

FILED

AUG 3 2023

INDIANA STATE
ETHICS COMMISSION



ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING
State Form 65860 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

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) Smith	Name (first) Vernon	Name (middle) G
Name of office or agency Indiana Commission Social Status of Black Males		Job title State Representative
Address of office (number and street) 4333 Broadway		City Gary
		ZIP code 46409
Office telephone number (317) 887-2046	Office e-mail address (required) vesmith@iun.edi	

Describe the conflict of interest:
 I am a State Representative who serves as a Commissioner on the Indiana Commission on the Social Status of Black Males (ICSSBM).
 I was appointed by the speaker of the house. I also serve as the Chairman of the African American Achievers Youth Corps, Inc. (AAAYC) which was founded to empower African American young males to take control of their lives in a positive manner.
 AAAYC is a non-profit organization. AAAYC make seek funding from ICSSBM for funding opportunities.

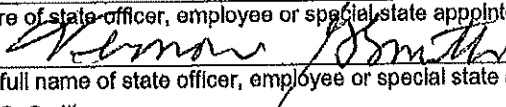
Describe the screen established by your ethics officer: *(Attach additional pages as needed.)*

Any AAAYC funding application to ICSSBM, possible voting, and awarding, would be a conflict of interest for me and would require screening. In the event that AAAYC applies for any funding from ICSSBM, I will be prohibited from participating in any decisions or votes, or matters related to decisions or votes, in which I or AAAYC would have a financial interest. In the event I learn AAAYC will apply for ICSSBM funding, I will file a Conflicts of Interest - Contract Disclosure Statement prior to the funding request and ICSSBM awarding any funds to AAAYC in order to fully comply with IC §4-2-6-10.5. Further, I will work with the Indiana Civil Rights Commission's Ethics Officer and ICSSBM Director to ensure this established screen is followed.

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)

8-1-23

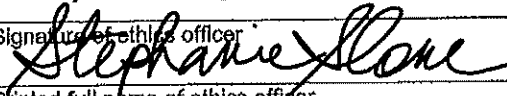
Printed full name of state officer, employee or special state appointee

Vernon G. Smith

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)

08/3/2023

Printed full name of ethics officer

Stephanie Stone

Baker, Nathaniel P

From: Slone, Stephanie N
Sent: Thursday, August 3, 2023 11:23 AM
To: IG Info
Cc: Wilson, Gregory L
Subject: Conflict of interest disclosure
Attachments: V Smith conflict disclosure.pdf

Good morning,
Please see the attached completed conflict of interest disclosure form.
Thanks,
Stephanie

Stephanie Slone, Esq.

Deputy Director
Internal/External Programming
Indiana Civil Rights Commission
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