

From: Web Form Poster [jibattle@tos.in.gov]
Sent: Friday, January 29, 2016 9:34 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): Mitchell
Name (First): Kelly
Name (Middle): M

Spouse's Name (Last): Mitchell
Name (First): Laurence
Name (Middle): B

Office Address (Street): 200 West Washington Street, Ste 242 Address (City): Indianapolis
Address (Zip): 46204

Office Telephone Number: (317)232-6386 Email Address (required): jibattle@tos.in.gov

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

Office or Agency: Office of the Treasurer Job Title: Treasurer

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

Name (Last): Fifth Third Bank
Address (City): Carmel
Address (Zip): 46032
Name (Last): Ice Miller Legal Counsel

Address (City): Indianapolis
Address (Zip): 46204

Name (Last): Ascensus College Savings
Address (City): Newton, MA
Address (Zip): 02459

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.) 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.) 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: United Consulting

Address

Street: 1625 North Post Road
City: Indianapolis
State: IN
Zip Code:

COMMENTS

<p>Please place any comments in the fields below

FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW
