



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
 MAR 06 2017
 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) Sembroski	Name (first) Donna	Name (middle) Stolz
Name of office or agency Office of the Attorney General		Job title Deputy Attorney General
Address of office (number and street) 302 W. Washington St., 5th Floor		City Indianapolis
Office telephone number (317) 234-3794		ZIP code 46204
Office e-mail address (required) donna.sembroski@atg.in.gov		

Describe the conflict of interest:

As part of my job duties as a Deputy Attorney General, I review contracts and grants with state agencies for form and legality under IC 4-13-2-14.3. A small percentage of the contracts and grants are with IU Health. My daughter has accepted employment with IU Health. She expects to begin in May or June of 2017. Although her position is not likely to be affected by any state contract, her future employment is considered a "financial interest" under IC 4-2-6-1(a)(11).

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

I will not review any IU Health agreements for form and legality. There are nine other Deputy Attorneys General who can review these agreements, so this screen will not affect this Office's review of the agreements. The administrative staff who assign contracts for review have been informed that IU Health contracts and grants should not be assigned to me.

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

Donna Stolz Sembroski

Date signed (month, day, year)

3/2/17

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

Donna Stolz Sembroski

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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

Joan Blackwell

Date signed (month, day, year)

3/2/17

Printed full name of ethics officer

Joan Blackwell