

FILED



**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

AUG 31 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 (last) Marcuson	Name (first) Molly	Name (middle) Isabelle
Name of office or agency Office of Community and Rural Affairs		Job title Community Liaison
Address of office (number and street) 1 N Capitol Ave Ste 600		City Indianapolis
		ZIP code 46208
Office telephone number (317) 605-5816	Office e-mail address (required) mmarcuson@ocra.in.gov	

Describe the conflict of interest:

Receiving a stipend from the American Planning Association to complete communications work.

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

Ethics officer Gregg Puls indicated there is no conflict between the two duties. It was also made clear that I am not to use my state resources (laptop, phone) to fulfill the role with the American Planning Association. **OR COMPLETE**

APA WORK DURING THE HOURS WORKING FOR THE STATE.

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

molly marcuson

Date signed (month, day, year)

08/31/2026

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

Molly Marcuson

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

Gregg Puls

Date signed (month, day, year)

08/31/2026

Printed full name of ethics officer

GREGG PULS

Garrigus, Adam

From: Marcuson, Molly
Sent: Monday, August 31, 2026 1:40 PM
To: IG Info
Cc: Garrigus, Adam
Subject: Fw: Notification of Outside Employment

See below for the notification of the potential conflict of interest to my appointing authority.

Thanks,

Molly Marcuson, MPA • Central Community Liaison

Office of Community and Rural Affairs

(317) 605-5816 • MMarcuson@ocra.in.gov

<http://www.in.gov/ocra>



From: Marcuson, Molly
Sent: Monday, August 31, 2026 1:29 PM
To: Glynn, Fred <FGlynn@ocra.IN.gov>
Subject: Notification of Outside Employment

Hello,

In order to complete the conflict of interest process with the Office of Inspector General, I must notify you that I will be starting a communications position (maximum 10 hours a month) with the American Planning Association for which I will be receiving a stipend. I have already discussed this with our ethics officer Gregg Puls, who has signed the conflict of interest form and indicated there is no conflict as long as I do not use state resources, or fulfill my duties for the APA during OCRA work hours.

Thanks,

Molly Marcuson, MPA • Central Community Liaison

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