



**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) Kinney	Name (first) Kraig	Name (middle)
Name of office or agency Indiana Department of Homeland Security		Job title State EMS Director
Address of office (number and street) 302 West Washington Street, Room E-208		City Indianapolis
		ZIP code 46204
Office telephone number ( 317 ) 232-3983	Office e-mail address (required) kkinney@dhs.in.gov	
Describe the conflict of interest: I serve as IDHS's EMS Director. I am also a Board Member for the National Registry of Emergency Medical Technicians ("NREMT"). IDHS wants to enter into a contract with NREMT to facilitate Emergency Medical Technician, advanced Emergency Medical Technician and Paramedic testing.		
FILED		
JUL 31 2025		
INDIANA STATE ETHICS COMMISSION		

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

I notified my NREMT contact that I can no longer be involved with anything related to contract negotiations.

Everything related to NREMT will now be handled by Corey Wells, EMS Certifications Systems Section Chief and

Kristi Shute, Deputy General Counsel who manages IDHS contracts.

#### 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

#### 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

## Garrigus, Adam

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**From:** Shute, Kristi  
**Sent:** Thursday, July 31, 2025 8:05 AM  
**To:** Green, Jennifer-Ruth  
**Cc:** Kinney, Kraig  
**Subject:** Conflict of Interest-Decisions and Voting Disclosure-Kraig Kinney  
**Attachments:** Conflict of Interest Decisions and Voting-K. Kinney 07312025.pdf

Good morning, Executive Director Green,

To comply with IC 4-2-6-9, a state 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 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)