
From: Web Form Poster [cwlawson@sos.in.gov]
Sent: Thursday, January 28, 2016 10:44 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): Lawson
Name (First): Constance
Name (Middle): S

Spouse's Name (Last): Lawson
Name (First): Jack
Name (Middle): A

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

Office Telephone Number: (317)233-6531
Email Address (required): cwlawson@sos.in.gov

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

Office or Agency: Secretary of State
Job Title: Secretary of State

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.) Yes

Property and its location: See Attachment
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: Lawson and Company.

Nature of business: Real Estate Sales, Auctioneering and Appraisals

Spouse's employer: Lawson and Company

Nature of business: Real Estate Sales, Auctioneering and Appraisals

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: Lawson Investments

Nature of Business: Rentals

Name of Spouse's Business: Lawson Investments

Nature of Spouse's Business: Rentals

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.

N/A

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

Name of Your partnership: Verity Development & Old Farm Apartments

Nature of partnership: Apartment Complexes

Name of Spouse's partnership: Verity Development & Old Farm Apartments

Nature of Spouse's partnership: Apartment Complexes

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: Lawson and Company

Nature of Business: Real Estate Sales, Auctioneering and Appraisals

Name of Spouse's Corporation: Lawson and Company & Woodfield on Washington and Woodfield on Washington Contiguous to the Lake

Nature of Spouse's Business: Real Estate Sales, Auctioneering and Appraisals; Subdivision Corp for Protective Covenants

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: Indiana Senate

Address

Street: 200 W Washington St, Rm 3-AW

City: Indianapolis

State: IN

Zip Code:

COMMENTS

<p>Please place any comments in the fields below

Will hand deliver written statement and attachment. c1

FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW
