



**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

AUG 06 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 (<i>last</i>) Gauger	Name (<i>first</i>) Jennifer	Name (<i>middle</i>)
Name of office or agency State Board of Accounts		Job title Deputy State Examiner
Address of office (<i>number and street</i>) 302 W Washington St, Ste E418		City Indianapolis
		ZIP code 46204
Office telephone number (317) 232-2513	Office e-mail address (<i>required</i>) jgauger@sboa.in.gov	

Describe the conflict of interest:

The State Board of Accounts wants to hire a photographer for its Annual Meeting on September 8, 2026.

The photographer is my spouse, who is a "relative" under the Ethics Code. The financial interest is less than \$1000.

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

I will have no decision-making authority or involvement in the selection or direction of the photographer.

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)

8/6/2026

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

Jennifer Gauger

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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)

8/6/2026

Printed full name of ethics officer

Paul Joyce, State Examiner, Agency Appointing Authority

Gauger, Jennifer

From: Gauger, Jennifer
Sent: Thursday, August 6, 2026 10:00 AM
To: Joyce, Paul
Subject: Photographer for Annual Meeting

Hello Paul – I wanted to inform you that one the photographers you would like to use for our Annual Meeting is my spouse, who is a “relative” under the Ethics Code. I will take no part in the final selection of the photographer or the direction of such photographer.

Thanks,
Jennifer



Paul D. Joyce, CPA
State Examiner

Jennifer E. Gauger, JD, CFE
Deputy State Examiner
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