

NOV 16 2022



ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING
 State Form 65860 (R / 10-15)
 OFFICE OF THE INSPECTOR GENERAL
 IC 4-2-6-9

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) Hamilton	Name (first) Lydia	Name (middle)
Name of office or agency Indiana Department of Health-Women Infants and Children (WIC)		Job title Clinical Breastfeeding Coordinator
Address of office (number and street) 2 N Meridian		City Indianapolis
Office telephone number (317) 2349722		ZIP code 46204
Office e-mail address (required) lhamilton1@health.in.gov		

Describe the conflict of interest:
 I am employed by the IDOH and work in the WIC division. I am an officer (board member and treasurer) of a non-profit organization, Flourish, Inc., that will benefit from IDOH's Health Challenges and Issues Grant. However, the division I work for at IDOH is not involved in the awarding of the grant or involved in its administration.

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

I will not have communication with IDOH divisions awarding or administrating this grant regarding the organization Flourish, Inc of which I am a board member. My current job duties with the WIC program do not involve the grant approval or contracts and I will not accept any jobs duties with IDOH that involve these matters without ensuring that I will not have contact with the Health Issues and Challenges Grant. My supervisor will be made aware that this issue exists and that I may not be assigned any job duties that involve this matter. Should any of my current circumstances change, I will work with IDOH's ethics officer to ensure that an appropriate and effective screen remains in place.

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)

11/16/2022

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

Lydia Hamilton

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)

11/16/2022

Printed full name of ethics officer

Erin R. Elam

Elam, Erin R

From: Elam, Erin R
Sent: Wednesday, November 16, 2022 1:15 PM
To: Box, Kristina M
Subject: Conflict of Interest- Decisions and Voting Disclosure- Amanda Wolfe
Attachments: Amanda Wolfe COI Disclosure Decisions and Voting.pdf

Good Afternoon, Dr. Box-

To be in compliance with IC 4-2-6-9 an employee who identifies a potential conflict of interest must notify their appointing authority and either request an advisory opinion form the State Ethics Commission of file disclosure statement. Please accept this email as official notification. A copy of the Disclosure Statement is included for your reference. The Disclosure Statement has been filed with the State Ethics Commission and I anticipate we will receive a file-stamped copy within a few business days.

Thank you,

Erin Elam | Staff Attorney & Ethics Officer

Office of Legal Affairs

office: 317-234-8361 • fax: 317-234-6278

eelam@isdh.in.gov

health.in.gov



Indiana
Department
of
Health



Confidentiality Statement: This message and any attachments may be confidential. If you are not the intended recipient, please 1) notify me immediately; 2) do not forward the message or attachment; 3) do not print the message or attachment; and 4) erase the message and attachment from your system.