

LATE FEE: \$10/DAY

**FINANCIAL DISCLOSURE DIRECTIONS
FOR
ELECTED OFFICIALS**

I. WHO MUST FILE

A Financial Disclosure Statement must be filed by:

- (1) individuals holding certain specified positions {Art. 8, §§ 7-7 and 7-8}.
- (2) procurement, legislative, and enforcement personnel {Art. 8, § 7-9}.
- (3) individuals vacating any of these positions {Art. 8, § 7-11}.
- (4) individuals appointed to fill a vacancy in any of these positions {Art. 8, § 7-12}.
- (5) candidates for elected office {Art. 8, § 7-13}.
- (6) designees of the Mayor and of the City Council President {Art. 8, § 7-14}.

II. WHAT FORM TO FILE

This Form 720-EO {"Financial Disclosure Statement for Elected Officials"} must be used by all individuals required to file as an elected official.

III. WHEN TO FILE; PERIOD COVERED

- (1) An elected official must file the Statement on or before **January 30** of each year.
- (2) The Statement must cover all of the immediately preceding calendar year.

IV. WHERE TO FILE

All Statements must be filed with:

Baltimore City Ethics Board
626 City Hall
100 North Holliday Street
Baltimore, Maryland 21202
410-396-4730

V. FORMS AND INFORMATION

Additional copies of the forms and instructions for Financial Disclosure Statements, Conflicts Affidavits, etc., are available for downloading on the Board's Website, <http://www.baltimorecity.gov/Government/BoardsandCommissions/EthicsBoard.aspx>.

The Department of Finance maintains lists of vendors that do ***business with the City***. A copy is available for your review at the Board's office.

VI. LATE FEE

Any person who submits a Financial Disclosure Statement after the filing deadline (*see* Part III above) will be assessed a late fee of \$10 a day, to a maximum of \$1,000.

DEFINITIONS OF TERMS

All defined terms are indicated by *bold italics*.

“Attributable entity”.

“Attributable entity” means:

- (1) any *business entity* in which, at any time during the *reporting period*:
 - (i) you held an equity interest of 30% or more; or
 - (ii) a *family member* held an equity interest of 30% or more, if you directly or indirectly controlled that *family member*'s interest; and
- (2) any trust or estate under which, at any time during the *reporting period*, you or a *family member*:
 - (i) held a reversionary interest;
 - (ii) was a beneficiary; or
 - (iii) if a revocable trust, was a settlor.

“Business entity”.

(a) *General*.

“Business entity” means any *person* or entity engaged in business or other organized activity, whether for-profit or not-for-profit and regardless of form.

(b) *Illustrations*.

“Business entity” includes, for example, any:

- (1) corporation.
- (2) general or limited partnership.
- (3) limited liability company.
- (4) sole proprietorship.
- (5) joint venture.
- (6) unincorporated association or firm.
- (7) real estate investment trust.
- (8) institution, trust, foundation, or other organization.

“Business with City”.

“Business with City” means:

- (1) having or seeking 1 or a combination of contracts or other transactions with the *City* or with another *person* in connection with a contract between that other *person* and the *City*, that involves the commitment, in the *reporting period*, of \$5,000 or more; or
- (2) being regulated by or subject to the authority of the *City*, any *City* agency, or any *City* official; or
- (3) undertaking activities that require registration as a lobbyist.

“City”.

(a) *General*.

“City” means any department, board, commission, council, authority, committee, office, or other unit of City government.

(b) *Inclusions*.

“City” includes the following entities:

- (1) Baltimore City Parking Authority.
- (2) Baltimore Development Corporation.
- (3) Baltimore Police Department.
- (4) Board of Liquor License Commissioners for Baltimore City.
- (5) Civilian Review Board of Baltimore City.
- (6) Enoch Pratt Free Library of Baltimore City.
- (7) Housing Authority of Baltimore City.
- (8) Local Development Council, South Baltimore Video Lottery Terminal.
- (9) Pimlico Community Development Authority.

“Family member”.

“Family member” means any:

- (1) spouse;
- (2) parent;
- (3) sibling; or
- (4) child, including an adopted child, stepchild, ward, or foster child, regardless of age.

“Financial interest”.

