
From: Web Form Poster [Eholcomb@lg.in.gov]
Sent: Monday, March 14, 2016 8:37 AM
To: IG Info
Subject: [Form 40876 submission]

For the Calendar Year: 2015
Check if this is an amendment to your current statement.:

Name (Last): Holcomb
Name (First): Eric
Name (Middle): Joseph

Spouse's Name (Last): Amos
Name (First): Janet
Name (Middle): Renee

Office Address (Street): 200 W Washington St, rm 333
Address (City): Indianapolis
Address (Zip): 46204

Office Telephone Number: (317)2324545
Email Address (required): Eholcomb@lg.in.gov

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

Office or Agency: Lt Governor
Job Title: Lt Governor

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: R&R Engineering Co Inc

Nature of business: Manufacturing

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

Name of Your Business:

Nature of Business:

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)?

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:

Nature of partnership:

Name of Spouse's partnership: Amos Family Limited Partnership

Nature of Spouse's partnership: Shareholder

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: US Senate, Office of Sen Dan Coats

Address

Street: 10 W Market, Ste 1650

City: Indianapolis

State: IN

Zip Code:

COMMENTS

<p>Please place any comments in the fields below

FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW
