



DEC 11 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.

Page 1 of 2

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

Four County Comprehensive Mental Health Center, Inc. holds three active contracts with FSSA's Division of Mental Health and Addiction and the owners or signatories of those contracts are employees that directly report to Director of System Transformation Lindsay Potts. To avoid any potential conflict of interest related to any decisions or votes taken by Lindsay Potts, the direct supervision of these three active contracts and one contract in review, Rebecca Buhner, Acting Director of FSSA's Division of Mental Health & Addiction will assume supervision of any and all contracts held by Four County Comprehensive Mental Health Center, Inc. Lindsay Potts shall not participate in any decisions or votes in which Four County Comprehensive Mental Health Center, Inc. has a financial interest, including any and all such contracts.

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

Lindsay Potts

Date signed (month, day, year)

12/6/2024

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

Lindsay Potts

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

[Signature]

Date signed (month, day, year)

12-9-2024

Printed full name of ethics officer

MATTHEW A. GARDNER