“Financial interest” means ownership of:

- (1) more than 3% of a *business entity*; or
- (2) securities of any kind that represent or are convertible into ownership of more than 3% of a *business entity*; or
- (3) an interest as a result of which the owner:
 - (i) received more than \$1,000 in any of the preceding 3 calendar years; or
 - (ii) is entitled to receive more than \$1,000 in the current or any later calendar year.

“Gift”.

(a) *General.*

“Gift” means, except as specified in paragraph (b), the transfer of any thing or any service of economic value, regardless of the form, without adequate, identifiable, and lawful consideration.

(b) *Exception.*

“Gift” does not include political contributions that are regulated under state law.

“Interest”.

(a) *General.*

“Interest” means, except as specified in paragraph (b), any legal or equitable economic interest, whether or not subject to an encumbrance or a condition, that was owned or held, in whole or in part, jointly or severally, directly or indirectly, at any time during the *reporting period*.

(b) *Exceptions.*

“Interest” does not include:

- (1) an interest held in the capacity of a personal representative, agent, custodian, fiduciary, or trustee, unless the holder has an equitable interest in the subject matter;
- (2) an interest in a time or demand deposit in a financial institution (e.g., checking account, savings account, or certificate of deposit);
- (3) an interest in an insurance policy, endowment policy, or annuity contract under which an insurer promises to pay a fixed amount of money, either in a lump sum or periodically for life or some other specified period;
- (4) an interest in a common trust fund or a trust that forms part of a pension or profit-sharing plan that:
 - (i) has more than 25 participants; and
 - (ii) has been determined by the Internal Revenue Service to be a qualified trust under § 401 or § 501 of the Internal Revenue Code; or
- (5) a mutual fund or exchange-traded fund that is publicly traded on a national scale, unless the mutual fund or exchange-traded fund is composed primarily of holdings of stocks and interests in a specific sector or area that is regulated by the public servant's agency.

“Person”.

“Person” includes any individual or *business entity*.

“Principal residence”.

“Principal residence” means a dwelling that:

- (1) is used as a person's principal or primary home; and
- (2) is actually occupied by that person for more than 6 months of a 12-month period.

“Reporting period”.

“Reporting period” means:

- (1) January 1 through December 31; or
- (2) any additional period for which a disclosure statement is required.

“Significant gift”.

(a) *General.*

“Significant gift” means, except as specified in paragraph (b):

- (1) any *gift* with a value of more than \$20; and
- (2) any *gift* in a series of *gifts* with a cumulative value of \$60 or more given by or on behalf of the same *person* during the *reporting period*.

(b) *Exceptions.*

“Significant gift” does not include any of the following, regardless of value:

- (1) a *gift* from a *family member*;
- (2) a campaign contribution that is otherwise reported as required by law; or
- (3) tickets or free admission given to an elected official to attend a specific charitable, cultural, or political event, if given by the *person* sponsoring or conducting the event as a courtesy or ceremony to the office.

{REMOVE PRECEDING PAGES BEFORE SUBMITTING STATEMENT}

BALTIMORE CITY ETHICS BOARD
626 City Hall, Baltimore, Maryland
Phone: 410-396-4730 Fax: 410-396-8483

FINANCIAL DISCLOSURE (EO)
Late Fee: \$10/Day
Date Received: _____

COVER PAGE

NAME OF FILER

LAST / FIRST / MIDDLE

PART A: OFFICE HELD

OFFICE / DISTRICT (IF APPLICABLE)

OFFICE ADDRESS / TELEPHONE / EMAIL

CANDIDATES FOR ELECTED OFFICE ONLY: OFFICE SOUGHT _____

PART B: TYPE OF STATEMENT AND REPORTING PERIOD COVERED

- ANNUAL (Period Covered: Jan. 1, 20__ - Dec. 31, 20__.)
- ENTRY STATEMENT CANDIDATE'S STATEMENT DEPARTURE STATEMENT [see directions Part III(c)(2)]
(Period Covered: Jan. 1, 20__ through ____/____/20__.)

PART C: SCHEDULE SUMMARY

ATTACH ALL APPLICABLE SCHEDULES. DO NOT ATTACH BLANK SCHEDULES.

