FILED

OCT 1 2024

INDIANA STATE
ETHICS COMMISSION

ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING
State Form 55860 (R / 10-16)
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 *(last)*	Name *(first)*	Name *(middle)*
Oliver	Gillian	Rae

Name of office or agency	Job title
Indiana State Board of Animal Health	Dairy Plant Specialist

Address of office *(number and street)*	City	ZIP code
Discovery Hall Ste 100 1202 E 38th St	Indianapolis	46205

Office telephone number	Office e-mail address *(required)*
(317) 544-2400	goliver@boah.in.gov

Describe the conflict of interest:

I, Gillian Oliver, am filing this conflict of interest disclosure form because I have been offered a position with the quality team at the Blue Kingfisher, LLC dairy plant. The Board of Animal Health inspects the Blue Kingfisher, LLC dairy plant

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

I will not participate in any inspection or other regulatory activity associated with the Blue Kingfisher, LLC dairy plant. I am resigning from employment with the State of Indiana Board of Animal Health prior to starting work for Blue Kingfisher, LLC

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)*
Gillian Oliver	10/1/24
Printed full name of state officer, employee or special state appointee: Gillian Oliver	

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	Gary L Haynes	Digitally signed by Gary L Haynes Date: 2024.10.01 12:26:31 -04'00'	Date signed *(month, day, year)*
Printed full name of ethics officer			

From: Haynes, Gary
To: Marsh, Bret
Subject: FW: Gillian resignation
Date: Tuesday, October 1, 2024 1:42:00 PM
Attachments: Gillian Oliver conflict disclosure form(F).pdf

Dr. Marsh,

FYI, Gillian Oliver notice below.
And see attached potential conflict of interest disclosure form for Gillian Oliver.

Sincerely,

Gary L Haynes
Chief of Staff
Indiana State Board of Animal Health
Discovery Hall, Suite 100
1202 E. 38th Street
Indianapolis, IN 46205-2898
317-695-0100
ghaynes@boah.in.gov
www.boah.in.gov

From: Hash, Patrick A <PHash@boah.IN.gov>
Sent: Friday, September 27, 2024 8:05 AM
To: Haynes, Gary <ghaynes@boah.IN.gov>
Subject: Gillian resignation

Gary,
Please see the email below. We would like to move forward with posting this position as plant specialist. I will talk with Matt Hauschild to see what counties he would like to list as available locations for the station of this person.
Thank you,

Patrick A. Hash
Division Director
Dairy Division
Indiana State Board of Animal Health
Discovery Hall, Suite 100
1202 East 38th Street
Indianapolis, IN 46205

Central Office Phone: 317-544-2392
Central Office Fax: 317-974-2011
phash@boah.in.gov
Cell: 812-593-2971

From: Oliver, Gillian <GOliver@boah.IN.gov>
Sent: Thursday, September 26, 2024 7:38:20 PM
To: Hash, Patrick A <PHash@boah.IN.gov>
Subject: resignation

I am letting you know that I am resigning from employment with BOAH. My last day will be October 10th.

Thank you,

Gillian Oliver
Dairy Plant Specialist
Indiana State Board of Animal Health
(317) 407-5003