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 DEC 1 2022

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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) Name (first) Name (middle) Hagerty Thomas Name of office or agency Job title Indiana Department of Homeland Security Fire Academy Field Program Manager Address of office (number and street) ZIP code City 1610 Reeves Road, Box #3 Plainfield 46168 Office telephone number Office e-mail address (required) (463) 269-4423 thagerty@dhs.in.gov Describe the conflict of interest: Part of my duties as a Fire Academy Field Program Manager include coordinating training with local fire departments and first responder agencies. I am assigned to District 3. District 3 includes the City of Angola. In addition to working for the State, I work as a Firefighter for the City of Angola. It is possible the City of Angola might have questions about training or funding opportunities.

Describe the screen established by your ethics officer. (Attach additional pages as needed.) Another Fire Academy Field Program Manager, Mike Parks, has been assigned to handle all matters and communications	
related to the City of Angola.	
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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 Thomas Hagerty	Date signed <i>(month, day, year)</i> 11/30/22
Printed full name of state officer, employee or special state appointee Thomas Hagerty	
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 KG1 Sunt	Date signed (month, day, year)
Printed full name of ethics officer Shuts	

Baker, Nathaniel P

From:

Shute, Kristi

Sent:

Thursday, December 1, 2022 9:51 AM

To:

Thacker, Joel Hagerty, Thomas

Cc: Subject:

Conflict of Interest-Decisions and Voting Disclosure-Thomas Hagerty

Attachments:

Decisions and Voting disclosure-Hagerty, Thomas.pdf

Good morning, Executive Director Thacker,

To be in compliance with IC 4-2-6-9, an employee 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 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