



# Judicial Watch

*Because no one is above the law!*

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 through 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."<sup>1</sup>

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.<sup>2</sup> In the initial filing

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<sup>1</sup> 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.

<sup>2</sup> Copies of the foundation's IRS Form 990-PF are attached as Exhibit 2 and are available on the Internet at: [www.guidestar.org](http://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

# Exhibit 1

# UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

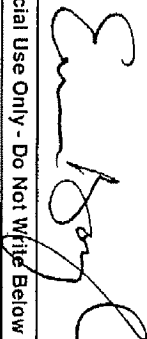
Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report:	Senate Office / Agency in which Employed
Bayh	Evan	2002	
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report Termination Date (mm/dd/yyyy):	Prior Office / Agency in which Employed
463 Russell Senate Office Building, Washington, D.C. 20510	(202) 224-5623		

## AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

QUESTIONS	YES	NO
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If Yes, Complete and Attach PART I.		X
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.	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? If Yes, Complete & Attach PART IIIA and/or IIIB.	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, Complete and Attach PART IV.	X	
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)? If Yes, Complete and Attach PART V.	X	
Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$285 from one source)? If Yes, Complete and Attach PART VI.	X	
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.	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, Complete and Attach PART VIII.	X	
Do you have any reportable agreement or arrangement with an outside entity? If Yes, Complete and Attach PART IX.	X	
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.	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. \$200 Penalty for filing more than 30 days after due date.

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.)

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.		5/14/03

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.	Signature of Reviewing Official	Date (Month, Day, Year)

FOR OFFICIAL USE ONLY  
Do Not Write Below This Line  
MAY 15 PM 3:40  
CLERK OF THE SENATE

A (8)

# UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

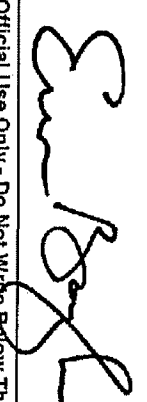
Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report:	Senate Office / Agency in which Employed
Bayh	Evan	2003	
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report Termination Date (mm/dd/yy):	Prior Office / Agency in which Employed
463 Russell Senate Office Building, Washington, D.C. 20510	(202) 224-5623		

## AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?		X
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?		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?	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period?	X	
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)?	X	
Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$285 from one source)?	X	
Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period?		X
Did you hold any reportable positions on or before the date of filing in the current calendar year?		X
Do you have any reportable agreement or arrangement with an outside entity?		X
If this is your FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two prior years?		X

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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.		May 13 <sup>th</sup> , 2004

For Official Use Only - Do Not Write Below This Line

Signature of Reviewing Official

Date (Month, Day, Year)

FOR OFFICIAL USE ONLY  
Do Not Write Below this Line

SECRETARY OF THE SENATE  
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UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT  
FOR ANNUAL AND TERMINATION REPORTS

Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report	Senate Office / Agency in which Employed
Bayh	Evan	2005	United States Senate
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (include Area Code)	Termination Report Termination Date (mm/dd/yy):	Prior Office / Agency in which Employed
463 Russell Senate Office Building, Washington, D.C. 20510	(202) 224-5623		

## AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$285 from one source)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you hold any reportable positions on or before the date of filing in the current calendar year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you have any reportable agreement or arrangement with an outside entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If this is your FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two prior years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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\$200 Penalty for filing more than 30 days after due date.

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Certification  
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.

Signature of Reporting Individual

Date (Month, Day, Year)



5/15/06

For Official Use Only - Do Not Write Below This Line

Signature of Reviewing Official

Date (Month, Day, Year)

It is the Opinion of the reviewer that the statements made in this form are in compliance with Title 1 of the Ethics in Government Act.

FOR OFFICIAL USE ONLY  
Do Not Write Below this Line

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS  
06 MAY 15 AM 3:58

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## Exhibit 2



**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**
**1 List all officers, directors, trustees, foundation managers and their compensation (see page 20 of the instructions):**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Susan Bayh, c/o 300 N Meridian St, Suite 2700, Indianapolis, Indiana 46204	President/Dir <5	0	0	0
G Frederick Glass, c/o 300 N Meridian St, Suite 2700, Indianapolis, Indiana 46204	Treasurer/Dir <5	0	0	0
Tom Sugar, c/o 300 N Meridian St, Suite 2700, Indianapolis, Indiana 46204	Secretary/Dir <5	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1 — see page 20 of the instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account other allowances
NONE				

 Total number of other employees paid over \$50,000 ▶
**3 Five highest-paid independent contractors for professional services — (see page 20 of the instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

 Total number of others receiving over \$50,000 for professional services ▶
**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 NONE	
2	
3	
4	



**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see page 20 of the instructions):

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Evan Bayh, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	Director/<5	0	0	0
Susan Bayh, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	President/Dir/<5	0	0	0
G. Frederick Glass, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	Treasurer/Dir/<5	0	0	0
Thomas O. Sugar, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	Secretary/Dir/<5	0	0	0

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NONE				

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(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. ▶**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
2	
3	
4	

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Evan Bayh, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	Director/<5	0	0	0
Susan Bayh, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	President/Dir/<5	0	0	0
G. Frederick Glass, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	Treasurer/Dir/<5	0	0	0
Thomas O. Sugar, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	Secretary/Dir/<5	0	0	0

**2** Compensation of five highest-paid employees (other than those included on line 1—see page 21 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

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(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

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1 NONE	
2	
3	
4	

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G. Frederick Glass, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	Treasurer/Dir/<5	0	0	0
Thomas O. Sugar, c/o 300 N. Meridian Street, Suite 2700, Indianapolis, IN 46204	Secretary/Dir/<5	0	0	0

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Total number of others receiving over \$50,000 for professional services

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List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> NONE	
<b>2</b>	
<b>3</b>	
<b>4</b>	