

INDIANA
STATE ETHICS COMMISSION



ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING
State Form 55860 (R / 10-16)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

OCT 21 2022

FILED

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>) Thoma	Name (<i>first</i>) Ryan	Name (<i>middle</i>)	
Name of office or agency Indiana Department of Homeland Security		Job title Fire Academy Field Program Manager	
Address of office (<i>number and street</i>) 1610 Reeves Road, Box #3		City Plainfield	ZIP code 46168
Office telephone number (317) 460-4001	Office e-mail address (<i>required</i>) rthoma@dhs.in.gov		

Describe the conflict of interest:

Part of my duties as a Fire Academy Field Program Manager include coordinating training with local fire departments and first responder agencies. I am assigned to District 4. District 4 includes the City of Lafayette. In addition to working for the State, I work as a Firefighter for the City of Lafayette. It is possible the City of Lafayette might have questions about training or funding opportunities.

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

Another Fire Academy Field Program Manager, Zach Westfall, has been assigned to handle all matters and

communications related to the City of Lafayette.

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)

10-20-22

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

Ryan Thomas

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)

10-21-22

Printed full name of ethics officer

Kristi Shute

Baker, Nathaniel P

From: Shute, Kristi
Sent: Friday, October 21, 2022 8:27 AM
To: Thacker, Joel
Cc: Thoma, Ryan
Subject: Conflict of Interest-Decisions and Voting Disclosure-Ryan Thoma
Attachments: Decisions and Voting disclosure-Thoma, Ryan.pdf

Good morning Executive Director Thacker,

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. 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 this morning 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