



**ETHICS DISCLOSURE STATEMENT  
CONFLICTS OF INTEREST – DECISIONS AND VOTING**  
State Form 55880 (R / 10-15)  
OFFICE OF THE INSPECTOR GENERAL  
IC 4-2-6-9

INDIANA  
STATE ETHICS COMMISSION

JAN 9 2023  
11:00 AM

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.

FILED

Name (last) Pannicke	Name (first) Scott	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 RATIO Architects, LLC.

At the January 4, 2023 Commission meeting, variance 22-12-84 regarding 863 Mass Avenue, Indianapolis, IN 46204 (the "Project") was presented. RATIO is the architect of record for this Project and I am part of the design team.

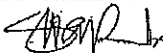
Describe the screen established by your ethics officer: *(Attach additional pages as needed.)*

When the variance was presented, I recused myself, left the room and did not take part in the discussion or vote on this matter.

Area with horizontal dashed lines for providing additional details or attachments.

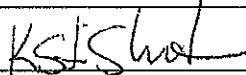
**AFFIRMATION**

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) 01/05/2023
Printed full name of state officer, employee or special state appointee Scott A. Pannicke	

**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) 1-5-23
Printed full name of ethics officer Kristi Shote	

## **Baker, Nathaniel P**

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**From:** Shute, Kristi  
**Sent:** Monday, January 9, 2023 9:46 AM  
**To:** Thacker, Joel  
**Cc:** Scott Pannicke  
**Subject:** Conflict of Interest-Decisions and Voting Disclosure-Scott Pannicke  
**Attachments:** Decisions and Voting disclosure-Pannicke, Scott.pdf

Good morning, 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](mailto:kshute@dhs.in.gov)

