



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

NOV 3 2025

Reset Form

 INDIANA STATE
 ETHICS COMMISSION

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) Brown	Name (first) Pete	Name (middle)
Name of office or agency Indiana Arts Commission		Job title Grant Reviewer (Special State Appointee)
Address of office (number and street) 100 N Senate Ave., N505		City Indianapolis
		ZIP code 46204
Office telephone number (317) 232-1269	Office e-mail address (required) grantsadmin@iac.in.gov	
Describe the conflict of interest: Mr. Brown serves as a Grant Reviewer for the Indiana Arts Commission (IAC) FY26 Arts Project Support (APS) Fall Grant Program and its considered a Special State Appointee, as defined in IC 4-2-6-1 (18).		
Mr. Brown has disclosed to the IAC that he has a conflict of interest with one (1) organization who is applying for the FY26 APS Fall Grant Program:		
A) Little Red Door Cancer Agency (Indianapolis, IN) - Mr. Brown disclosed the organization is a former/occasional client of Mr. Brown's marketing agency. This was disclosed to the IAC via email after Mr. Brown had the opportunity to review the initial applications list.		

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

Ethics Screen for Mr. Brown:

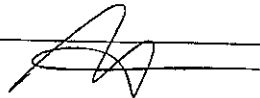
1) Mr. Brown has disclosed to the IAC about the one (1) Conflict of Interest. Per the IAC's Grant Reviewer's Conflict of Interest Standard Operating Procedure (IAC-OPS-007) the following screening have been established by the IAC:

A) Little Red Door Cancer Agency (Indianapolis, IN): Ethics Screen B, the conflicted grant application was removed from the Grant Reviewer's docket.

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



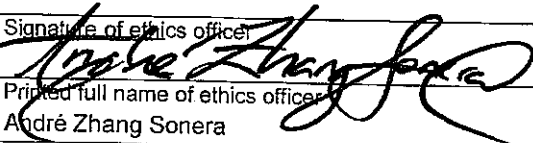
Date signed (month, day, year)
10/30/25

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

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)
11/3/25

Printed full name of ethics officer
André Zhang Sonera

Subject: [Ethics Notice] Conflict of Interest - Brown, Pete
Date: Monday, November 3, 2025 at 10:41:51 AM Eastern Standard Time
From: Zhang Sonera, André <AZhangsonera@iac.IN.gov>
To: Dave Haist <dave@haist.us>
CC: Michaelsen, Miah <MMichaelsen@iac.IN.gov>
Attachments: Brown, Pete - COI Disclosure Statement.pdf

Good morning, Chair Haist -

As the Indiana Arts Commission's appointing authority, this email serves as notice of Pete Brown's conflict of interest under IC 4-2-6-9.

Mr. Brown is a Grant Reviewer for the FY26 Arts Project Support (APS) Grant Program.

An ethics screen has been established and described in the attached Ethics Disclosure Form and will be filed with the State Ethics Commission.

Have a great day!

Respectfully,

André

André Zhang Sonera, MPA

Ethics Officer

Deputy Director & Chief of Staff

Indiana Arts Commission

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