CHECK APPLICABLE SCHEDULES (ALL FILERS MUST INCLUDE SCHEDULE 9 - CONFIDENTIAL AFFIRMATION).

- SCHEDULE 1: REAL PROPERTY SCHEDULE 2: BUSINESS ENTITIES SCHEDULE 3: POSITIONS HELD
- SCHEDULE 4: GIFTS SCHEDULE 5: DEBTS SCHEDULE 6: FAMILY MEMBERS
- SCHEDULE 7: OTHER INCOME SCHEDULE 8: ADD'L INFORMATION
- SCHEDULE 9: CONFIDENTIAL AFFIRMATION

TOTAL NUMBER OF PAGES: _____

PART D: VERIFICATION

I, _____, SOLEMNLY AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THIS STATEMENT AND OF ALL ACCOMPANYING SCHEDULES ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

SIGNED: _____

{PAGE LEFT INTENTIONALLY BLANK}

CHECKLIST

IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, COMPLETE AND ATTACH APPROPRIATE SCHEDULE

NOTE: *Bold-italicized terms* are defined in the accompanying Financial Disclosure Directions

SCHEDULE 1: INTERESTS IN REAL PROPERTY

During the *reporting period* covered by this Statement, did any of the following own, rent, or have any *interest* in any real property (**including property owned or leased as a personal residence**), whether located inside or outside of Baltimore City?

- Yourself
- A *family member* (if you directly or indirectly controlled that family member's interest)
- An *attributable entity*
- A partnership, limited liability partnership, limited liability company, or other unincorporated entity in which you, a *family member* (if you directly or indirectly controlled that *family member's* interest), or an *attributable entity* held an interest

SCHEDULE 2A: FINANCIAL INTERESTS IN BUSINESS ENTITIES

During the *reporting period* covered by this Statement, did any of the following have any *financial interest* in any *business entity*?

- Yourself
- A *family member* (if you directly or indirectly controlled that *family member's* interest)
- An *attributable entity*

SCHEDULE 2B: PAYMENTS MADE TO CERTAIN BUSINESS ENTITIES FROM PERSONS DOING BUSINESS WITH CITY

During the *reporting period* covered by this Statement, did any of the following have a *financial interest* of 30% or more in any *business entity*?

- Yourself
- Your spouse

SCHEDULE 3A: POSITIONS WITH BUSINESS ENTITIES DOING BUSINESS WITH CITY

During the *reporting period* covered by this Statement, did any of the following hold an office, directorship, salaried employment, or similar position with any *business entity* that was doing *business with the City* or that was regulated by or lobbying before the *City*?

- Yourself
- Your spouse or child
- Your parent or sibling (to the extent known to you)

(cont'd on p. 4)

SCHEDULE 3B: DIRECTORSHIPS HELD

During the *reporting period* covered by this Statement, did hold a directorship or a similar position in a *business entity*, regardless of whether that entity did *business with the City*?

- Yourself

SCHEDULE 4: GIFTS (INCLUDING TRAVEL EXPENSES) FROM PERSONS DOING BUSINESS WITH CITY

During the *reporting period* covered by this Statement, did any of the following accept, directly or indirectly, any *significant gift* (including payment of travel expenses) from any *person* (i) that was doing *business with the City* or that was regulated by or lobbying before the *City* or (ii) that was an owner, partner, officer, director, trustee, employee, or agent of any *person* that was doing *business with the City* or that was regulated by or lobbying before the *City*?

- Yourself
- A *family member* or any other *person* at your direction

SCHEDULE 5: DEBTS TO PERSONS DOING BUSINESS WITH PUBLIC SERVANT'S AGENCY

During the *reporting period* covered by this Statement, were any of the following ever indebted to any *person* that was doing *business with your agency* or that was regulated by or lobbying before your agency?*

***Note:** The following debts need not be reported: (i) utility accounts (e.g., telephone, gas, or electric accounts); or (ii) retail credit or installment sales accounts (e.g., credit card purchases or advances; car or appliance financing through dealer or established lender).

- Yourself
- A *family member* (if you were involved in the transaction giving rise to the debt)

SCHEDULE 6: FAMILY MEMBERS EMPLOYED BY CITY

During the *reporting period* covered by this Statement, were any of the following employed by the *City*?

