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**ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING**
State Form 55880 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

OCT 17 2025

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) Riggleman	Name (first) Kara	Name (middle)
Name of office or agency Indiana Arts Commission		Job title Grant Reviewer (Special State Appointee)
Address of office (number and street) 100 N Senate Ave., N505		City Indianapolis
Office telephone number (317) 232-1269		ZIP code 46204
Office e-mail address (required) grantsadmin@iac.in.gov		
Describe the conflict of interest: Ms. Riggleman serves as a Grant Reviewer for the Indiana Arts Commission (IAC) for their FY26 Creative Convergence Grant Program and its considered a Special State Appointee, as defined in IC 4-2-6-1 (18).		
Ms. Riggleman has disclosed to the IAC that she has a conflict of interest with one (1) organization that is applying for the FY26 Creative Convergence Grant Program:		
A) The Community Foundation of Muncie and Delaware County (Muncie, IN) - Ms. Riggleman has apparent conflict of interest with this organization. This was disclosed to the IAC via email after Ms. Riggleman had the opportunity to review the initial application list.		

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

Ethics Screen for Ms. Rigglesman

1) Ms. Rigglesman has disclosed to the IAC about the the conflict of Interest. Per the IAC's Grant Reviewer's Conflict of Interest Standard Operating Procedure (IAC-OPS-007) the following screening have been established by the IAC:

A) The Community Foundation of Muncie

and Delaware County (Muncie, IN): Ethics Screen B, the application is removed from the Grant Reviewer's application docket. Ms. Rigglesman will not score nor participate in the discussion portion of this grant program review.

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)

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

Kara Rigglesman

10/16/25

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)

Printed full name of ethics officer

André Zhang Soneta

10/17/25

Subject: [Ethics Notice] Conflict of Interest - Rigglesman, Kara
Date: Friday, October 17, 2025 at 4:21:32 PM Eastern Daylight Time
From: Zhang Sonera, André <AZhangsonera@iac.IN.gov>
To: Dave Haist <dave@haist.us>
CC: Michaelsen, Miah <MMichaelsen@iac.IN.gov>
Attachments: Rigglesman, Kara - COI Disclosure 10.17.25.pdf

Good afternoon, Chair Haist -

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

Ms. Rigglesman is a Grant Reviewer for the FY26 Creative Convergence 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.

Have a great weekend!

Respectfully,

André

André Zhang Sonera, Esq.

Deputy Director & Chief of Staff

Indiana Arts Commission

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