



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

INDIANA
 STATE ETHICS COMMISSION

SEP 27 2019

FILED

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) Burgess	Name (first) Aaron	Name (middle) William
Name of office or agency Family and Social Services Administration - Data & Analytics		Job title Data Scientist
Address of office (number and street) 100 N. Senate Ave		City Indianapolis
		ZIP code 46204
Office telephone number (317) 292-3665	Office e-mail address (required) aaron.burgess@fssa.in.gov	

Describe the conflict of interest:

I am currently employed by FSSA as a Data Scientist in the Data & Analytics subdivision of the Division of Healthcare Strategies and Technology. I am responsible for planning, architecture, and development of data analytic tools and models that serve agency needs as related to various agency populations and policies. KSM Consulting LLC, (KSM) a company that provides some IT and Data Analytic consulting services to FSSA, posted an opening for a Senior Data Scientist position. I have submitted my application for employment and was offered a position with an effective date of September 30, 2019. The position with KSM will include working on an existing contract that KSM has with Management Performance Hub and other entities, including Federal government entities. Management Performance Hub (MPH) is a separate entity from Indiana Family and Social Services Administration. I do not have any contracting responsibilities with MPH and I was not involved in the contracting process that resulted in KSM having a contract with MPH. There is the potential that in the position with KSM that I may be required to contact Indiana Family and Social Service Administrative Service to extract data or assist with providing guidance regarding data management and data science. I would not be working on the same projects that I worked on while employed with Indiana Family and Social Services.

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Describe the screen established by your ethics officer. (Attach additional pages as needed.)
 Connor Norwood (Chief Data Officer) and Jared Linder (Chief Information Officer) implemented a screen that they oversee that prohibits me from participating in any vote, decisions or other matters where KSM has a financial interest. All matters previously assigned to me involve KSM were reassigned when the potential conflict was identified.

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 <i>Aaron Burgess</i>	Date signed (month, day, year) 09/26/2019
Printed full name of state officer, employee or special state appointee Aaron William Burgess	

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 <i>Latosha N. Higgins</i>	Date signed (month, day, year) 9/26/19
Printed full name of ethics officer Latosha N. Higgins	

Higgins, Latosha

From: Sullivan, Jennifer
Sent: Friday, September 27, 2019 12:11 PM
To: Burgess, Aaron W; Graham, Lisa
Cc: Higgins, Latosha; Norwood, Connor W
Subject: Re: Hi Jen,

This is approved and Lisa should have a signature page for you.

Aaron,

I am so proud of the work that you have done to kick us up to "grown-up" status in D&A. Your contributions will be felt for many, many years.

Sincerely,
Jen

Jennifer Sullivan (Walthall), MD MPH
Secretary, Indiana Family and Social Services Administration
302 W Washington Street, W461
Indianapolis, IN 46204
Jennifer.Sullivan@fssa.IN.gov
317-233-4690 (office)
@confectionismd
@FSSAIndiana



From: Burgess, Aaron W <Aaron.Burgess@fssa.IN.gov>
Sent: Thursday, September 26, 2019 8:47 PM
To: Sullivan, Jennifer <Jennifer.Sullivan@fssa.IN.gov>
Cc: Higgins, Latosha <Latosha.Higgins@fssa.IN.gov>; Norwood, Connor W <Connor.Norwood@fssa.IN.gov>
Subject: Hi Jen,

I wanted to alert you to an amended copy of the ethics disclosure. Attached is copy of the amended statement. I have marked one copy as a signature page. If the amended disclosure is acceptable then would you print, sign a copy of the signature page, and email back?

Thank you,

Aaron Burgess

Thanks!

Aaron Burgess
Data Scientist, Data & Analytics

Division of Strategy and Technology
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