- Your spouse or child
- Your parent or sibling

SCHEDULE 7: OTHER SOURCES OF EARNED INCOME

During the *reporting period* covered by this Statement, were any of the following (i) a compensated employee of someone other than the *City*; (ii) an owner (sole or partial) of a *business entity*; or (iii) a recipient of earned income from a business entity?

- Yourself
- Your spouse or child

SCHEDULE 8: ADDITIONAL INFORMATION

Complete this schedule if there is any other interest or information that you would like to disclose.

SCHEDULE 9: CONFIDENTIAL AFFIRMATION

This schedule must be completed and submitted with the cover page.

SCHEDULE 1: INTERESTS IN REAL PROPERTY
Include your *principal residence*, whether located inside or outside of the City.
{Make copies of this Schedule for additional properties}

PRINCIPAL RESIDENCE

1. *{VACANT}*

2. **HOLDER(S) OF INTEREST**
 Name: _____
 Name: _____

Relationship to Statement Maker:
 Self Spouse Parent Other

3. **NATURE OF INTEREST**
 Type: Ownership Rental
 How: Solely held Jointly held

4. **MORTGAGE**
 Name of Company: _____
 Date incurred: _____

5. **HOW INTEREST WAS ACQUIRED**
Complete this Item 5 if you purchased your home less than 10 years ago.

Name of *person* from whom *interest* acquired:

Date acquired: _____
 Manner of Acquisition: Purchase Other: _____

Check the range that represents the amount paid for the *interest* or, if it wasn't acquired by purchase, its fair market value when acquired:

<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> \$25,000 to \$49,999
<input type="checkbox"/> \$50,000 to \$74,999	<input type="checkbox"/> \$75,000 to \$99,999
<input type="checkbox"/> \$100,000 and over	

6. **SALES AND TRANSFERS**
Complete this Item 6 if all or any part of the *interest* was transferred to another during the period covered by this Statement:

Name of *person* to whom *interest* sold/transferred:

Nature and amount of *interest* sold/transferred:

Nature and dollar value of consideration received for *interest*:

OTHER REAL PROPERTY

1. **LOCATION AND TYPE OF PROPERTY**
 Address: _____
 Type: Residential Commercial

2. **HOLDER(S) OF INTEREST**
 Name: _____
 Name: _____

Relationship to Statement Maker:
 Self Spouse Parent Other

3. **NATURE OF INTEREST**
 Type: Ownership Rental
 How: Solely held Jointly held

4. **MORTGAGE**
 Name of Company: _____
 Date incurred: _____

5. **HOW INTEREST WAS ACQUIRED**
Complete this Item 5 if you purchased the property less than 10 years ago.

Name of *person* from whom *interest* acquired:

Date acquired: _____
 Manner of Acquisition: Purchase Other: _____

Check the range that represents the amount paid for the *interest* or, if it wasn't acquired by purchase, its fair market value when acquired:

<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> \$25,000 to \$49,999
<input type="checkbox"/> \$50,000 to \$74,999	<input type="checkbox"/> \$75,000 to \$99,999
<input type="checkbox"/> \$100,000 and over	

6. **SALES AND TRANSFERS**
Complete this Item 6 if all or any part of the *interest* was transferred to another during the period covered by this Statement:

Name of *person* to whom *interest* sold/transferred:

Nature and amount of *interest* sold/transferred:

Nature and dollar value of consideration received for *interest*:

SCHEDULE 2A: FINANCIAL INTERESTS IN BUSINESS ENTITIES
{Make copies of this Schedule for additional holders or business entities}

1. IDENTITY OF BUSINESS ENTITY

Name: _____
 Address: _____

2. HOLDER OF FINANCIAL INTEREST

Name: _____
 Address: _____

Holder's Relationship to Statement Maker: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> <i>Attributable Entity</i>

3. NATURE AND AMOUNT OF FINANCIAL INTEREST

Type of interest: Sole proprietor General Partner Stockholder LLC Other: _____

Amount of financial interest:

For a non-equity interest (e.g., notes or bonds) in any business entity, indicate value of interest: \$ _____

For an equity interest in a publicly traded entity, specify either:

