

From: Web Form Poster [mpence@gov.in.gov]
Sent: Friday, February 01, 2013 12:40 PM
To: IG Info
Subject: [Form 40876 submission]

For the Calendar Year: 2012
Check if this is an amendment to your current statement.:

Name (Last): Pence
Name (First): Michael
Name (Middle): R.

Spouse's Name (Last): Pence
Name (First): Karen
Name (Middle): S.

Office Address (Street): 200 W. Washington Street; Statehouse 206 Address (City):
Indianapolis Address (Zip): 46204

Office Telephone Number: (317)232-4567 Email Address (required): mpence@gov.in.gov

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

Office or Agency: Governor
Job Title: Governor

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

Name (Last): Purdue University*
Address (City): West Lafayette
Address (Zip): 47907
Name (Last): DePaul University*

Address (City): Chicago
Address (Zip): 60604

Name (Last): DePaul University*
Address (City): Chicago
Address (Zip): 60604

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

Property and its location: Columbus, Bartholomew County, Indiana Property and its location:
Arlington, Arlington County, Virginia (sold July 2012) 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: U.S. House of Representatives Nature of business: Congressman Spouse's
employer: Immanuel Christian School Nature of business: Art 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:

Nature of Business:

Name of Spouse's Business: Karen Pence - Custom Home Water Colors Nature of Spouse's Business: Self-Employed Artist 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.) No

Name of Your partnership:

Nature of partnership:

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.) No

Name of corporation:

your's:

spouse's:

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: U.S. House of Representatives

Address

Street: 100 Cannon Building

City: Washington

State: DC
Zip Code:

COMMENTS

<p>Please place any comments in the fields below *Purdue University Wm. T. Berkshire Memorial Scholarship to Michael J.Pence (son)

*DePaul University Dean's Scholarship to Charlotte R. Pence(daughter)

*DePaul University DePaul Grant to Charlotte R. Pence (daughter)

FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW
