INDIANA STATE ETHICS COMMISSION



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

JUN 27 2022

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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)	Name (first)		Name <i>(middle)</i>			
Johnson-Yates	Rachel		, ,			
Name of office or agency		Job title				
DMHA		Deputy Director/Chief of Staff				
Address of office (number and street)		City ZIP code		ZIP code		
402 W Washington St.		Indianapo	lis	46204		
Office telephone number	Office e-mail address (required,					
(317) 760-5366	rachel.johnsonyates@fssa.in.gov					
Describe the conflict of interest:						
Ms. Johnson-Yates will be interviewing for	or the Director of Community	Health, C	Outreach, and Engage	ment with		
IU Health which is in the Office of Community Health Operations. While, DMHA does not have contracts with this						
office at IU Health, DMHA does have a contract with IU for our Psychiatric Medical Director Consultation and						
a contract to serve the mental health needs of senior citizens. Ms. Johnson-Yates has done no work through DMHA						
with the office in which the position is housed.						

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Describe the screen established by your ethics officer. (Attach additional pages as needed.) Employee's supervisor has implemented a screen that will prohibit the employee from participating in any vote, decision,						
or matters relating to any vote or decision, involving or relating to IU Health. There are curr	ently no known IU Health					
matters that employee is assigned to oversee, participate in, or administer. If any IU Health matters are made known, the						
employee will be screened from these and any future issues where IU Health has a financial interest. This screen will						
remain in place from the employee's remaining tenure with the State or until they discontinue employment negotiations						
with IU Health, whichever occurs first.						

AFFIRMATION						
Your signature below affirms that your disclosures on this form are true, complete, and cor knowledge and belief. In addition to this form, you have attached a copy of your written disappointing authority and ethics officer.						
Signature of state officer, employee or special state appointee	Date signed (month, day, year) 6/14/22					
Printed full name of state officer, employee or special state appointee Rachel Johnson-Yates						
FOR ETHICS OFFICER USE ONLY						
Your signature below affirms that you have reviewed this disclosure form and that it is true best of your knowledge and belief. You also attest that your agency has implemented the						
Signature of ethics officer	Date signed (month, day, year)					
Printed full name of ethics officer	1 4/10/22					

From:

Marshall, Cathrine (Cate)

To:

Keyes, Jessica K

Subject: Date: FW: COI disclosure form-Rachel Johnson-Yates

Friday, June 24, 2022 1:20:33 PM

Dan has reviewed

Thank you, Cate Marshall Executive Assistant Indiana FSSA

Email: Cathrine.Marshall@FSSA.IN.gov

Statement of Confidentiality: The information in this message is privileged and confidential and it is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that you are prohibited from disseminating, distributing, or copying the information contained in this message. If you have received this message in error, please notify the sender and destroy all copies of the original message.

----Original Message----

From: Rusyniak, Daniel E (Dan) < Daniel. Rusyniak@fssa. IN.gov>

Sent: Friday, June 24, 2022 1:20 PM

To: Marshall, Cathrine (Cate) < Cathrine. Marshall@fssa. IN.gov> Subject: RE: COI disclosure form-Rachel Johnson-Yates

Reviewed

----Original Message----

From: Marshall, Cathrine (Cate) < Cathrine. Marshall@fssa. IN.gov>

Sent: Friday, June 24, 2022 11:50 AM

To: Rusyniak, Daniel E (Dan) < Daniel.Rusyniak@fssa.IN.gov> Subject: FW: COI disclosure form-Rachel Johnson-Yates

Dan,

From Jessica Keyes, review and let me know.

Thank you, Cate Marshall Executive Assistant Indiana FSSA

Email: Cathrine.Marshall@FSSA.IN.gov

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^{*}Please note, there is no e in the middle of Cathrine.

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