### **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 1 8 2023

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)	Name (first)		Name (middle)		
Spinner	Dennis	w.			
Name of office or agency		Job title			
Office of Community and Rural Affairs (OCRA)		Executive Driector			
Address of office (number and street)  1 North Capital Avenue, Suite 600		City Indianapolis		ZIP code 46204	
Office telephone number ( 800 ) 457-8283	Office e-mail address (required) dspinner@ocra.in.gov	,			
Describe the conflict of interest:					
On October 9 I recieved a call from Kerry Thompson, the Director of the Indiana University Center for Rural Engagment.					
Ms. Thompson will be leaving that position at the end of the year, and she informed me that I was being considered as					
a candidate for the position. She asked if 1 would have a phone conversation with those making the decision to gauge					
my interest. I agreed to the call. On October 10 I spoke with IU Provost Rahul Shrivastav and Vice President for University					
Relations, Michael Huber. We discussed what the position would be and when the employment would start if I were					
selected. On October 11 I reached out to the Office of Inspector General for an informal opinion and was advised					
to meet with my agency Ethics Officer and complete this report. On October 16 I met with OCRA Ethics Officer Anne					
Valentine to discuss the situation and presented her this report.					
According to the Informal Opinion from the OIG, there is a potential conflict of interest under Section 2 of Indiana					
Code post-employment rule (IC 4-2-6-11). In my position as Director of OCRA, I signed a contract for					
services with the potential employer (IUCRE) for \$200,000 to advance mental health to rural Hoosiers through					
University partnership. The contract was executed in April of 2022, with an expiration date of December of 2023.					
Subsection (2) prohibits an employee from working for an employer with whom they were engaged in the negotiation or					
administration of a contract on behalf of any state agency and were in a position to make a discretionary decision affecting					
the outcome of the negotiation or nature of the administration. As such, subsection (2) prohibits me from working					
for IU for 365 days after leaving state employment, unless I seek a post-employment waiver from my appointing.					
authority					
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Describe the screen established by your ethics officer: (Attach additional pages as needed.)  Effective immediately, Mr. Spinner will no longer act as the point of contact between OCRA and the Indiana University					
Center for Rural Engagement in the administration of the existing contract. Lt. Gov. Chief of Staff Anne Valentine will					
assume that responsibility.					
Ms. Valentine has agreed that Mr. Spinner will be allowed to continue discussion with IU Center for Rural Engagement.					
Ms. Valentine is preparing to submit a post-employment restriction waiver to the Ethics Commission to be					
presented at the Ethics Commission meeting on Nov. 9.					
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AFFIRMATION  When almost the below of from the track disclosures on this form are true, complete, and correct to the best of volume.					
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					
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) 10/17/2023					
Printed full name of ethics officer Anne Valentine					

#### Baker, Nathaniel P

From:

Valentine, Anne

Sent:

Wednesday, October 18, 2023 4:11 PM

To:

IG Info

Cc:

Spinner, Denny

Subject:

COI - Decisions and Voting Statement

**Attachments:** 

Spinner Denny conflict of interest declaration 10 18 2023.pdf

Follow Up Flag:

Follow up

Flag Status:

Flagged

Please find the attached completed conflict of interest – decisions and voting statement for Denny Spinner.

Please met me know if there is any additional information you need.

Thank you, Anne

### **ANNE VALENTINE ● CHIEF OF STAFF**

Office of Lt. Governor Suzanne Crouch ● Statehouse, Room 333 ● Indianapolis, IN 46204 **OFFICE MOBILE:** (463) 245-7728

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