- (i) dollar value of interest: \$ _____; *or*
- (ii) number of shares owned: _____

For an equity interest in a non-publicly traded entity, specify either:

- (i) dollar value of the interest: \$ _____; *or*
- (ii) both:
 - (a) number of shares/ownership units owned: _____; *and*
 - (b) percentage of entity ownership represented by the interest _____%

4. CONDITIONS OR ENCUMBRANCES

Describe the terms of any conditions or encumbrances on the *financial interest* and identify all parties involved:

5. HOW FINANCIAL INTEREST ACQUIRED

Complete this Item 5 (including the box below) for any part of the interest that was acquired during the period covered by this Statement. {Exception: If the interest (i) was acquired by dividend, (ii) consists solely of additions to existing publicly traded corporate interests, and (iii) has a value of less than \$500, you need *only* complete the box below labeled "Manner of Acquisition".}

Person from whom interest acquired:

Name: _____
 Address: _____

 Date Acquired: _____

Manner of Acquisition: <input type="checkbox"/> Purchase <input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Other: _____

If acquired by purchase, value paid for interest: \$ _____

If acquired other than by purchase, fair market value of interest when acquired: \$ _____

6. TRANSFERS

Complete this Item 6 if all or any part of the financial interest was transferred to another during the period covered by this Statement:

Name of *person* to whom interest transferred: _____
 Address of that *person*: _____

Nature and amount of interest transferred: _____

Nature and dollar value of consideration received for interest: _____

SCHEDULE 2B: PAYMENTS MADE TO CERTAIN BUSINESS ENTITIES FROM PERSONS DOING BUSINESS WITH CITY

During the *reporting period* covered by this Statement, did you or your spouse have any *financial interest* of 30% or more in any *business entity*?

- Yes (fill out this schedule as necessary)
- No (skip to next appropriate schedule)

Do you decline to respond because disclosure of this information because it is confidential and would be a violation of law?

- Yes. Please state how or why this information is confidential: _____

- No.

Please list all *persons doing business with the City* who paid the above-referenced *business entity* or *entities* (1) an amount totaling \$1,000 or more in the aggregate or (2) an amount that in the aggregate constitutes 5% or more of the gross income of that entity, if the gross income if that entity is less than \$20,000.

{Make copies of this Schedule for additional payments}

1. IDENTITY OF PERSON MAKING PAYMENT

Identify here the person or entity making the payment.

Name: _____

Address: _____

2. RECIPIENT

Entity Name: _____

Address: _____

Describe nature of ownership: _____

3. AGGREGATE PAYMENT AMOUNT

\$ _____

1. IDENTITY OF PERSON MAKING PAYMENT

Identify here the person or entity making the payment.

Name: _____

Address: _____

2. RECIPIENT

Entity Name: _____

Address: _____

Describe nature of ownership: _____

3. AGGREGATE PAYMENT AMOUNT

\$ _____

SCHEDULE 3A: POSITIONS HELD WITH BUSINESS ENTITIES
{Make copies of this Schedule for additional holders or business entities}

Use Schedule 3A to identify those positions held in *businesses entities doing business with the City*.

1. IDENTITY OF BUSINESS ENTITY

Name: _____
Address: _____

2. HOLDER OF POSITION

Name: _____
Address: _____

Holder's Relationship to Statement Maker: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> <i>Attributable Entity</i>

3. NATURE OF POSITION

Title: _____
General Duties: _____
Date Started: _____

4. AGENCIES WITH WHICH BUSINESS ENTITY DOES BUSINESS

Identify each agency of the *City* with which the *business entity* does business and, as to each, the nature of that business. Specify, at a minimum, whether the *business entity* (i) is involved in sales or contracts with the agency; (ii) is regulated by the agency; or (iii) is a lobbyist with respect to matters before the agency:

1. IDENTITY OF BUSINESS ENTITY

Name: _____
Address: _____

2. HOLDER OF POSITION

Name: _____
Address: _____

Holder's Relationship to Statement Maker: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> <i>Attributable Entity</i>

3. NATURE OF POSITION

Title: _____
General Duties: _____
Date Started: _____

4. AGENCIES WITH WHICH BUSINESS ENTITY DOES BUSINESS

Identify each agency of the *City* with which the *business entity* does business and, as to each, the nature of that business. Specify, at a minimum, whether the *business entity*: (i) is involved in sales or contracts with the agency; (ii) is regulated by the agency; or (iii) is a lobbyist with respect to matters before the agency:

SCHEDULE 3B: DIRECTORSHIPS HELD BY THE PUBLIC SERVANT
{Make copies of this Schedule for additional business entities}

Use Schedule 3B to identify **all** board directorships (*including trustee positions*) held
(*regardless of whether the entities do business with the City*).

