 990-PF in 2002. Copies of the annual filings of the Form 990-PF are publicly available. In the initial filing

¹ Copies of those disclosure forms are attached as Exhibit 1, and are publicly available on the Internet website of the Center for Responsive Politics at http://www.opensecrets.org/pfds/candlook.asp?CID=N00003762. The 2006 form is not yet available.

² Copies of the foundation's IRS Form 990-PF are attached as Exhibit 2 and are available on the Internet at: www.guidestar.org.

Senate Select Committee on Ethics Re: Ethics Complaint Concerning Senator Evan Bayh of Indiana March 8, 2007 Page 2 of 2

Senator Bayh was not listed as an officer, director trustee, etc. Therefore with respect to the year 2002 and his foundation, he appropriately completed his Senate Financial Disclosure form. However, for the years 2003, 2004 and 2005 Senator Bayh is listed on the respective Form 990s as a director of the foundation and therefore for those years incorrectly completed his Senate Financial Disclosure form.

Failure to comply with federal reporting requirements must be taken seriously by the Committee. The Committee should investigate whether Senator Bayh's failure to disclose his family foundation is a willful violation of the rules and law governing such disclosure.

Regrettably, the Senate Select Committee on Ethics has a history of failing to enforce ethics disclosure requirements. The Committee's cavalier approach to disclosure enforcement has fostered contemptuous disregard for the law and rules of the Senate, and, ironically, tends to bring disrepute to the Senate itself.

On behalf of the more than 400,000 Judicial Watch supporters across the United States, we respectfully request you fulfill your duty to thoroughly investigate this financial disclosure matter. Important public information detailing officials' financial interests and potential conflicts of interest must be disclosed in a reliable and consistent manner that builds trust and confidence with the American public.

Thank you for your prompt attention to this important matter.

Sincerely,

Thomas Fitton President

CC: Senator Evan Bayh

Counsel, United States Senate Select Committee on Ethics



			Date (Month, Day, Year)	Signature of Reviewing Official	Signatu	It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.
		(For Official Use Only - Do Not Write Below This Line	For Official Use Only - I	
	THE SENATE	ЭТАИЗ ЗЕП О д : Е МД	5/14/03	Bay	\sim	I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.
	0E	SI	Date (Month, Day, Year)	Signature of Reporting Individual	Signa	Certification
	Na Line	Do Not Write Below 班 Salar Sa	statement will be made available ewed by the Select Committee port may be subject to civil and	ernment Act of 1978, as amended. The st n upon written application and will be revie o knowingly and willfully fails to file this rep	d by the Ethics in Govany requesting persor willfully falsifies, or who and 18 U.S.C. 1001.)	This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, and 18 U.S.C. 1001.)
	DC 2051	, U.S. Senate, Washington,	232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510.		he Secretary of the S fer due date.	File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room \$200 Penalty for filing more than 30 days after due date.
×		If Yes, Complete and Attach PART X.	?	000 from a single source in the two prior years	ensation of more than \$5,	If this is your FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two prior years
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NO	YES	INT PART	QUESTIONS AND ATTACH THE RELEVANT PART		STRUCTIONS - AN	AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE
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463 Russell Senate Office Building, Washington, D.C. 20510 (202) 224-5623				
AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS	IS AND ATTACH THE RELEVANT PART		YES	N O
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the re	porting period?	If Yes, Complete and Attach PART I.		×
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, Complete and Attach PART II.	reportable source in the reporting period?	e and Attach PART II.	<u>,</u> ×	
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Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the repo	rting period?	Attach PART IV.	×	
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$285 and not otherwise exempt)?	5 and not otherwise exempt)? If Yes, Complete	npt)? If Yes, Complete and Attach PART V.	×	
Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e.	i.e., worth more than \$285 from one source)? If Yes, Complete and Attach PART VI.	ce)? end Attach PART VI.		×
Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period?	If Yes, Complete and Attach PART VII	Attach PART VII.		×
Did you hold any reportable positions on or before the date of filing in the current calendar year?	If Yes, Complete	If Yes, Complete and Attach PART VIII.		×
Do you have any reportable agreement or arrangement with an outside entity?	If Yes, Complete	If Yes, Complete and Attach PART IX.	×	
If this is your FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two prior years?		If Yes, Complete and Attach PART X.		×
File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. Senate, Washington, DC 20510.	232, Hart Senate Office Building, L	U.S. Senate, Washington, D	C 2051	0.
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Certification Signature of Reporting Individual	Date (Month, Day, Year)			······································
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Has (300)	то үяхтэяс 4. Г. ҮАМ . 4		
It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act	Date (Month, Day, Year)	IIE SENY		
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Bayh Evan		United States Senate	
Senate Office Address (Number, Street, City, State, and ZIP Code) Senate Office Telephone Number	Termination Report Prior	Prior Office / Agency in which Employed	
20510			
AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUE	QUESTIONS AND ATTACH THE RELEVANT PART	PART YES	š
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting pe	e in the reporting period? If Yes, Complete and Attach PART	d Attach PART I.	×
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable so	n any reportable source in the reporting period? If Yes, Complete and Attach PART II	d Attach PART II. X	
Did you, your spouse, or dependent child receive unearned or investment income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	period or hold any reportable asset worth more than If Yes, Complete & Attach I	1 \$1,000 at the end of the X	
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File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.	Room 232, Hart Senate Office Building, U.S.	. Senate, Washington, DC 2051	<u> </u>
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Certification Signature of Reporting Individual	Date (Month, Day, Year)	90 35	
I CERTIFY that the statements (have made on this form and all attached schedules are true). complete and correct to the best of my knowledge and belief.	5/15/06	SAFINATION REL	
It is the Opinion of the reviewer that the Signature of Reviewing Official Statements made in this form are in compliance with Title I of the Ethics in Government Act.	Date (Month, Day, Year)	OSO THE SENAT THE SENAT	+-
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Exhibit 2

