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SEP 3 2026

INDIANA STATE
ETHICS COMMISSION

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

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) Shonkwiler	Name (first) Jason	Name (middle)
Name of office or agency Indiana Department of Homeland Security		Job title Member, Secured School Safety Board
Address of office (number and street) 302 West Washington Street		City Indianapolis
		ZIP code 46204
Office telephone number (317) 776-6340	Office e-mail address (required) jshonkwiler@noblesville.in.gov	

Describe the conflict of interest:

I serve on the Secured School Safety Board. The Board approves and disapproves applications for matching grants through the Secured School Safety Fund (IC 10-21-1-2). An IDHS grant team scores every grant application. I am not part of the scoring process. The grant team provides their recommendation to the Board. This year the grant team recommendation included funding a project for Noblesville Schools.

I serve as a Sergeant for the City of Noblesville, act as a School Resource Officer and are employed by the City of Noblesville. The Board agreed with the grant team to fund every eligible project.

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

Because there are almost 500 applications, the Board votes in one block to approve all projects recommended by the grant team. When the Board voted I stated that my vote excluded the City of Noblesville.

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)

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

Jason Shonkwiler

9/2/2020

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)

Printed full name of ethics officer

Kristi Shute

9/2/2020

From: Shute, Kristi
Sent: Thursday, September 3, 2026 2:45 PM
To: Whitham, Jonathan
Cc: Smith, Julie Q.; jshonkwiler@noblesville.in.gov; bowlen@eric@gmail.com
Subject: Conflict of Interest-Decisions and Voting Disclosures
Attachments: Conflict of Interest Decisions and Voting-J. Smith 2026.pdf; Decisions and Voting disclosure-J. Shonkwiler 2026.pdf; Conflict of Interest Decisions and Voting-E. Bowlen 2026.pdf

Good afternoon, Executive Director Whitham,

To comply with IC 4-2-6-9, an employee or 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 for Julie Smith, Jason Shonkwiler and Eric Bolen related to their service on the Secured School Safety Board. A copy of their Disclosure Statements are included for your reference. The Disclosure Statements 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
Indiana Department of Homeland Security
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Indianapolis, IN 46204
Cell: 317-967-4101
Email: kshute@dhs.in.gov



SERVICE
INTEGRITY
RESPECT

TO STAFF AND COMMUNITY
IN ALL WE DO
FOR ALL PEOPLE