

**CONFLICT OF INTEREST DISCLOSURE STATEMENT**  
Pursuant To and In Compliance with Indiana Code 35-44-1-3  
(Form adapted for use by Indiana University)

- 1. Name of public servant submitting statement: \_\_\_\_\_
- 2. Title or position with Indiana University: \_\_\_\_\_
- 3. Home campus: \_\_\_\_\_

4. This statement is submitted (check one):

as an annual disclosure statement, of my financial interest connected with any contracts or purchases of Indiana University, which are made on a regular basis with or from particular contractors or vendors; or

as a "single transaction" disclosure statement, of my financial interest in a specific contract or purchase connected with Indiana University proposed to be made by Indiana University with or from a particular contractor or vendor.

The phrase "my financial interest," as used in this Disclosure Statement, includes any interest of myself, my spouse, or my unemancipated child(ren).

- 5. Name(s) of Contractor(s) or Vendor(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Description of Contract(s) or Purchases(s): (Describe the kind of contract involved, names of parties involved [other than those disclosed above], the effective date and term of contract or transaction date of purchase if reasonable determinable. [Dates required if 4(b) is selected above.]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Description of My Financial Interest: (Describe in what manner you or your family expects to derive a profit or financial benefit from, or otherwise has a pecuniary interest in, the above contracts(s) or purchase(s). State the approximate dollar value of such profit or benefit.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach extra page if additional space is needed.)

8. Affirmation of Public Servant: I affirm, under penalty of perjury, the truth and completeness of the statements made above, and that I am the above named public servant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Public Servant)

Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Campus Executive Officer or Vice President)

Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
(University Counsel)

Four copies of this disclosure statement must be submitted to the Secretary, Board of Trustees, prior to final action being taken on the purchase or contract.

Within 15 days following execution, copies of this statement must be filed by the Secretary with the State Board of Accounts and the State Ethics Commission, State Office Building, Indianapolis, Indiana 46204.

9. Approval of The Trustees of Indiana University: I, Secretary of The Trustees of Indiana University, which employs the above named public servant, hereby report that the Board of Trustees of Indiana University approved the participation of the public servant in the above described contract(s) or purchase(s).

\_\_\_\_\_  
Secretary, The Trustees of Indiana University

\_\_\_\_\_  
Date of Board Meeting

\_\_\_\_\_  
Date mailed to State Board of Accounts and  
the State Ethics Commission