



**ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING**
State Form 55060 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

FILED

APR 11 2023

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INDIANA STATE
ETHICS COMMISSION

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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) Beard	Name (first) Michael	Name (middle)	
Name of office or agency Indiana Department of Homeland Security		Job title Commission Member	
Address of office (number and street) 302 West Washington Street, Room E-208		City Indianapolis	ZIP code 46204
Office telephone number (317) 232-2222		Office e-mail address (required) buildingcommission@dhs.in.gov	
Describe the conflict of interest: I serve as a member of the Fire Prevention and Building Safety Commission ("Commission"). I am employed by the City of Indianapolis			
At the April 4, 2023 Commission meeting, variance 23-03-38 regarding the Community Justice Campus Adult Detention Center was presented. The City of Indianapolis owns the Community Justice Campus.			

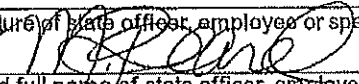
Describe the screen established by your ethics officer: *(Attach additional pages as needed.)*

When the variance was presented, I recused myself, left the room and did not take part in the discussion or vote on this matter. After the vote was finalized I was notified I could return to the meeting to participate in the next order of business.

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



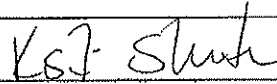
Date signed (month, day, year)
04/10/23

Printed full name of state officer, employee or special state appointee
Michael W. Beard

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)
4-11-23

Printed full name of ethics officer

Kristi Shute

Baker, Nathaniel P

From: Shute, Kristi
Sent: Tuesday, April 11, 2023 12:16 PM
To: Thacker, Joel
Cc: michael.popich@indy.gov; Beard, Michael W.
Subject: Conflict of Interest-Decisions and Voting Disclosure-Michael Popich and Michael Beard
Attachments: Decisions and Voting disclosure-Popich, Michael.pdf; Decisions and Voting disclosure-Beard, Michael.pdf

Good afternoon, Executive Director Thacker,

To be in compliance with IC 4-2-6-9 a special state appointee who identifies a potential conflict of interest must notify their appointing authority and either request an advisory opinion from the State Ethics Commission or file a disclosure statement. Please accept this email as official notification. A copy of each Disclosure Statement is included for your reference. The Disclosure Statements will be filed with the Inspector General's Office later today and I anticipate we will receive file-stamped copies within a few business days.

Please let me know if you have any questions or need additional information.

Sincerely,

Kristi Shute | Deputy General Counsel and Ethics Officer
Indiana Department of Homeland Security
302 W. Washington St., Room E208
Indianapolis, IN 46204
Phone: 317-967-4101
Email: kshute@dhs.in.gov