	VIII Information About Officers, Directors								
1 L	ist all officers, directors, trustees, foundati	on mana	gers and t	neir co	mpensation	(see	page 20 of the li	nstructio	ns):
	(a) Name and address	(b) Title, a	and average per week to position	(c) Co	ompensation not pald, nter - 0 -)	o) me	Contributions to Store benefit plans Formed companies	(e) Expense other allo	e account
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2 (Compensation of five highest-paid employer from the month of the firm of the formal compensation of the firm of th	es (other	than thos	e inclu	ded on Ilne	1—8	· · · · · · · · · · · · · · · · · · ·	e instruc	tions).
	(a) Name and address of each employee paid more than \$50	0,000	(b) Title and hours per devoted to p	week	(c) Compens	ation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other alle	
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3 I	number of other employees paid over \$50,000 Five highest-paid independent contractors 'NONE."	for profes	ssional se	vices -	— (see page	20 o	f the instruction	s). If non	e, ente
	(a) Name and address of each person paid mo	ore than \$50,0	000		(b) Type	of service	(c) Com	pensation
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Total	number of others receiving over \$50,000 for p	rofession	al services		<u> </u>			<u> </u>	
	IX-A Summary of Direct Charitable								
List	the foundations four largest direct charitable activities durin irganizations and other beneficiaries served conferences co	g the tax yea nvened, rese	r Include relevarch papers p	ant statis roduced, c	ticał information etc	such a	s the number	Ехр	enses
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Part VIII Information About Officers, Dia and Contractors							
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Evan Bayh, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	Direct			0		0	0
Susan Bayh, c/o 300 N. Meridian Street, Sulte 2700, Indianapolis, IN 46204	Presid	dent/Dir/<5		0		0	0
G. Frederick Glass, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	Treas	urer/Dir/<5		0		0	0
Thomas O. Sugar, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204		tary/Dir/<5		0		0	0
2 Compensation of five highest-paid employed if none, enter "NONE."	ees (oth	er than thos	e inclu	ded on line	e 1—se	ee page 20 of th	ne instructions).
(a) Name and address of each employee paid more than \$	50,000	(b) Title and a hours per devoted to p	week	(c) Compe	nsation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
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Part IX-A Summary of Direct Charitable			rolovant	statistical infor	mation s	uch as the number	<u> </u>
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Part VIII Information About Officers, Dir and Contractors							
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Susan Bayh, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	Presid	dent/Dir/<5		0		0	(
G. Frederick Glass, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	Treas	urer/Dir/<5		0		0	(
Thomas O. Sugar, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	Secre	tary/Dir/<5		0		0	(
Compensation of five highest-paid employe If none, enter "NONE."	es (oth	er than thos	e inclu	ded on lin	e 1—s	ee page 21 of the	ne instructions).
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Total number of other employees paid over \$50,0	inn	<u> </u>					, , >
3 Five highest-paid independent contractors "NONE." (a) Name and address of each person paid in			rvices-			the instruction	(c) Compensation
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Total number of others receiving over \$50,000 for	r profess	sional service	es		· · ·	<u> </u>	. , 🕨
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	c/o 300 N. Meridian Street, Indianapolis, IN 46204	Direct			0		0		0
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