



**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

FILED

FEB 21 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 (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 February 7, 2023 Commission meeting, variance requests were presented for two projects of which LHB is a consultant/designer. Those matters were 22-09-40 which was a mixed use variance request in the Broad Ripple, Indianapolis area and 23-01-32, 23-01-33, 23-01-34, 23-01-35, and 23-01-35 which were variance request for the District at Latimer Square in Bloomington.

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

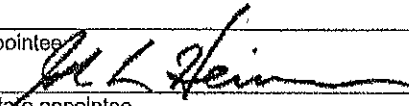
I attended the meeting in person. When these items came up, I said I was recusing myself from them. I left the room.

I was not present for any discussion or votes. 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)

02/21/2023

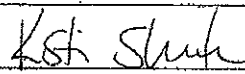
Printed full name of state officer, employee or special state appointee

Joseph L. Heinsman

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)

2-21-23

Printed full name of ethics officer

Kristi Shute

Baker, Nathaniel P

From: Shute, Kristi
Sent: Tuesday, February 21, 2023 12:28 PM
To: Thacker, Joel
Cc: Joe Heinsman
Subject: Conflict of Interest-Decisions and Voting-Joe Heinsman
Attachments: Decisions and Voting Disclosure Feb 2023-Heinsman, Joe.pdf

Good afternoon 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