

FEB 18 2022

FILED



**ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING**
State Form 55860 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

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 (last) Bottomley | Name (first) Adrian | Name (middle) | |
| Name of office or agency FSSA | | Job title Staff Attorney | |
| Address of office (number and street) 402 W. Washington St. Rm. W451 | | City Indianapolis | ZIP code 46204 |
| Office telephone number (317) 232-1674 | Office e-mail address (required) adrian.bottomley@fssa.in.gov | | |

Describe the conflict of interest:
I am currently employed by by FSSA as a Staff Attorney. I am responsible for advising the Division of Aging and the rule promulgation process across the agency. I also have assisted with issues across the agency as needed. I was offered to interview for an attorney position with the law firm Stotler Hayes Group, LLC which sometimes litigates against FSSA.

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

Employee's manager has implemented a screen that will prohibit the employee from participating in any vote, decision, or matters relating to any vote or decision (including any cases) involving or related to Stotler Hayes Group, LLC. Any and all matters previously assigned to the employee relating to Stotler Hayes Group, LLC have been or will be reassigned to another attorney. This screen will remain in place for the employee's remaining tenure with the State or until he discontinues employment negotiations with Stotler Hayes Group, LLC, whichever occurs first.

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

Date signed (month, day, year)

2/16/22

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

Adrian Bottomley

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

Date signed (month, day, year)

2/18/22

Printed full name of ethics officer

Jessica Keyes

Baker, Nathaniel P

From: Keyes, Jessica K
Sent: Tuesday, February 22, 2022 1:38 PM
To: Keyes, Jessica K
Subject: Bottomley-Ethics Disclosure

From: Rusyniak, Daniel E (Dan) <Daniel.Rusyniak@fssa.IN.gov>
Sent: Tuesday, February 22, 2022 1:11 PM
To: Marshall, Cathrine (Cate) <Cathrine.Marshall@fssa.IN.gov>
Subject: RE: Ethics Disclosure

I have seen and reviewed the ethics disclosure.

dan

From: Bottomley, Adrian <Adrian.Bottomley@fssa.IN.gov>
Sent: Friday, February 18, 2022 9:33 AM
To: Marshall, Cathrine (Cate) <Cathrine.Marshall@fssa.IN.gov>
Cc: Keyes, Jessica K <Jessica.Keyes@fssa.IN.gov>
Subject: Ethics Disclosure

Hello,

I am aware that Dr. Rusyniak is supposed to get the attached ethics disclosure, but I am not sure how you all process these. If you need anything else from me, let me know. I believe Jessica Keyes, as ethics officer, needs to be included on any responses.

Thanks,

Adrian Bottomley

Staff Attorney

Office of General Counsel

Indiana Family and Social Services Administration

402 West Washington Street, Room W451

Indianapolis, IN 46204

(317) 232-1674

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<http://www.IN.gov/fssa>

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