



**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**

**JUL 14 2023**

**INDIANA STATE  
ETHICS COMMISSION**

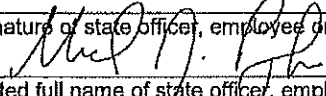
In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the Inspector General's website.

Name ( <i>last</i> ) Popich		Name ( <i>first</i> ) Michael		Name ( <i>middle</i> )	
Name of office or agency Indiana Department of Homeland Security			Job title Commission Member		
Address of office ( <i>number and street</i> ) 302 West Washington Street, Room E-208			City Indianapolis		ZIP code 46204
Office telephone number ( 317 ) 232-2222		Office e-mail address ( <i>required</i> ) buildingcommission@dhs.in.gov			
Describe the conflict of interest: I serve as the Chairman of the Fire Prevention and Building Safety Commission ("Commission"). I am employed by the City of Indianapolis. The Commission, in part, reviews variance requests to codes it has adopted. There will be instances when City of Indianapolis agencies file variance requests with the Indiana Department of Homeland Security ("Department"). The Department may make a determination on a variance request. If the Department defers its authority to make a determination on a variance request, it is presented to the Commission to make the determination. It is arguable that City of Indianapolis agencies will save costs if a variance is approved.					
At the July 6, 2023 Commission meeting, variance request 23-06-19, Indianapolis Convention Center Hotels and Ballroom ("Facility"), was presented. The Facility is owned by the City of Indianapolis. Based on Formal Advisory Opinion 15-I-7 issued by the State Ethics Commission in March 2015, it is arguable that the City of Indianapolis and any of its agencies are not business organizations. Therefore, IC 4-2-6-9 would not apply to my circumstances. However, there is an appearance of impropriety if I take part in decisions and votes related to City of Indianapolis facilities.					
Because of this, I recused myself from variance request 23-06-19. I will continue to recuse myself from any variance request related to City of Indianapolis facilities during my time on the Commission or until I am no longer employed by the City of Indianapolis.					

Describe the screen established by your ethics officer: *(Attach additional pages as needed.)*  
 I attended the July 6, 2023 meeting in person. When the variance was considered, I recused myself from the matter and left the room. I was not present for any discussion or vote. I did not return to the room until someone informed me the Commission was finished with that agenda item. I will do the same in the future for meetings I attend in person. If I attend a future meeting virtually where a City of Indianapolis facility variance is considered I will mute my computer and turn off my camera while the variance is being discussed and will not vote on whether the variance is approved or denied. Department staff will then contact me via the Teams chat feature to inform me when the discussion and vote on the variance has ended so I may rejoin the meeting.

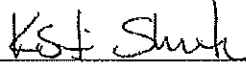
**AFFIRMATION**

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) 07/13/2023
Printed full name of state officer, employee or special state appointee Michael J. Popich	

**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) 7-14-23
Printed full name of ethics officer Kristi Shute	

## **Baker, Nathaniel P**

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**From:** Shute, Kristi  
**Sent:** Friday, July 14, 2023 10:06 AM  
**To:** Thacker, Joel  
**Cc:** michael.popich@indy.gov; Beard, Michael W.  
**Subject:** Conflict of Interest-Decisions and Voting Disclosure-Michael Popich and Michael Beard  
**Attachments:** Decisions and Voting disclosure-Popich, Michael 07062023 meeting.pdf; Decisions and Voting disclosure-Beard, Michael 07062023 meeting.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 each Disclosure Statement is included for your reference. The Disclosure Statements will be filed with the Inspector General's Office later today and I anticipate we will receive file-stamped copies within a few business days.

Sincerely,

**Kristi Shute** | Deputy General Counsel and Ethics Officer  
Indiana Department of Homeland Security  
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Indianapolis, IN 46204  
Phone: 317-967-4101  
Email: [kshute@dhs.in.gov](mailto:kshute@dhs.in.gov)

