

FILED

APR 16 2026

INDIANA STATE
ETHICS COMMISSION
**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)
O'Brien

 Name (first)
Thomas

Name (middle)

 Name of office or agency
Indiana Department of Homeland Security

 Job title
Arson Investigator

 Address of office (number and street)
302 West Washington Street, Room E-241

 City
Indianapolis

 ZIP code
46204

 Office telephone number
(463) 230-3855

 Office e-mail address (required)
tobrien1@dhs.in.gov

Describe the conflict of interest:

I am employed by IDHS as an Arson Investigator. In this capacity I investigate fires to determine the origin and cause. I conduct interviews and investigations and have full law enforcement powers to make arrests for arson crimes as a result of IDHS investigations.

The City of Ligonier wants to hire me as a part time Patrol Officer. In this capacity I will be responsible for responding to emergencies, patrolling the City, enforcing state and local law, and investigating criminal matters.

The City is in my assigned area to conduct arson investigations. While it is unlikely I would be in a position to participate in decisions or votes in my role as an Arson Investigator in which the City would have a financial interest, I'm filing this disclosure out of an abundance of caution to avoid the appearance of impropriety.

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

All matters related to the City have been assigned to my supervisor Mike Vogely. He has been advised by the IDHS

Ethics Officer that I am to be screened off from anything related to the City in my role with IDHS and should have no role in or information about anything related to the City.

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

Thomas O'Brien

Date signed (month, day, year)

04/16/2026

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

Thomas O'Brien

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

Kristi Shute

Date signed (month, day, year)

04/16/26

Printed full name of ethics officer

Kristi Shute

From: Shute, Kristi
Sent: Thursday, April 16, 2026 11:11 AM
To: Whitham, Jonathan
Cc: O'Brien, Thomas
Subject: Conflict of Interest-Decisions and Voting Disclosure Statement-Thomas O'Brien
Attachments: Conflict of Interest Decisions and Voting-T. O'Brien.pdf

Good morning, Executive Director Whitham,

To comply 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 or early next week.

Please let me know if you have any questions or need additional information.

Thanks,

Kristi Shute | Deputy General Counsel
Indiana Department of Homeland Security
302 West Washington Street, Room E-208
Indianapolis, IN 46204
Cell: 317-967-4101
Email: kshute@dhs.in.gov