1. IDENTITY OF BUSINESS ENTITY

Name: _____
Address: _____

Date Started as director/trustee: _____

2. IDENTITY OF BUSINESS ENTITY

Name: _____
Address: _____

Date Started as director/trustee: _____

3. IDENTITY OF BUSINESS ENTITY

Name: _____
Address: _____

Date Started as director/trustee: _____

4. IDENTITY OF BUSINESS ENTITY

Name: _____
Address: _____

Date Started as director/trustee: _____

5. IDENTITY OF BUSINESS ENTITY

Name: _____
Address: _____

Date Started as director/trustee: _____

6. IDENTITY OF BUSINESS ENTITY

Name: _____
Address: _____

Date Started as director/trustee: _____

7. IDENTITY OF BUSINESS ENTITY

Name: _____
Address: _____

Date Started as director/trustee: _____

SCHEDULE 4: GIFTS FROM PERSONS DOING BUSINESS WITH CITY

Provide information for each significant gift or series of gifts from the same person or entity
{Make copies of this Schedule for additional gifts}

1. IDENTITY OF PERSON MAKING GIFT

Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the significant gift was given.

Name:
Title and Nature of Position:

2. RECIPIENT OF GIFT

Name:
Address:

Recipient's Relationship to Statement Maker:
Self Family member or other person, at your direction

3. NATURE AND DATE OF GIFT

Description:
Date received:
Retail value when received: \$

4. TRAVEL EXPENSES

If the gift entailed any payment for all or any part of travel, food or beverages, lodging, entertainment, or other associated expenses, provide the following information:

Location:
Nature of Event:
Fair market value of entire trip: \$
Amount paid for by you: \$
Amount paid for by the person identified in Item 1: \$

1. IDENTITY OF PERSON MAKING GIFT

Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the significant gift was given.

Name:
Title and Nature of Position:

2. RECIPIENT OF GIFT

Name:
Address:

Recipient's Relationship to Statement Maker:
Self Family member or other person, at your direction

3. NATURE AND DATE OF GIFT

Description:
Date received:
Retail value when received: \$

4. TRAVEL EXPENSES

If the gift entailed any payment for all or any part of travel, food or beverages, lodging, entertainment, or other associated expenses, provide the following information:

Location:
Nature of Event:
Fair market value of entire trip: \$
Amount paid for by you: \$
Amount paid for by the person identified in Item 1 of this Schedule: \$

SCHEDULE 5: DEBTS TO PERSONS DOING BUSINESS WITH THE PUBLIC SERVANT'S AGENCY
{Make copies of this Schedule for additional debts}

1. IDENTITY OF CREDITOR

Name: _____
 Address: _____

2. DEBTOR

Name: _____
 Address: _____

Debtor's Relationship to Statement Maker: <input type="checkbox"/> Self <input type="checkbox"/> Spouse* <input type="checkbox"/> Child* <input type="checkbox"/> Parent* <input type="checkbox"/> Sibling*

*If the debtor is your spouse, child, parent or sibling, describe your involvement in the transaction: _____

3. DESCRIPTION OF DEBT

Date Incurred: _____
 Terms of Payment: \$ _____ per Month Quarter Year Other _____
 for # _____ Months Quarters Years Other _____

4. SECURITY FOR DEBT

None
 Real Property (provide address): _____
 Personal Property (describe): _____
 Other: _____

5. PRINCIPAL BALANCE

At start of *reporting period*: \$ _____
 At end of *reporting period*: \$ _____

1. IDENTITY OF CREDITOR

Name: _____
 Address: _____

2. DEBTOR

Name: _____
 Address: _____

Debtor's Relationship to Statement Maker: <input type="checkbox"/> Self <input type="checkbox"/> Spouse* <input type="checkbox"/> Child* <input type="checkbox"/> Parent* <input type="checkbox"/> Sibling*

