

FEB 25 2021

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**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) Westfall	Name (first) Zachary	Name (middle) Alan
Name of office or agency IDHS	Job title Field Program Manager	
Address of office (number and street) 302 W. Wahsington St.	City Indianapolis	ZIP code 46204
Office telephone number (317) 464-0965	Office e-mail address (required) zwestfall@dhs.in.gov	

Describe the conflict of interest:
 I currently hold secondary employment with the City of Vincennes as a career firefighter. 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 Vincennes previously received and continues to receive grant funding from IDHS. Additionally, the City of Vincennes 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 Vincennes is located in my coverage area, IDHS assigned the Field Program Manager who covers Northern Indiana to handle all business and questions that the Fire Department might have on training or funding as well as anything related to the City of Vincennes. Therefore, I have no contact with the City of Vincennes 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 Vincennes or the Fire Department.

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)

2/29/21

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

Zachary A. Westfall

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)

1-25-21

Printed full name of ethics officer

Kristi K Shute

From: [Cox, Stephen](#)
To: [Shute, Kristi](#)
Cc: [Westfall, Zach](#)
Subject: RE: Conflict of Interest-Decisions and Voting Disclosure Statement-Zach Westfall
Date: Thursday, February 25, 2021 9:36:37 AM

Thanks, Kristi. I appreciate the update and the quick turn-around on this situation.

Steve

From: Shute, Kristi <KShute@dhs.IN.gov>
Sent: Thursday, February 25, 2021 9:27 AM
To: Cox, Stephen <StCox@dhs.IN.gov>
Cc: Westfall, Zach <ZWestfall@dhs.IN.gov>
Subject: Conflict of Interest-Decisions and Voting Disclosure Statement-Zach Westfall

Good morning 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. While I know you are aware of this situation, please accept this email as official notification. A copy of the Disclosure Statement is included for your reference. The Disclosure Statement was filed with the Inspector General's Office this morning and I anticipate we will receive a file-stamped copy shortly.

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

