

Croft, Celeste

DEC 21 2017

From: Web Form Poster <contactdanowen@gmail.com>
Sent: Thursday, December 21, 2017 2:52 PM
To: IG Info
Cc: zakers@www.in.gov
Subject: CONFLICTS OF INTEREST - CONTRACTS

FILED

PART 1 - GENERAL INFORMATION

Name (Last): Owen
Name (First): Daniel
Name (Middle): L

Office Address: 2737 Lawson Ridge Rd
City: Nashville
Zip Code: 47448

Title or position within agency: Advisory Member nominee Name of agency: Indiana
Executive Council on Cybersecurity Office Telephone:

Email Address: contactdanowen@gmail.com

PART 2 - CONTRACT

List the name for each entity (i.e. vendor, contractor, consultant, subcontractor, or subconsultant) in which you have a financial interest that has a contract with a state agency. Also, list the name of the state agency the entity is contracting with (use a different form for each contract) Contractor

Entity's business name: Elevate Ventures

Entity's business name:

This contract was:
not subject to notice and bidding requirements

Description(s) of Contract(s): (Describe the type of contract involved and the effective date and term of the contract if reasonably determinable.) Elevate Ventures contracts with the Indiana Economic Development Corporation as a venture development organization.

Description of the Financial Interest: (Describe in what manner the state officer, employee, or special state appointee expects to derive a financial interest from or otherwise has a pecuniary interest in, the above contract. State the approximate dollar value of the interest if reasonably determinable. Attach extra pages if additional space is needed.) I am currently

an independent consultant for Elevate Ventures. My primary role is to refer potential leads to Elevate Ventures for the purpose of Elevate Ventures engaging with leads for advisory services and/or investment. I have no contracting responsibilities whatsoever for Elevate Ventures.

PART 3 - AGENCY CERTIFICATION

Approval of appointing authority (to be completed in the case of a contract for professional services only.) Being the (Title of Appointing Authority) of (Name of Contracting Agency)

I hereby affirm that no other state officer, employee, or special state appointee of (Name of the Contracting Agency) is available to perform those services as part of the regular duties of the state officer, employee, or special state appointee.

(Name of Appointing Authority) (Signature)

PART 4 - AFFIRMATION

I submit this statement to the Inspector General pursuant to 42 IAC 1-5-7 (IC 4-2-6-10.5) to disclose my financial interest in a contract with an agency. This contract can be performed without compromising the performance of my official duties and responsibilities as a state officer, employee or special state appointee. I affirm that I do not participate in or have contracting responsibility for the contracting agency. I further affirm that the contract was made after public notice or competitive bidding, if applicable. I also affirm, under penalty of perjury, the truth and completeness of the statements made above and that I am the above named state officer, employee, or special state appointee.

Signed: Daniel L Owen Date: 12/21/2017