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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

MAY 07 2025

Reset Form

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 (middle) Name (first) Name (last) Slade Jalessa Job title Name of office or agency Grant Reviewer (Special State Appointee) Indiana Arts Commission ZIP code Address of office (number and street) 46204 Indianapolis 100 N Senate Ave., N505 Office e-mail address (required) Office telephone number grantsadmin@iac.in.gov (317) 232-1269 Describe the conflict of interest: Ms. Slade serves as a Grant Reviewer for the Indiana Arts Commission (IAC) FY26-27 Arts Organization Support (AOS) Grant Program and its considered a Special State Appointee, as defined in IC 4-2-6-1 (18). Ms. Slade has disclosed to the IAC that she has a conflict of interest with one (1) organization who is applying for the FY26-27 AOS Grant Program: A) Evansville African American Museum (Evansville, IN): Ms. Slade serves as a Consultant for this Organization. This was disclosed to the IAC via its Conflict of Interest Form.

Describe the screen established by your ethics officer: (Attach additional pages as need Ethics Screen for Ms. Slade:	ied.)
1) Ms. Slade has disclosed to the IAC about the one (1) conflict of Interest. Per	the IAC's Grant Reviewer's Conflict of
of Interest Standard Operating Procedure (IAC-OPS-007) the following screen	enings have been established by the IAC:
A) Evansville African American Museum (Evansville, IN): Ethics Screen C, the	Grant Reviewer was removed from the
discussion and scorin	g of grant application review during the
Grant Review Zoom N	Vieeting that took place on
Friday, April 25, 2025	

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AFFIRMATION	
Your signature below affirms that your disclosures on this form are true, comple knowledge and belief. In addition to this form, you have attached a copy of you appointing authority and ethics officer.	
Signature of state officer, employee or special state appointee	Date signed (month, day, year) 05 / 06 / 2025
Printed full name of state officer, employee or special state appointee Jalessa Slade	·
FOR ETHICS OFFICER USE ONLY	
Your signature below affirms that you have reviewed this disclosure form and the best of your knowledge and belief. You also attest that your agency has impler	nat it is true, complete, and correct to the mented the screen described above.
Signature of ethics officer	Date signed (month, day, year) OS / 66 / 2-S
Printed full name of ethics officer	03/00/0-3

Zhang Sonera, André

Subject:

[Ethics Notice] Slade, Jalessa - Conflict of Interest - Evansville African American Museum

Date:

Tuesday, May 6, 2025 at 6:36:00 PM Eastern Daylight Time

From:

Zhang Sonera, André <AZhangsonera@iac.IN.gov>

To:

Anne Penny Valentine <indypenny@yahoo.com>

CC:

Michaelsen, Miah < MMichaelsen@iac.IN.gov>

Attachments: Slade, Jalessa - COI Disclosure Form.pdf

Dear Chair Valentine,

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

Ms. Slade is a Grant Reviewer for the FY26-27 Arts Organization Support 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

Deputy Director & Chief of Staff

Ethics Officer

Indiana Arts Commission

azhangsonera@iac.in.gov | (317) 417-2300 | in.gov/arts

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