



**ETHICS DISCLOSURE STATEMENT  
CONFLICTS OF INTEREST – DECISIONS AND VOTING**

State Form 55860 (6-15)  
OFFICE OF THE INSPECTOR GENERAL  
IC 4-2-6-9

INDIANA  
STATE ETHICS COMMISSION

NOV 12 2015

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.

|                    |                     |                |
|--------------------|---------------------|----------------|
| Last name<br>SMITH | First name<br>JAMAL | Middle initial |
|--------------------|---------------------|----------------|

Address of office (number and street, city, state, and ZIP code)  
5700 SCOTLAND STREET

|   |  |
|---|--|
| Title or position within agency<br>EXECUTIVE DIRECTOR | Name of agency<br>INDIANA CIVIL RIGHTS COMMISSION (ICRC) |
|---|--|

Describe the conflict of interest:

Pursuant to IC 4-2-6-9(a)(4), My company is currently negotiating a contract to provide services to the Indianapolis Public School System (IPS). As such, I have reviewed the relevant case inventory for the ICRC. The inventory includes:

|              |              |              |              |
|--------------|--------------|--------------|--------------|
| EDra95030257 | Edra04050264 | EDha12071351 | EDra02020087 |
| EDra98010023 | EMrt12091448 | EMra14080656 | EDha14030215 |
| EDra98120912 | EDra15060423 | EMrt15070514 | EMha15090644 |

To address any potential conflict, I am proactively implementing a screening procedure to exclude myself from any matters that may include IPS. I've authored a memo delegating my authority to my Deputy Director / General Counsel on all matters concerning IPS. The Deputy Director / General Counsel shall distribute a memo to staff informing them of the same. I've also instructed my staff to restrict my access to any files (both soft and hard) concerning IPS.

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

**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)

9/23/2015

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

Jamal L. 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)

9/24/2015

Printed full name of ethics officer

Mark G. Ahearn