

FILED

JUN 22 2026

INDIANA STATE
ETHICS COMMISSION



**ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING**
State Form 55880 (R / 10-16)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

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) Greilwe	Name (first) Chad	Name (middle) Alan
Name of office or agency Indiana Housing and Community Development Authority		Job title Board Member
Address of office (number and street) 320 N. Meridian St, Suite 700		City Indianapolis
		ZIP code 46062
Office telephone number (317) 655-3114	Office e-mail address (required) cgreilwe@denisonparking.com	

Describe the conflict of interest:

I serve on the board of directors of the Indiana Housing and Community Development Authority (IHCDA). My wife Lisa is employed by the Gene B. Glick Company, Inc. The Gene B. Glick Company and affiliates of the Gene B. Glick Company develop affordable housing in Indiana. IHCDA accepts applications from affordable housing developers for non-competitive 4% tax credits and bonds, the competitive 9% Low Income Housing Tax Credit program, the competitive State Affordable and Workforce Housing Tax Credit program, and funding from IHCDA's Development Fund. If the IHCDA board must vote on awarding the Gene B. Glick Company or an affiliate of the Gene B. Glick Company tax credits or other funding, a potential conflict of interest may exist.

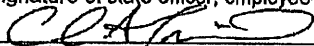
Describe the screen established by your ethics officer: *(Attach additional pages as needed.)*

The IHCDA Executive Director, Deputy Executive Director, General Counsel, Board Chair, and Ethics Officer have been notified of the potential conflict. I will not participate in any decision or vote, or any matter related to such decision or vote involving any potential conflict of interest related to the Gene B. Glick Company, Inc. or entities affiliated with the Gene B. Glick Company. To ensure no participation, I will remove myself from the board meeting during any discussion on such decisions or votes.

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)

06/15/2026

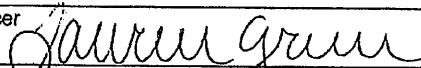
Printed full name of state officer, employee or special state appointee

Chad Alan Greiwe

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)

06/22/2026

Printed full name of ethics officer

Lauren Green

Chad Greiwe

From: Chad Greiwe
Sent: Monday, June 15, 2026 11:56 AM
To: Pearson, Tom; Tillery, Lauren
Subject: Ethics Disclosure Statement - Chad Greiwe
Attachments: Ethics Disclosure Statement IC 4-2-6-9 Signed.pdf

Tom & Lauren,

As we've recently discussed, I've prepared the attached Ethics Disclosure Statement related to an identified potential conflict of interest. I appreciate your assistance in helping me file the disclosure statement with the Inspector General's Office.

Thank you,

Chad A. Greiwe