

## 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

## OCT 2 3 2024

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)	Name (first)		Name (middle)	AL ANDRON			
Mettler	Lisa		M.				
Name of office or agency		Job title					
Indiana Family & Social Services Administration's OECOSL		Director of Innovation & Collaboration					
Address of office (number and street)		City ZIP code					
402 West Washington Street, W362		Indianap	olis	46204			
Office telephone number	Office e-mail address (required)	l					
( 765 ) 635-6897	Lisa.Mettler@fssa.IN.gov						
Describe the conflict of interest:							
Lisa M. Mettler is employed as Director of Innovation & Collaboration for FSSA's Office of Early Childhood							
and Out of School Learning (OECOSL). OECOSL intends to rent office space located at 616 North							
Jefferson Street, Huntington, Indiana,							
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operated by Thomas Mettler, husband to Lisa M. Mettler. Lisa M. Mettler does not have contract or leasing							
authority on behalf of FSSA and/or OF	ECOSL.	**********	***	*******			
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Describe the screen established by your ethics officer: (Attach additional pages as needed.)  Lisa M. Mettier shall not participate in any decisions or votes, or any matter related to such or	decision or vote in which
Mettler Properties, LLC has a financial interest. This restriction applies in perpetuity for the li	ife of the matter. Pursuant to
her duty under IC 5-14-3-10, Lisa M. Mettler shall not disclose or otherwise rely upon inform	ation classified as
confidential under IC 5-14-3-4. This restriction applies in perpetuity, so long as the subject in	nformation is deemed
confidential.	
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AFFIRMATION	
Your signature below affirms that your disclosures on this form are true, complete, and correct knowledge and belief. In addition to this form, you have attached a copy of your written discappointing authority and ethics officer.	
Signature of state officer, employee or special state appointee	Date signed (month, day, year) October 22, 2024
Printed full name of state officer, employee or special state appointee Lisa M. Mettler	
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 s	
Signature of ethics officer	Date signed (month, day, year)
Printed full name of ethics officer	1 1 1 1

## Baker, Nathaniel P

From:

Gerber, Matthew

Sent:

Wednesday, October 23, 2024 2:25 PM

To:

Perrodin, Regan (IG)

Cc:

IG Info; FSSA Ethics; Baker, Nathaniel P; Mettler, Lisa M; Rusyniak, Daniel E (Dan)

Subject:

Ethics Disclosure Statement - Conflicts of Interest - Decisions and Voting - Lisa Mettler

Attachments:

Notice of Conflict - Decisions & Voting - Mettler Executed 1024.pdf

Regan-

Attached please find an "Ethics Disclosure Statement - Conflicts of Interest - Decisions and Voting" that I am filing on behalf of Lisa Mettler, FSSA's Director of Innovation & Collaboration for OECOSL.

Please note Secretary Dr. Daniel Rusyniak is included on this email for required notice purposes.

Thanks

MG

Matthew A. Gerber Deputy General Counsel and Ethics Officer Office of General Counsel Indiana Family and Social Services Administration 402 West Washington Street, Room W451 Indianapolis, Indiana 46204

Office: 317-232-1246

Email: Matthew.Gerber@fssa.in.gov



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