

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

INDIANA STATE ETHICS COMMISSION

APR 1 9 2022

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In accordance with IC 4-2-6-9, you must fil days after the conduct that gives rise to the agency appointing authority and ethics offi General's website.	e conflict. You must also includ	le a copy (of the notification provi	an seven (7) ided to your	
Name (last) Lanham	Name <i>(first)</i> Karì	-	Name (middle)		
Name of office or agency Indiana Department of Homeland Security		Job title EMS District Manager			
Address of office (number and street) 302 West Washington Street		City Indianapol	is	ZIP code 46204	
Office telephone number (317) 719-9433	Office e-mail address (required) klanham1@dhs.in.gov)			
Describe the conflict of interest: I am employed by IDHS as an EMS Dist	rict Manager for Districts 1 ar	nd 2. In th	is capacity I have ove	ersight of	
ambulance services which includes routine ambulance compliance inspections, investigations into complaints and					
reports of violations, and renewal of provider certifications, which are completed every two years. I also work					
part-time as a Paramedic for Starke County EMS and as a Paramedic and Primary Instructor for InHealth Ambulance					
which is located in Porter County. Starke and Porter Counties are located in the districts I manage.					
I am in a position to make decisions that impact Starke County EMS and inHealth Ambulance.					
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Describe the screen established by your ethics officer: (Attach additional pages as needed.) All matters related to Starke County EMS and inHealth Ambulance have been assigned to my Field Manager					
Supervisor Robin Stump.					

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AFFIRMATION	and the State of t				
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 wr	itten disclosure to your agency				
appointing authority and ethics officer.	I Date down I down at the second				
Signature of state office), employee or special state appointee	Date signed (month, day, year)				
Printed full name of state officer, employee or special state appointee .					
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FOR ETHICS OFFICER USE ONLY	A CONTROL OF THE PERSON OF THE PARTY OF THE				
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	4-19-22				
Kristi Shute					

Baker, Nathaniel P

From:

Shute, Kristi

Sent:

Tuesday, April 19, 2022 9:42 AM

To: Cc: Cox, Stephen

Subject:

Lanham, Kari M Conflict of Interest-Decisions and Voting Disclosure Statement - Kari Lanham

Attachments:

Decisions and Voting disclosure-Lanham Kari.pdf

Good morning Director Cox,

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 later this week.

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