



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

INDIANA
 STATE ETHICS COMMISSION

DEC 22 2022

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 (last) Garcia	Name (first) Dandy	Name (middle)
Name of office or agency Indiana Commission on Hispanic/Latino Affairs		Job title Commissioner
Address of office (number and street) 100 North Senate Ave, Room N300		City Indianapolis
Office telephone number (317) 234-3072		ZIP code 46204
Office e-mail address (required) Dgarcia@isdh.in.gov		

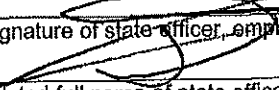
Describe the conflict of interest:

I am a Special State Appointee from the Indiana Department of Health (DOH) who is appointed to serve as a commissioner on the Indiana Commission on Hispanic and Latino Affairs (ICHLA) board. I am an HIV Prevention LHD Services Coordinator with the DOH. ICHLA awards grant funding to non-profit organizations that address Hispanic and Latino community issues. The DOH partners with Shalom Health Care Center, Inc. and provides funding to Shalom's in furtherance of its mission. Shalom's funding sources also includes grant awards from organizations like ICHLA.

Describe the screen established by your ethics officer: *(Attach additional pages as needed.)*
Any Shalom grant application to ICHLA, and possible voting and awarding, would be a conflict of interest for me, as would any decisions or votes, or matters related to decisions or votes, in which Shalom would have a financial interest. In the event I learn Shalom will apply for an ICHLA grant, I will immediately put this ethical screen in place. Further, I will work the Indiana Civil Rights Commission's Ethics Officer and ICHLA's Director to ensure this established screen is followed.

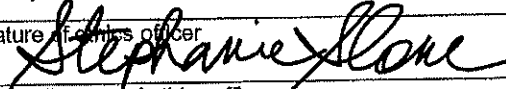
AFFIRMATION

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)
	12/22/22
Printed full name of state officer, employee or special state appointee	
Dandy Garcia	

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)
	12.22.2022
Printed full name of ethics officer	
Stephanie Stone	

Baker, Nathaniel P

From: Slone, Stephanie N
Sent: Thursday, December 22, 2022 12:11 PM
To: IG Info
Cc: Wilson, Gregory L
Subject: ICHLA Ethics Disclosure
Attachments: Garcia Shalom Conflict Disclosure 12.2022.pdf

Good afternoon.

Please see the attached ethics disclosure for Commissioner Garcia who is on the Indiana Commission on Hispanic/Latino Affairs board.

Thanks, and happy holidays!

Stephanie

Stephanie Slone, Esq.

Deputy Director of Internal/External Programming

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