



ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING
 State Form 65880 (8-16)
 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.

Last name Martin	First name Cassie	Middle Initial A
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Address of office (number and street, city, state, and ZIP code)
 1261 Sycamore Lane, Danville IN 46122

Title or position within agency Executive Director	Name of agency Sheltering Wings
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Describe the conflict of interest:
 Below is a list of all current or past grants that Sheltering Wings has received that DVPTC or the State of Indiana may have been involved with. As a result, in my role on the DVPTC, I will recuse myself from all discussion and voting on these matters, as well as any future matters related to Sheltering Wings.

Sheltering Wings has been awarded:

- Emergency Shelter Grant (ESG)- currently
- Domestic Violence Prevention Training (DVPT)- currently; including Special Project grant
- Family Violence Prevention and Service Act (FVPSA)- formerly
- Social Services Block Grant (SSBG)- currently
- Victims of Crime Act (VOCA)- currently
- Services, Training, Officers, Prosecution (STOP)- formerly

I am unaware of any other direct or indirect financial interests that either myself or Sheltering Wings has with the DVPTC. If I become aware of any future interests, including any future grant through the State of Indiana that Sheltering Wings may apply for, I will send you an updated disclosure letter.

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

When any discussion or decision regarding Sheltering Wings or myself arises in a DVPT council meeting, I leave the room so that I am not privy to the conversation, nor have any influence on the decision.

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

Cassie Ann Martin

Date signed (month, day, year)

12-1-15

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

Cassie Ann Martin

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

Devon McDonald

Date signed (month, day, year)

4/12/16

Printed full name of ethics officer

Devon McDonald

Cooper, Jennifer

From: Mcdonald, Devon
Sent: Wednesday, August 03, 2016 12:18 PM
To: Cooper, Jennifer
Subject: FW: Identification of conflict of interest
Attachments: 20160412102648338.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Jennifer,

Here is the email I sent to Director Murtaugh. If you need any other information please let me know.

Devon McDonald

From: Mcdonald, Devon
Sent: Thursday, July 21, 2016 1:44 PM
To: Murtaugh, David <DMurtaugh@cji.IN.gov>
Subject: Identification of conflict of interest

Director,

Per the rule so ethics, a conflict of interest has been identified and disclosed by Cassie Martin from Sheltering Wings. Her conflict arises from her position on the DVPT Council and the receipt of DVPT funding by Sheltering Wings. I have attached her disclosure form for your information.

Thank you,

Devon McDonald
Deputy Director of Operations and
Chief Legal Counsel
Indiana Criminal Justice Institute
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Indianapolis, IN 46204
Phone: (317) 232-7611
DeMcDonald@cji.in.gov