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ETHICS DISCLOSURE STATEMENT CONFLICTS OF INTEREST - DECISIONS AND VOTING

State Form 55860 (R / 10-15) OFFICE OF THE INSPECTOR GENERAL IC 4-2-8-9

NOV 1 4 2023

INDIANA STATE ETHICS COMMISSION

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 (list)

Name (first)

Name (middle)

Name (last)	Name (tirst)			Name (middle)				
Davidson	Harold							
Name of office or agency			Job title					
Indiana Department of Homeland Security		Commission Member						
Address of office (number and street)			City		ZIP code			
302 West Washington Street, Room E-208			Indianapo	lis	46204			
Office telephone number	Office e-mall address (regulred)							
(317) 232-2222								
Describe the conflict of interest:								
I serve as a member of the Fire Prevention and Building Safety Commission ("Commission").								
Variance 23-08-43 Fall Creek Pavillion on	November the 8t	h of 2023						
		California de 26 de de						
This site is state owned and legal counsel s	stated that it would	id be in the be	est interes	to recuse myself				
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Describe the screen established by your ethics officer: (Attach additional pages as needed.) I attended the meeting in person. When the variance was considered, I recused myself from the matter and left the room.								
I was not present for any discussion or vote. I did not return to the room until someone informed me the Commission								
was finished with that agenda item.								
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		IRMATION						
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 appoin	tee		Date signed <i>(month, day, year)</i> 11/13/2023					
Printed full name of state officer, employee or special state	appo	pintee	·					
	CS (	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								

## Baker, Nathaniel P

From:

Shute, Kristi

Sent:

Tuesday, November 14, 2023 10:15 AM

To:

Thacker, Joel

Cc:

Davidson, Harold G; Dyer, Dustin

Subject:

Conflict of Interest-Decisions and Voting Disclosure-Harold Davidson

Attachments:

Decisions and Voting disclosure-Davidson, Harold 11082023.pdf

Good morning, 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 the Disclosure Statement is included for your reference. The Disclosure Statement will be filed with the Inspector General's Office later today and I anticipate we will receive a file-stamped copy 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

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