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JUL 11 2023

INDIANA STATE ETHICS COMMISSION



ETHICS DISCLOSURE STATEMENT  
CONFLICTS OF INTEREST – DECISIONS AND VOTING  
State Form 55800 (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) Heinsman	Name (first) Joe	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 Lynch, Harrison & Brumleve ("LHB") which is a structural engineering design firm. At the July 6, 2023 Commission meeting, a variance request was presented for one project of which LHB is a consultant/designer. That matter was 23-06-25 which was a variance request for Crestmont Community – Residential Renovation.		

Describe the screen established by your ethics officer: (Attach additional pages as needed.)  
I attended the meeting in person. When this item came up, I said I was recusing myself from it. I left the room. I was not present for any discussion or vote. I did not return to the room until someone informed me the

the commission was finished with that agenda item.

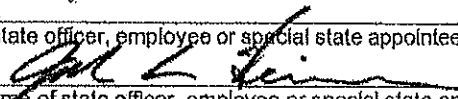
**AFFIRMATION**

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)

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

  
Joseph L. Heinsman

07/10/2023

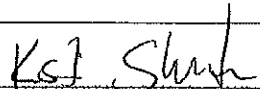
**FOR ETHICS OFFICER USE ONLY**

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)

Printed full name of ethics officer

  
Kristi Shute

7-11-23

## Baker, Nathaniel P

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**From:** Shute, Kristi  
**Sent:** Tuesday, July 11, 2023 9:22 AM  
**To:** Thacker, Joel  
**Cc:** jheinsman@lhb-eng.com  
**Subject:** Conflict of Interest-Decisions and Voting-Joe Heinsman  
**Attachments:** Decisions and Voting disclosure-Heinsman, Joe 06062023 meeting.pdf; Decisions and Voting disclosure-Heinsman, Joe 07062023 meeting.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. Mr. Heinsman recused himself from a Commission matter at the June 6, 2023, and July 6, 2023, meetings. A copy of the Disclosure Statements are included for your reference. The Disclosure Statements 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](mailto:kshute@dhs.in.gov)

