

INDIANA
STATE ETHICS COMMISSION

OCT 6 2022

FILED



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) Nicoson	Name (first) Robin	Name (middle)
Name of office or agency Indiana Department of Homeland Security		Job title Fire Academy Field Program Manager
Address of office (number and street) 1610 Reeves Road, Box #3		City Plainfield
		ZIP code 46168
Office telephone number (317) 518-4645	Office e-mail address (required) micoson@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 Districts 5 and 7. District 5 includes Marion County. In addition to working for the State, I work as a Firefighter for Decatur Township which is located in Marion County. I also work for Advanced Rescue Solutions (ARS) as an instructor. It is possible either entity 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, Chuck Gunter, has been assigned to handle all matters and communications related to Decatur Township and ARS.

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)

10-5-2022

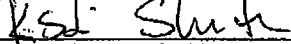
Printed full name of state officer, employee or special state appointee

Robin Nicolson

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)

10-6-22

Printed full name of ethics officer

Kristi Shute

Baker, Nathaniel P

From: Shute, Kristi
Sent: Thursday, October 6, 2022 8:56 AM
To: Thacker, Joel
Cc: Nicoson, Robin
Subject: Conflict of Interest-Decisions and Voting Disclosure-Robin Nicoson
Attachments: Decisions and Voting disclosure-Nicoson, Robin.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