



**ETHICS DISCLOSURE STATEMENT  
CONFLICTS OF INTEREST – DECISIONS AND VOTING**  
State Form 55880 (R / 10-15)  
OFFICE OF THE INSPECTOR GENERAL  
IC 4-2-6-9

INDIANA  
STATE ETHICS COMMISSION

MAR 03 2021

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) Wojtowicz	Name (first) Jean	Name (middle)
Name of office or agency Indiana Department of Financial Institutions		Job title Member of the Indiana DFI
Address of office (number and street) 30 S. Meridian St., Suite 300		City Indianapolis
		ZIP code 46205
Office telephone number ( 317 ) 232-3955	Office e-mail address (required) jwojtowicz@cambridgecapitalmgmt.com	

Describe the conflict of interest:

I am a Member of the Indiana Department of Financial Institutions ("DFI") and am also a board member of First Merchants Bank. First Merchants has submitted a merger application to the DFI which will be presented to the DFI Members for their consideration at the March 11, 2021 Members' Meeting.

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

I have notified the DFI Ethic's Officer and the Director of the conflict of interest. I will not participate, nor will I be present, for the discussion and vote on the matter at the March 11, 20201 Members' Meeting.

**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)

*Jean Wojtowicz*

3/3/2021

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

Jean Wojtowicz

**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)

*Nicole Buskill*

3-3-2021

Printed full name of ethics officer

Nicole Buskill

## **Baker, Nathaniel P**

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**From:** Buskill, Nicole R  
**Sent:** Wednesday, March 3, 2021 2:25 PM  
**To:** Fite, Tom  
**Subject:** Wojtowicz Disclosure  
**Attachments:** Wojtowicz email 2019.pdf

Tom, this email is to notify you that Jean Wojtowicz has a conflict of interest with a matter at the March 11, 20201 Members Meeting. Pursuant to IC 4-2-6-9(b) and 42 IAC 1-5-6, Wojtowicz has a conflict of interest (decisions and votes) with the First Merchants' merger application that will be presented at the upcoming DFI Members' meeting, because she sits on both the Board of Directors for First Merchants and DFI's Members' board. Wojtowicz has drafted, and we will file, the attached disclosure form with the Ethics Commission. Wojtowicz will be screened from the relevant portion of the Members' meeting per the plan in the disclosure. She has provided a cell phone number that I will text to let her know when she can rejoin the meeting. Please let me know if you have any questions. Thank you.

**Nicole Buskill**  
General Counsel  
Indiana Department of Financial Institutions  
Office: 317-232-3955  
[nbuskill@dfi.in.gov](mailto:nbuskill@dfi.in.gov)

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