

APR 1 2026

INDIANA STATE  
ETHICS COMMISSION



**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 (last) Rokita	Name (first) Todd	Name (middle)
Name of office or agency Office of the Attorney General		Job title Attorney General
Address of office (number and street) Statehouse, Rm. 219		City Indianapolis
Office telephone number ( 317 ) 232-6201		ZIP code 46204
Office e-mail address (required) trokita219@atg.in.gov		

Describe the conflict of interest:  
 My office is responsible for reviewing hospital mergers under IC chapter 16-21-15. My office is also responsible for licensing enforcement actions of licensed health care professionals under Title 25 of the Indiana Code. My wife Kathy has accepted employment with Parkview Health, which will commence on April 1, 2026. I have been screened off from matters involving Parkview since February 17, 2026. All matters involving Parkview are handled by Chief Deputy Attorney General Lori Torres.

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

AG Rokita is screened from all matters involving Parkview Health. AG Rokita will not consult or communicate with anyone at the OAG on matters involving Parkview or share any material, confidential knowledge or information regarding Parkview. This screen has been in place since February 17, 2026. Chief Deputy Attorney Lori Torres is responsible for handling all matters related to Parkview. In the event there is a breach of the screening mechanism, staff have been directed to contact the Ethics Counsel.

**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

*Theodore Rokita*

*4/1/26*

**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

*Ivy D. JERRILLS*

*4/1/26*

From: Jerrells, Joby  
Sent: Wednesday, April 1, 2026 10:49 AM  
To: Torres, Lori A <Lori.Torres@atg.in.gov>  
Subject: AG's conflict of interest statement.

Chief,

I will be filing the attached ethics conflicts disclosure statement with the State Ethics Commission on behalf of the AG. As you know, he has been screened from the matters discussed herein for several weeks. The screen will continue until such time the conflict exists.

Very respectfully,  
Joby

The OAG serves, protects,  
and defends Hoosiers by  
championing liberty, justice,  
and the Rule of Law.  
Joby D. Jerrells  
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