



**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

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 ( <i>last</i> )	Name ( <i>first</i> )	Name ( <i>middle</i> )
Name of office or agency		Job title
Address of office ( <i>number and street</i> )	City	ZIP code
Office telephone number (     )	Office e-mail address ( <i>required</i> )	

Describe the conflict of interest:

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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)*

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

**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)*

Printed full name of ethics officer