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SEP 5 2023



ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING
State Form 58800 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

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) Palarino	Name (first) Mike	Name (middle)
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Name of office or agency Indiana Department of Homeland Security	Job title Commission Member
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Address of office (number and street) 302 West Washington Street, Room E-208	City Indianapolis	ZIP code 46204
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Office telephone number (317) 232-2222	Office e-mail address (required) buildingcommission@dhs.in.gov
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Describe the conflict of interest:
 I serve as a member of the Fire Prevention and Building Safety Commission ("Commission"). I am the President of Construction for Cityscape Residential LLC which is a multi-family developer/contractor. At the September 6, 2023 meeting, the Commission will hear variance 23-08-40, Steadman Apartments - Pool (Carmel) (the "Project").
 I have a financial interest in the Project and manage the construction staff that manages the Project and subcontractors. Cityscape's pool subcontractor for the Project is the company seeking the variance. If the variance is approved there will be a cost savings for the Project.

Describe the screen established by your ethics officer: *(Attach additional pages as needed.)*
 I will attend the meeting in person. When this item is discussed, I will recuse myself. I will step out of the room to ensure I am not present for any discussion or vote. I will not return to the room until someone informs me the Commission is finished with the variance request.

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 <i>G. Michael Patarino</i>	Date signed (month, day, year) <i>9/5/2023</i>
Printed full name of state officer, employee or special state appointee <i>G. Michael Patarino</i>	

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 <i>Kristi Shute</i>	Date signed (month, day, year) <i>9/5/23</i>
Printed full name of ethics officer <i>Kristi Shute</i>	

Baker, Nathaniel P

From: Shute, Kristi
Sent: Tuesday, September 5, 2023 1:34 PM
To: Thacker, Joel
Cc: Mike Patarino
Subject: Conflict of Interest-Decisions and Voting Disclosure-Mike Patarino
Attachments: Decisions and Voting disclosure-Patarino, Mike 09062023 meeting.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. 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