

FILED

JUN 20 2023

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) Davidson	Name (first) Harold	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"). My wife is employed by Cummins. The Commission, in part, reviews variance requests to codes it has adopted. At the June 6, 2023 Commission meeting, variance request 23-05-39, Purdue Herrick Labs – CNG Trailer, was presented. Purdue Herrick Labs performs studies on engines built by Cummins.

While there was not a direct conflict in this case I felt it was prudent to recuse myself.

D

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. #

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)

[Handwritten signature]

6-16-23

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

HAROLD G. DAVIDSON

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)

[Handwritten signature]

6-20-23

Printed full name of ethics officer

Kristi Shute

Baker, Nathaniel P

From: Shute, Kristi
Sent: Tuesday, June 20, 2023 11:23 AM
To: Thacker, Joel
Cc: Davidson, Harold G
Subject: Conflict of Interest-Decisions and Voting Disclosure-Harold Davidson
Attachments: Decisions and Voting disclosure-Davidson, Harold.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 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