



**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

**FILED**

**OCT 30 2025**

INDIANA  
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) Singer	Name (first) Natalie	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. Singer serves as a Grant Reviewer for the Indiana Arts Commission (IAC) FY26 Arts Project Support (APS)

Fall Grant Program and its considered a Special State Appointee, as defined in IC 4-2-6-1 (18).

Ms. Singer has disclosed to the IAC that she has a conflict of interest with one (1) organization who is  
applying for the FY26 APS Fall Grant Program:

A) Reitz Home Museum (Evansville, IN) - Ms. Singer is a Board Member of the organization.

This was disclosed to the IAC via its Conflict of

Interest Disclosure Form.

Describe the screen established by your ethics officer: (Attach additional pages as needed.)  
Ethics Screen for Ms. Singer:

1) Ms. Singer has disclosed to the IAC about the one (1) 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) Reitz Home Museum (Evansville, IN): Ethics Screen B, the conflicted grant application was removed from the Grant Reviewer's docket.

#### 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  
Natalie Singer

10/30/25

#### 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 Sonera

10/30/25

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**Subject:** [Ethics Notice] Conflict of Interest - Singer, Natalie  
**Date:** Thursday, October 30, 2025 at 10:30:18 AM 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:** Singer, Natalie - COI Disclosure Statement.pdf

Good morning, Chair Haist -

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

Ms. Singer is a Grant Reviewer for the FY26 Arts Project Support (APS) 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**

*Ethics Officer*

*Deputy Director & Chief of Staff*

**Indiana Arts Commission**

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