



**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

JAN 22 2024

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) Foster	Name (first) Autumn	Name (middle) Dawn	
Name of office or agency Board of Animal Health		Job title Dairy Plant Specialist	
Address of office (number and street) 1202 E 38th Street		City Indianapolis	ZIP code 46205
Office telephone number (317) 544-2400		Office e-mail address (required) aufoster1@boah.in.gov	

Describe the conflict of interest:
I am an employee for the Board of Animal Health, Dairy Division. My boyfriend and the father of my children is taking a position for Prairie Farms in Holland Indiana loading milk at night. I currently perform a routine inspections, equipment tests, and collect samples from there.

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

BOAH will take steps to ensure Autumn does not conduct inspections, tests or collect samples for BOAH at the Prairie Farms, Holland plant and has no decision-making role in any matter connected to the plant.

The Board of Animal Health (BOAH) Dairy Division will reassign all duties so that Autumn no longer inspects the Prairie Farms, Holland plant.

BOAH will utilize management controls in the Dairy Division's inspection database to restrict Autumn's ability to change data for this plant in the system.

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

Autumn D. Foster

Date signed (month, day, year)

1-19-2024

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

Autumn Foster

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

Gary L Haynes

Date signed (month, day, year)

1-19-2024

Printed full name of ethics officer

Gary L. Haynes, Chief of Staff

From: [Hash, Patrick A](#)
To: [Haynes, Gary](#)
Subject: Fwd: Job interview
Date: Tuesday, January 16, 2024 9:32:18 AM

Gary,
Can you give me an ethics position on this please? This is a plant that she inspects.
Thanks,

Patrick A. Hash
Division Director
Dairy Division
Indiana State Board of Animal Health
Discovery Hall, Suite 100
1202 East 38th Street
Indianapolis, IN 46205
Central Office Phone: 317-544-2392
Central Office Fax: 317-974-2011
phash@boah.in.gov
Cell: 812-593-2971

From: Foster, Autum (BOAH) <AuFoster1@boah.IN.gov>
Sent: Tuesday, January 16, 2024 9:26:30 AM
To: Hash, Patrick A <PHash@boah.IN.gov>
Subject: Job interview

Patrick,

Steve, the father of my children currently is unemployed and needs work. He has a job interview at Prairie Farms in holland loading milk at night from 12AM-8AM, I did not know if this would be an issue considering I will never see him and that job does not affect how I do mine, but want to reach out and check if that would or would not be acceptable. If you could let me know before he accepts the job that would be great. Thank you.

Get [Outlook for iOS](#)