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SEP 18 2023

INDIANA STATE ETHICS COMMISSION



ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST - DECISIONS AND VOTING
State Form 56880 (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
Office telephone number (317) 232-2222		ZIP code 46204
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 State of Indiana, specifically the Department of Labor. The Commission, in part, reviews variance requests to codes it has adopted. There will be instances when State of Indiana executive branch agencies file variance requests with the Indiana Department of Homeland Security ("Department"). The Department may make a determination on a variance request. If the Department defers its authority to make a determination on a variance request, it is presented to the Commission to make the determination. It is arguable that the State of Indiana executive branch agency will save costs if a variance is approved.

At the September 6, 2023 Commission meeting, variance request 23-08-43, Fall Creek Pavilion Renovation ("Pavilion"), was presented. Once constructed, the Pavilion will be a State owned facility. Based on Formal Advisory Opinion 15-I-7 issued by the State Ethics Commission in March 2015, it is arguable that the State of Indiana and any of its executive branch agencies are not business organizations. Therefore IC 4-2-6-9 would not apply to my circumstances. However, there is an appearance of impropriety if I take part in decisions and votes related to State of Indiana facilities.

Because of this, I recused myself from variance request 23-08-43. I will continue to recuse myself from any variance request related to State of Indiana facilities during my time on the Commission.

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

I attended the September 6, 2023 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. I will do the same in the future for meetings I attend in person. If I attend a future meeting virtually where a State of Indiana facility variance is considered I will mute my computer and turn off my camera while the variance is being discussed and will not vote on whether the variance is approved or denied. Department staff will then contact me via the Teams chat feature to inform me when the discussion and vote on the variance has ended so I may rejoin the meeting.

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

Harold Davidson

Date signed (month, day, year)

9.15.23

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

HAROLD DAVIDSON

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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

Kristi Shute

Date signed (month, day, year)

9-18-23

Printed full name of ethics officer

Kristi Shute

Baker, Nathaniel P

From: Shute, Kristi
Sent: Monday, September 18, 2023 9:46 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 09062023 meeting signed.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
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Email: kshute@dhs.in.gov