



**ETHICS DISCLOSURE STATEMENT  
CONFLICTS OF INTEREST – DECISIONS AND VOTING**  
State Form 55860 (R / 10-16)  
OFFICE OF THE INSPECTOR GENERAL  
IC 4-2-6-9

**DEC 21 2021**

**FILED**

In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the Inspector General's website.

Name <i>(last)</i> Bochnowski	Name <i>(first)</i> Benjamin	Name <i>(middle)</i>
Name of office or agency Indiana Department of Financial Institutions	Job title Member of the Indiana DFI	
Address of office <i>(number and street)</i> 30 S. Meridian St., Suite 300	City Indianapolis	ZIP code 46204
Office telephone number ( 317 ) 232-3955	Office e-mail address <i>(required)</i> bbochnowski@ibankpeoples.com	
Describe the conflict of interest: I am a Member of the Indiana Department of Financial Institutions ("DFI") and am also the President and CEO of Peoples Bank. Peoples Bank has submitted an application for merger to the DFI, which will be presented to the DFI Members for their consideration at the December 22, 2021 Members' Meeting.		

Describe the screen established by your ethics officer: *(Attach additional pages as needed.)*

I have notified the DFI's Ethics Officer and the Director of the conflict of interest. I will not participate, nor will I be present, for the discussion and vote on the matter at the December 22, 2021 Members' meeting.

**AFFIRMATION**

Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.

Signature of state officer, employee or special state appointee  
*Benjamin Bochnowski*  
benjamin.Bochnowski (Dec 3, 2021 10:07 CST)

Date signed (month, day, year)  
12/3/21

Printed full name of state officer, employee or special state appointee  
Benjamin Bochnowski

**FOR ETHICS OFFICER USE ONLY**

Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.

Signature of ethics officer  
*Nicole Buskill*

Date signed (month, day, year)  
12/20/21

Printed full name of ethics officer

## **Buskill, Nicole R**

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**From:** Fite, Tom  
**Sent:** Friday, December 17, 2021 12:58 PM  
**To:** Buskill, Nicole R  
**Subject:** RE: Bochnowski Conflict

No questions. Thank you for handling this.

**From:** Buskill, Nicole R <NBuskill@dfi.IN.gov>  
**Sent:** Friday, December 17, 2021 12:41 PM  
**To:** Fite, Tom <tfite@dfi.IN.gov>  
**Subject:** Bochnowski Conflict

Hi Tom, this email is to inform you of a voting conflict our Member, Ben Bochnowski, has at December 22, 2021, Members Meeting. His Institution, Peoples Bank, has an application up for consideration. Bochnowski has informed me of this conflict and has filled out a decisions and voting conflict disclosure form. Bochnowski will leave the meeting during the discussion of his application and for the vote. He will not participate or observe in any manner. Please let me know if you have any questions. Thank you.

**Nicole Buskill**  
General Counsel  
Indiana Department of Financial Institutions  
Office: 317-232-3955  
[nbuskill@dfi.in.gov](mailto:nbuskill@dfi.in.gov)

### **CONFIDENTIALITY STATEMENT:**

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