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**From:** Web Form Poster [jleisher@atg.in.gov]  
**Sent:** Thursday, January 28, 2016 3:32 PM  
**To:** IG Info  
**Subject:** [Form 40876 submission]

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

Name (Last): Zoeller  
Name (First): Gregory  
Name (Middle): F

Spouse's Name (Last): Zoeller  
Name (First): Kerrie  
Name (Middle): L

Office Address (Street): 302 West Washington Street  
Address (City): Indianapolis  
Address (Zip): 46204

Office Telephone Number: ( 317 )2336530  
Email Address (required): [jleisher@atg.in.gov](mailto:jleisher@atg.in.gov)

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

Office or Agency: Office of the Attorney General  
Job Title: Attorney General

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: Meridian Street United Methodist Church

Nature of business: Pre-K 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: Gregory F. Zoeller

Nature of Business: Attorney-at-law

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: 2010 Investment Group, Inc.

Nature of partnership: investments

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.) No

Name of your most recent former employer:

Address

Street:

City:

State:

Zip Code:

COMMENTS

<p>Please place any comments in the fields below

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FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW  
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