*If the debtor is your spouse, child, parent or sibling, describe your involvement in the transaction: _____

3. DESCRIPTION OF DEBT

Date Incurred: _____
 Terms of Payment: \$ _____ per Month Quarter Year Other _____
 for # _____ Months Quarters Years Other _____

4. SECURITY FOR DEBT

None
 Real Property (provide address): _____
 Personal Property (describe): _____
 Other: _____

5. PRINCIPAL BALANCE

At start of *reporting period*: \$ _____
 At end of *reporting period*: \$ _____

SCHEDULE 6: FAMILY MEMBERS EMPLOYED BY CITY

Relative's Name: _____
Address: _____
Name of Agency: _____
Title and Nature of Position: _____

Relationship to Statement Maker:
 Spouse Child
 Parent Sibling

Relative's Name: _____
Address: _____
Name of Agency: _____
Title and Nature of Position: _____

Relationship to Statement Maker:
 Spouse Child
 Parent Sibling

Relative's Name: _____
Address: _____
Name of Agency: _____
Title and Nature of Position: _____

Relationship to Statement Maker:
 Spouse Child
 Parent Sibling

Relative's Name: _____
Address: _____
Name of Agency: _____
Title and Nature of Position: _____

Relationship to Statement Maker:
 Spouse Child
 Parent Sibling

Relative's Name: _____
Address: _____
Name of Agency: _____
Title and Nature of Position: _____

Relationship to Statement Maker:
 Spouse Child
 Parent Sibling

Relative's Name: _____
Address: _____
Name of Agency: _____
Title and Nature of Position: _____

Relationship to Statement Maker:
 Spouse Child
 Parent Sibling

Relative's Name: _____
Address: _____
Name of Agency: _____
Title and Nature of Position: _____

Relationship to Statement Maker:
 Spouse Child
 Parent Sibling

Relative's Name: _____
Address: _____
Name of Agency: _____
Title and Nature of Position: _____

Relationship to Statement Maker:
 Spouse Child
 Parent Sibling

SCHEDULE 7: OTHER SOURCES OF EARNED INCOME
(If your **spouse** is a *lobbyist* before the City, please see reverse page)

Earners Name: _____
Address: _____

Business Entity's Name: _____
Address: _____

Title and Nature of Position: _____

Earners Relationship to Statement Maker: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling
--

Earners Name: _____
Address: _____

Business Entity's Name: _____
Address: _____

Title and Nature of Position: _____

Earners Relationship to Statement Maker: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling
--

Earners Name: _____
Address: _____

Business Entity's Name: _____
Address: _____

Title and Nature of Position: _____

Earners Relationship to Statement Maker: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling
--

Earners Name: _____
Address: _____

Business Entity's Name: _____
Address: _____

Title and Nature of Position: _____

Earners Relationship to Statement Maker: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling
--

Earners Name: _____
Address: _____

Business Entity's Name: _____
Address: _____

Title and Nature of Position: _____

Earners Relationship to Statement Maker: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling
--

Earners Name: _____
Address: _____

Business Entity's Name: _____
Address: _____

Title and Nature of Position: _____

Earners Relationship to Statement Maker: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling
--

Earners Name: _____
Address: _____

Business Entity's Name: _____
Address: _____

Title and Nature of Position: _____

Earners Relationship to Statement Maker: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling
--

SCHEDULE 9: CONFIDENTIAL AFFIRMATION

BALTIMORE CITY ETHICS BOARD

626 City Hall
100 N. Holliday Street
Baltimore, Maryland 21202
Phone: 410-396-4730
<https://ethics.baltimorecity.gov>

CONFIDENTIAL AFFIRMATION

PART A. IDENTITY OF OFFICIAL

Last Name: _____

First and Middle Names: _____

Office Held (include district represented, if applicable):

Home Address: _____

Office Telephone: () _____

Date of this Affirmation: _____

PART B. AFFIRMATION

I, _____, SOLEMNLY AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THIS STATEMENT AND OF ALL ACCOMPANYING SCHEDULES ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

SIGNED: _____