

In accordance with IC 4-2-6-9 you must fi	le your disclosure with the S	itate Ethics Commission no later than s	even (i7)
days after the conduct that gives rise to the agency appointing authority and ethics off	ie conflictYou imust also inc	III UG BICODA OL'ILIANIONICANANINI ANAZA	
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Name:(last) [Miller appear, verse) and (2 str. photo year	Name (first)	(Mame)(midale)	
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lindiana Arts Commission Address of office (number and street)	The state of the s	ichy Zir	Picode:
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(office)telephone.number ((317))232-1269	grantsadmin@lactinigev		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Describe the conflict of interest. Ms. Miller serves as a Grant Reviewer for	or the Indiana Arts Commis	ssion (IAC))FY26-27/Arts Organization	n Support
(AOS) Grant Program and its considere			
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Ms. Miller has disclosed to the IAC that	she has a conflict of intere	st with one (4) organization who is an	gnjylgi
for the FY26-27/A@S Grant Program		n gjerige - Standberg Franklike Gregoria	
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A) Heartland Art Center (Rlymou	lh.liN) - Ms. Miller serves	s as a Volunteer with the Organization	0.
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Describe the screen established by your ethics officer: (Attach additional pages as needed.) Ethics Screen for Ms. Miller:
i) Ms. Miller has disclosed to the IAC about the one (1) Conflict of Interest. Per the IAC's Grant Reviewer's Conflict of of Interest Standard Operating Procedure (IAC OPS 007) the following screening was established by the IAC:
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A) Heartland Art Center (Plymouth, IN): Ethics Screen C, the Grant Reviewer was removed from the discussion and second of the grant application review during the Grant Review Zoom scoring of the grant application review during the Grant Review Zoom second secon
meeting that took place on Wednesday, April 25, 2023.
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APP DESCRIPTION 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) 1
Printed full name of state officer, employee or special state appointee tisa Miller
FOR ETHICS OFFICER USE ONLY
/our signature/belowanimistriat you have reviewed this disclosure form and that it tis (complete, and correct to the best of your knowledge and helist. You also attest that your adency has implemented the screen described above
Signature of ethics officer Date signed ((month, day, year)
Augre Zhanni Sonera

Zhang Sonera, André

Subject:

[Ethics Notice] Miller, Lisa - Conflict of Interest - Heartland Art Center

Date:

Thursday, May 1, 2025 at 6:30:26 PM Eastern Daylight Time

From:

Zhang Sonera, André < AZhangsonera@iac.IN.gov>

To:

Anne Penny Valentine <indypenny@yahoo.com>

CC:

Michaelsen, Miah < MMichaelsen@iac.lN.gov>

Attachments: Miller, Lisa - COI Disclosure Form.pdf

Dear Chair Valentine,

As the Indiana Arts Commission's appointing authority, this email serves as notice of Lisa Miller's conflict of interest under IC 4-2-6-9.

Ms. Miller is a Grant Reviewer for the FY26-27 Arts Organization Support Grant Program.

An ethics screen has been established and described in the attached Ethics Disclosure Form and will be filed with the State Ethics Commission.

Respectfully,

André

André Zhang Sonera, MPA

Deputy Director & Chief of Staff Ethics Officer

Indiana Arts Commission

azhangsonera@iac.in.gov | (317) 417-2300 | in.gov/arts

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