

FILED

JUL 22 2025



**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

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) Palmer	Name (first) Alexandria	Name (middle) Vale
Name of office or agency Indiana Criminal Justice Institute		Job title Traffic Records Analyst & Planner
Address of office (number and street) 402 W. Washington Street, Room W469		City Indianapolis
Office telephone number ( 317 ) 775-9658		ZIP code 46204
Office e-mail address (required) alpalmer@cji.in.gov		

Describe the conflict of interest:

Alexandria Palmer serves as a Traffic Records Analyst & Planner for the Traffic Safety Division of the Indiana Criminal Justice Institute (ICJI). In that role she oversees programs administered by the ICJI.

One of those programs involves the Indiana University Public Policy Institute.

Alexandria Palmer has provided notice that she is exploring the possibility of leaving employment with the State of Indiana to pursue full-time employment with Indiana University Health, which is not an organization or entity that Alexandria Palmer oversees or manages.

Furthermore, Alexandria Palmer has provided notice that she is also considering full-time employment with the Indianapolis City-County Government at the Metropolitan Emergency Services Agency (MESA).

Currently Alexandria Palmer works part-time for MESA as a night shift employee a few evenings each week.

Alexandria Palmer does not oversee, manage, or make decisions regarding matters involving the

Indianapolis City-County Government at this time.

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

In order to avoid the appearance of impropriety a screen will be implemented so that Alexandria Palmer will have no engagement, interaction, decision-making authority, oversight responsibilities, or recommendation actions regarding any present or future grant agreement, program, contract, or other matter involving Indiana University Health and the Indianapolis City-County Government.

Alexandria Palmer will not assist Indiana University Health and Indianapolis City-County Government with any matter she personally and substantially participated in while employed by ICJI. This restriction applies in perpetuity, for the life of the particular matter, unless a waiver of the particular matter restriction is granted by the State Ethics Commission.

Alexandria Palmer will be instructed not to view or access any internal files, folders, agreements, or documents in the possession of the ICJI that involve Indiana University Health and or the Indianapolis City-County Government. She will not be involved in any internal or external discussions or conversations involving Indiana University Health and or the Indianapolis City-County Government while performing her role as a Traffic Records Analyst & Planner for the ICJI and as a state employee.

If during the course of her employment as a Traffic Records Analyst & Planner for the ICJI and as a state employee she comes across any of the above listed prohibited items or is engaged in or becomes involved in a conversation involving the above listed prohibited items she will immediately remove herself from the conversation and or terminate her interaction with the prohibited items. She shall then immediately report the interaction and or conversation to her supervisor and the Agency Ethics Officer.

#### 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)

7/22/2025

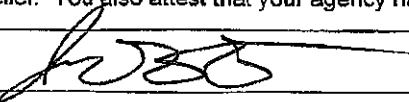
Printed full name of state officer, employee or special state appointee

Alexandria Vale Palmer

#### 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)

7/22/2025

Printed full name of ethics officer

Jon McDonald

**McDonald, Jon**

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**From:** Palmer, Alexandria  
**Sent:** Tuesday, July 22, 2025 10:30 AM  
**To:** McDonald, Jon; Bryan, James E  
**Subject:** Palmer - Exploring Opportunities - Office Notice

Director Bryan & ICJI Legal Representative McDonald,

I want to provide notice that I am currently exploring the possibility of leaving the State and pursuing full-time employment opportunities with either IU Health – Lifeline or the Indianapolis City-County.

I currently work part-time for the City-County under the Metropolitan Emergency Services Agency (MESA) on night shift a few evenings each week.

With this notice, I confirm that the duties in my next career opportunity will not overlap with any grant funding I have worked on for the State of Indiana.

Best Regards,

**Alexandria Palmer, MSCJPS**  
*Traffic Records Analyst & Planner*  
**Indiana Criminal Justice Institute – Traffic Safety Division**  
**Mobile: 317-775-9658**  
**[alpalmer@cji.in.gov](mailto:alpalmer@cji.in.gov)**



**CLICK IT TO LIVE IT**  
**IT'S YOUR LIFE**