



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

AUG 18 2021

FILED

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) Parks	Name (first) Michael	Name (middle) Jacob
Name of office or agency Indiana Department of Homeland Security		Job title Academy Training Field Program Manager
Address of office (number and street) 302 West Washington Street, Room W246		City Indianapolis
		ZIP code 46204
Office telephone number (317) 407-6928	Office e-mail address (required) mparks1@dhs.in.gov	

Describe the conflict of interest:
 I currently hold secondary employment with the City of Crown Point as a Firefighter/Paramedic. I also volunteer on the Multi Agency Academic Cooperative (MAAC) Board of Directors. Decisions made by IDHS and the Fire and Public Safety Academy, which is a subdivision of IDHS, could be a conflict of interest for me. Specifically, the City of Crown Point and the MAAC previously received and may receive funding from IDHS in the future. Additionally, the City of Crown Point is located inside one of the Districts I am assigned to manage.

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

Because the City of Crown Point is located in my coverage area, IDHS assigned the Field Program Manager who covers Southern Indiana to handle all business, questions and anything related to the City of Crown Point. Therefore, I have no contact with the City of Crown Point in my position with IDHS.

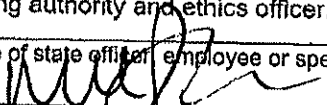
In addition, the Field Program Manager who covers Southern Indiana handles all business, questions and anything related to the MAAC and I do not have any contact with the MAAC in my position with IDHS.

Further, I do not have any contracting or grant authority for IDHS. Because of this, I do not participate in any decisions or votes that IDHS makes with respect to the City of Crown Point or the MAAC.

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)

08/06/2021

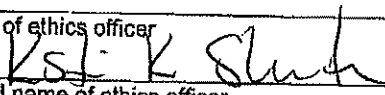
Printed full name of state officer, employee or special state appointee

Michael J. Parks

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)

8-18-21

Printed full name of ethics officer

Kristi K Shute

Baker, Nathaniel P

From: Shute, Kristi
Sent: Wednesday, August 18, 2021 12:01 PM
To: Cox, Stephen
Subject: Conflict of Interest-Decisions and Voting Disclosure Statement-Michael Parks
Attachments: Decisions and Voting statement-Parks, Michael.pdf

Good afternoon 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 this afternoon and I anticipate we will receive a file-stamped copy in the next 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

