UNIFORM CONFLICT OF INTEREST DISCLOSURE STATEMENT



State Form 54266 (R2 / 9-24) / Form 236 STATE BOARD OF ACCOUNTS

"A public servant who knowingly or intentionally (1) has a pecuniary interest in; or (2) derives a profit from; a contract or purchase connected with an action by the governmental entity served by the public servant commits conflict of interest, a Level 6 Felony." Ind. Code 35-44.1-1-4(b).

As defined by IC 35-31.5-2-261, "public servant" means a person who:

- (1) is authorized to perform an official function on behalf of, and is paid by, a governmental entity;
- (2) is elected or appointed to office to discharge a public duty for a governmental entity; or
- (3) with or without compensation, is appointed in writing by a public official to act in an advisory capacity to a governmental entity concerning a contract or purchase to be made by the entity.

Arr(1)

A public servant has a pecuniary interest in a contract or purchase if the contract or purchase will result or is intended to result in an ascertainable increase in the income or net worth of the public servant or a dependent of the public servant. IC 35-44.1-1-4(a)(3).

A "dependent" means the spouse of a public servant; a child, stepchild, or adoptee of a public servant who is unemancipated and less than eighteen (18) years of age; or an individual more than one-half of whose support is provided during a year by the public servant. IC 35-44.1-1-4(a)(1).

Complete this form in its entirety. Legal counsel should be consulted.

1	Full name and address of public servant submitting this form:	Gregory S Hall
	1710 HICKORY Lane, Greentield, IN 46140	

2. a. Job title: GIS Specialist	
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b. Governmental entity: City Of Greenfield

с. County: Напсоск

FOR CONTRACTS, PLEASE COMPLETE SECTION 3.

FOR PURCHASES OF GOODS OR SERVICES (WITHOUT A CONTRACT), COMPLETE SECTION 4.

- 3. Identify and describe the contract involved (complete a separate Disclosure Form for each contract):
 - a. Full legal name and address of contractor:
 - b. Full name and address of "dependent" (if applicable):
 - c. identify the governmental entity that is a party to the contract:
 - d. Relationship of public servant to contractor:

- e. Specific ownership interest (and/or job title) of the public servant (or the public servant's dependent) in contractor:
- f. Start date and end date of contract:
- g. Total dollar amount of contract:
- h. Specific financial interest (and/or dollar amount) derived by the public servant (or the public servant's dependent) as a result of the contract:
- i. Date of the public meeting and the name of the governmental entity that accepted the contract (Note: this date MUST be prior to any final action on the contract or purchase):

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- 4. Identify and describe each purchase of goods or services (which does not involve a contract) in which the public servant has a pecuniary interest:
 - a. Describe the good or service purchased: Drone Hootage
 - b. State the total dollar amount of each purchase:
 - c. Full legal name of vendor: Hawkeye Aerial Productions
 - d. Name of governmental entity making the purchase of goods or services:
 - e. Specific ownership interest (and/or job title) of the public servant (or the public servant's dependent) in vendor:
 - f. Full name and address of "dependent" (if applicable):
 - g. Purchase date:
 - h. Specific financial interest (and/or dollar amount) derived by the public servant (or the public servant's dependent) as a result of the purchase:
 - i. Date of the public meeting and the name of the governmental entity that accepted the purchase of goods or services (Note: this date MUST be prior to any final action on the contract or purchase):

IF PUBLIC SERVANT IS APPOINTED, COMPLETE SECTION 5

ALL OTHER PUBLIC SERVANTS, COMPLETE SECTION 6

5. Approval of elected public servant or board of trustees of a state supported college or university that appointed the public servant:

I / WE hereby approve this Conflict of Interest Form concerning the public servant for the contract or purchase described herein on this day:

Date of Appointment: _____

Date of Approval of Conflict of Interest:

Signature

Printed Name, Job Title

Signature

Printed Name, Job Title

6. Approval by governmental entity at public meeting

- a. Date this Conflict of Interest was submitted to the governmental entity:
- b. Date of the public meeting this Conflict of Interest Form was accepted by the public entity (Note: this date MUST be prior to any final action on the contract or purchase):

7. Affirmation of Public Servant:

This disclosure was submitted to and accepted by the governmental entity in a public meeting (identified above) prior to final action on the contract or purchase.

I affirm, under penalty of perjury, the truth and completeness of the statements made above.

Signed:	
Printed	Name: Gregory S Hall
Date:	1/23/2025

Email Address: _____

8. Filing Requirement

Within fifteen (15) days after final action on the contract or purchase, copies of this statement must be filed with both:

- 1. The Indiana State Board of Accounts by uploading at https://gateway.ifionline.org/sboa_coi/; and
- 2. The Clerk of the Circuit Court of the county where the governmental entity took final action on the contract or purchase.