
From: Web Form Poster [sellspermann@lg.in.gov]
Sent: Thursday, January 22, 2015 12:21 PM
To: IG Info
Subject: [Form 40876 submission]

For the Calendar Year: 2014
Check if this is an amendment to your current statement.:

Name (Last): Ellspermann
Name (First): Susan
Name (Middle): Jane

Spouse's Name (Last): Mehling
Name (First): James
Name (Middle): Ernest

Office Address (Street): State House, Rm 333
Address (City): Indianapolis
Address (Zip): 46204

Office Telephone Number: (317)232-4545
Email Address (required): sellspermann@lg.in.gov

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

Office or Agency: Lieutenant Governor
Job Title: Lieutenant 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.) Yes

Property and its location: 212 E 25th Street, Ferdinand, IN 47532
Property and its location: 611 N. Park Ave., Unit 408, Indianapolis, IN 46204
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: SE Dubois County School Corporation

Nature of business: K-12 Education

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.) Yes

Name of Corporation:

Nature of Business:

Name of Spouse's Corporation: Ferdinand Heimatfest, Inc.

Nature of Spouse's Business: Nonprofit promoting and organizing Ferdinand's 175th Anniversary

PART 7 - STOCKHOLDER OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) Yes

Name of corporation: Becton Dickinson & Co; Oracle Corporation

your's: on

spouse's:

children's:

Name of corporation: Berkshire Hathaway; Procter & Gamble

your's: on

spouse's:

children's:

Name of corporation: Emerson Electric; Schlumberger LTD

your's: on

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: Transformation Team

Address

Street: 8650 South Ferdinand Road, NW

City: Ferdinand

State: IN

Zip Code:

COMMENTS

<p>Please place any comments in the fields below

FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW
