Flynn, Joann

From: Web Form Poster [jleisher@atg.in.gov]
Sent: Tuesday, January 10, 2012 10:18 AM
To: IG Info
Subject: [Form 40876 submission]

For the Calendar Year: 2011
Check if this is an amendment to your current statement.:

Name (Last): Zoeller
Name (First): Gregory
Name (Middle): F

Spouse's Name (Last): Zoeller
Name (First): Kerrie
Name (Middle): L

Office Address (Street): 302 West Washington Street, IGCS-5th Floor
Address (City): Indianapolis
Address (Zip): 46204

Office Telephone Number: (317)233-6530
Email Address (required): jleisher@atg.in.gov

I am filing this statement as a (select one): incumbent

Office or Agency: Office of the Attorney General
Job Title: Attorney General

PART 1 - GIFTS (If you have information to report below, select YES. If no information, select NO.) No

Name (Last):
Address (City):
Address (Zip):
Name (Last):

Address (City):
Address (Zip):

Name (Last):
Address (City):
Address (Zip):

PART - 2 REAL PROPERTY INTERESTS (If you have information to report below, select YES. If no information, select NO.) No

Property and its location:
Property and its location:
Property and its location:

PART - 3 Non-State Employers (If you have information to report below, select YES. If no information, select NO.) Yes

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:
Spouse's employer: Meridian Street United Methodist Church
Nature of business: Pre-K teacher

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE (If you have information to report below, select YES. If no information, select NO.) Yes

Name of Your Business: Gregory F. Zoeller
Nature of Business: Attorney-at-law
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)? 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.

PART 5 - PARTNERSHIPS (If you have information to report below, select YES. If no information, select NO.) Yes

Name of Your partnership: 210 Investment Group, Inc.
Nature of partnership: investments
Name of Spouse's partnership:
Nature of Spouse's partnership:

PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) No

Name of Corporation:
Nature of Business:
Name of Spouse's Corporation:
Nature of Spouse's Business:

PART 7 - STOCKHOLDER OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) Yes

Name of corporation: Eli Lilly -- bequest from father-in-law
your's: on
spouse's: on
children's:

Name of corporation:
your's:
spouse's:
children's:

Name of corporation:
your's:
spouse's:
children's:

PART 8 - MOST RECENT EMPLOYER (If you have information to report below, select YES. If no information, select NO.) Yes

Name of your most recent former employer: Office of the Attorney General

Address
Street: 302 West Washington Street, IGCS-5th Floor
City: Indianapolis
State: IN
Zip Code:

COMMENTS
<p>Please place any comments in the fields below

FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW