

INDIANA  
STATE ETHICS COMMISSION

AUG 03 2017

FILED



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) <b>Guerin</b>	Name (first) <b>Terry</b>	Name (middle) <b>L.</b>
Name of office or agency <b>NWRA, Southern Landfill Best way</b>	Job title <b>Chair Ind. &amp; Velain national, Gov. Att. Ind. Ky</b>	
Address of office (number and street) <b>home 836 Forest Dr. W</b>	City <b>Anderson</b>	ZIP code <b>46011</b>
Office telephone number <b>(517) 290-0217</b>	Office e-mail address (required) <b>guerinterry6@gmail.com</b>	

Describe the conflict of interest:

*Warrick Co. St. & National plaintiffs in flow control case against Warrick  
Winchester - had contract with Winchester & have local landfill  
Greendale - have hauler's company & transfer station locally.*

Signature of ethics officer <i>Kathleen Mills</i>	
Printed full name of ethics officer Kathleen Mills	
Date signed (month, day, year) 8/3/17	Signature of ethics officer <i>Kathleen Mills</i>
Printed full name of ethics officer Kathleen Mills	
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.	
<b>FOR ETHICS OFFICER USE ONLY</b>	

Signature of state officer, employee or special state appointee <i>Tommy L. Guerin</i>	
Printed full name of state officer, employee or special state appointee Tommy L. Guerin	
Date signed (month, day, year) Aug 3, 2017	Signature of state officer, employee or special state appointee <i>Tommy L. Guerin</i>
Printed full name of state officer, employee or special state appointee Tommy L. Guerin	
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.	

**AFFIRMATION**

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

Mr. Guerin was not to participate in the discussions regarding the three entities and he was not to write on the funding for their proposed projects.

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

## MILLS, KATHLEEN

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**From:** MILLS, KATHLEEN  
**Sent:** Thursday, August 03, 2017 2:52 PM  
**To:** PIGOTT, BRUNO  
**Subject:** Conflict of interest notifications  
**Attachments:** Ethics Disclosure conflict of interest Guerin.pdf; Ethics Disclosure conflict of interest Burrow.pdf; Ethics Conflict of interest Gratz.pdf

Commissioner,

Four members of the Recycling Market Development Board determined that they had conflicts of interest regarding some of the applicants requesting funding from the Board.

Each of the four members:

Mr. Gratz, Dr. Chen, Mr. Burrows and Mr. Guerin did not participate in board discussion or vote on matters in which they perceived themselves to have a conflict of interest. I am making this notification to you on their behalf to comply with Indiana Statute 4-2-6-9. I have attached the disclosure statements of Mr. Gratz, Mr. Burrows and Mr. Guerin to this email to provide you with the specific information. Dr. Chen's conflict of interest was with the application of his employer IUPUI. He contacted me prior to the RMDB meeting. However, I do not yet have his signed disclosure statement with the State Ethics Commission to share with you.