

From: Web Form Poster [mpence@gov.in.gov]
Sent: Tuesday, January 28, 2014 4:13 PM
To: IG Info
Subject: [Form 40876 submission]

For the Calendar Year: 2013

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.) 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.) No

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:
Nature of business:

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: None
Nature of Business: None
Name of Spouse's Business: Custom Home Watercolors
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.) Yes

Name of Corporation: None
Nature of Business: None
Name of Spouse's Corporation: Tracy's Kids Board of Directors (501c3)
Nature of Spouse's Business: Art therapy provider for childrens' hospitals

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

Gift Explanation:

*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)

*Northeastern University; Boston; 02115: Northeastern University Dean's Scholarship to Audrey A. Pence (daughter)

*Northeastern University; Boston; 02115: Northeastern University Grant to Audrey A. Pence (daughter)

FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW
