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

FILED

FEB - 9 2023

INDIANA STATE ETHICS COMMISSION

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) Name (first) Name (middle) Pannicke Scott Name of office or agency Job title Commission Member Indiana Department of Homeland Security Address of office (number and street) ZIP code City 302 West Washington Street, Room É-208 Indianapolis 46204 Office telephone number Office e-mail address (required) (317) 232-2222 buildingcommission@dhs.in.gov Describe the conflict of interest: I serve as a member of the Fire Prevention and Building Safety Commission ("Commission"). Beginning February 20, 2023 I will be employed by the Simon Property Group. It's possible representatives from Simon Property Group could come before the Commission seeking a variance.

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.	
When anything related to the Simon Property Group is presented to the Commission, I will recuse myself while	the matter is being
discussed, leave the room, and will not participate in any discussion or vote on that matter.	

AFFIRMATION	
Your signature below affirms that your disclosures on this form are true, complete, and correct to the knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to appointing authority and ethics officer.	
Signature of state officer, employee or special state appointee Date sign 02/09/202	ned (month, day, year) 23
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 best of your knowledge and belief. You also attest that your agency has implemented the screen de-	
KSI (Shop) 2-9-	ned (month, day, year) 23
Printed full name of ethics officer	

Baker, Nathaniel P

From:

Shute, Kristi

Sent:

Thursday, February 9, 2023 3:25 PM

To: Cc: Thacker, Joel

Subject:

Scott Pannicke

Subject: Attachments: Conflict of Interest-Decisions and Voting Disclosure-Scott Pannicke update Decisions and Voting disclosure Simon Property Group-Pannicke, Scott.pdf

Good afternoon, 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. Mr. Pannicke filed a disclosure in the past but will have a new employer soon, so the disclosure needed to be updated. Please accept this email as official notification of the update. 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