

FILED



**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 29 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) Sanders	Name (first) Christopher	Name (middle)
Name of office or agency Indiana Department of Correction		Job title Executive Director of Transitional Health Care
Address of office (number and street) 302 W. Washington St.		City Indianapolis
		ZIP code 46204
Office telephone number ( 317 ) 224-4707	Office e-mail address (required) csanders@idoc.in.gov	

Describe the conflict of interest:

Mr. Sanders is married to Ericka Sanders, the Founder and CEO of You Yes You (YYY). The Indiana Department of Correction has a contract with YYY for \$0. YYY assists with providing services and programming to incarcerated individuals through our Re-Entry teams. Mr. Sanders serves as IDOC's Executive Director of Transitional Health Care, and does not work with YYY during his job with IDOC and did not engage in contract negotiations with YYY. Mr. Sanders would like to begin part-time work with YYY as a mentor to recently released former incarcerated men. This is an independent contractor position that would require 15 hours per week and would be paid \$500 weekly. The salary is coming from a grant that YYY received from the Eli Lilly. However, due to the relationship between Mr. Sanders and his wife, there is a potential conflict of interest if he is employed by YYY, even in a part-time capacity. IC 4-2-6-9 prohibits a state employee from participating in any decision or vote, or matter related to that decision or vote, if the employee has knowledge that various persons may have a "financial interest" in the outcome of the matter, including (1) the state employee him/herself; (2) an immediate family member; (3) a business organization in which the employee is serving as an officer, director, a member, a trustee, a partner or an employee; and (4) any person or organization with whom the state employee is negotiating employment. It is not entirely clear, however, it appears that if Mr. Sanders takes a job with YYY, he will be a "member" for purposes of this section. Due to this conflict, IDOC would approve Mr. Sanders to work part-time for YYY during non-state employment hours, with zero state resources, as long as he is completely screened from any participation or potential participation in the relationship with YYY and our agency.

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

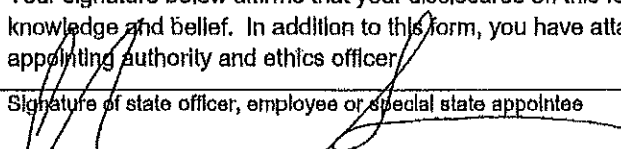
Chris Sanders will not have any communication with YYY or their representatives during State working hours or as the Executive Director of Transitional Health Care. From the terms of the current contract, there is no contractual reason for Mr. Sanders to interact with YYY in his current role with IDOC. All communication with YYY will be funneled through our Executive Director of Re-Entry and that department.

As long as Mr. Sanders is employed with IDOC, our agency will not enter into a contract with You Yes You that contains a financial benefit to that vendor. The \$0 contract is valid, and any amendments or extensions will be negotiated by the IDOC Contracts Team and signed by our Chief of Staff.

Mr. Sanders understands that any work done as a part-time employee of YYY cannot be done on state time, or with state resources. If Mr. Sanders accidentally becomes involved in a topic that involves YYY, he will excuse himself and report that interaction to the agency's Ethics Officer.

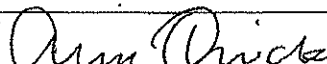
#### AFFIRMATION

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)
	10-29-24
Printed full name of state officer, employee or special state appointee	
Christopher Sanders	

#### 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)
	10/29/2024
Printed full name of ethics officer	
Anna Quick	

**Baker, Nathaniel P**

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**From:** Reagle, Christina  
**Sent:** Tuesday, October 29, 2024 10:41 AM  
**To:** Quick, Anna  
**Cc:** Sanders, Christopher  
**Subject:** RE: Formal Ethics Screen-Sanders/You Yes You

I approve. Thank you!

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**From:** Quick, Anna <AnQuick@idoc.IN.gov>  
**Sent:** Tuesday, October 29, 2024 9:48 AM  
**To:** Reagle, Christina <CReagle@idoc.IN.gov>  
**Cc:** Sanders, Christopher <CSanders2@idoc.IN.gov>  
**Subject:** Formal Ethics Screen-Sanders/You Yes You

Commissioner,

Attached you will find notice of the ethics disclosure statement and request for formal screen between our Executive Director of Transitional Health Care and You Yes You. This has been updated with your requested changes.

It is required that appointing authority is given notice of this request. If you disagree with this disclosure and the proposed formal screen, please let me know.

Once you approve, it will be submitted to the OIG for formal review and if approved it will be posted to their website as a formal public disclosure statement.

Thank you,

**Anna Quick**  
**Chief Legal Officer**  
Indiana Department of Correction  
302 W. Washington St., Rm W341  
Indianapolis, IN 46204  
Office: 317-233-3645  
[anquick@idoc.in.gov](mailto:anquick@idoc.in.gov)

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