



**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

FILED

Reset Form

JUL 29 2026

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) Clifton	Name (first) Brandon	Name (middle)
Name of office or agency Indiana Department of Administration		Job title Commissioner
Address of office (number and street) 1540 Windswept Drive		City Greenwood
		ZIP code 46143
Office telephone number (317) 397-7343	Office e-mail address (required) bclifton@idoa.in.gov	

Describe the conflict of interest:

Brandon Clifton is the Commissioner at the Indiana Department of Administration. He has served in this capacity since January 2025.

Mr. Clifton has engaged in employment negotiations and received an offer for employment from the Hagerman Group as the Director of Government Affairs. The Hagerman Group is a full-service construction firm with locations in Fort Wayne, Fishers and Louisville.

Mr. Clifton's employment negotiations with the Hagerman Group creates a potential conflict of interest for decisions related to the financial interests of the company. In the interest of public transparency and out of an abundance of caution, this disclosure is filed to protect the State of Indiana's interests in ensuring future decisions involving the Hagerman Group are made consistent with the requirements of state law. Mr. Clifton has not had any involvement or held any discussions during his time as Commissioner with the Hagerman Group pertaining to a contract, a decision, a vote or any other financial interest regarding the company's interests.

The Hagerman Group does not currently have an active contract with the State of Indiana; however, contract number ending in 100046 with the Indiana Department of Natural Resources was entered into on March 3, 2026 and ended on June 30, 2026.

The contract's value was \$22,883 and provided for installation of a shooting range baffle at the agency's Roush Lake location.

Mr. Clifton did not have any knowledge of this statement of work prior to the contract's execution, nor did he review or sign the contract on behalf of IDOA. The agency's Deputy Director of Professional Services, Carl Brown, signed this contract on behalf of IDOA's Director of Public Works, Robert Grossman, on March 9, 2026. Similarly, IDOA's Deputy General Counsel at the time, Tammy Glickman, prepared and reviewed the agreement. This contract is attached to this screen for reference.

Disclosure was provided to the agency's ethics officer and the appointing authority on July 23, 2026, at which time the development of this screen began.

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

Pursuant to IC 4-2-6-9(b)(2), this disclosure was executed and filed with the State of Indiana Ethics Commission within seven (7) days of the potential conflict being identified below by the agency's ethics officer.

A formal screen was executed with IDOA's ethics officer preventing Mr. Clifton from working with the Hagerman Group in any capacity as the agency's Commissioner. This screen prohibits Mr. Clifton from exercising any of his official duties or participating in any decision or vote, or a matter related to such a decision or vote, involving the Hagerman Group or in which the Hagerman Group has an interest. Mr. Clifton is further screened from assisting any future employer, including the Hagerman Group, with any matter in which he personally and substantially participated in while employed by IDOA.

This screen was executed on July 28, 2026, a copy of which was delivered to Lisa Hershman, Mr. Clifton's appointing authority.

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)

7/28/26

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

SHANDON CLIFTON

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)

7/28/2026

Printed full name of ethics officer

Jennifer Jansen