



OFFICE OF THE INSPECTOR GENERAL  
 Baltimore City Ethics Board  
 City Hall, Suite 635  
 100 N. Holliday Street  
 Baltimore, MD 21202




## Electronic Financial Disclosure

Step 1: Type your name in the spaces of the Electronic Signature Affirmation below.

I, \_\_\_\_\_, SOLEMNLY AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THE ATTACHED STATEMENT AND OF ALL ACCOMPANYING SCHEDULES ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I, \_\_\_\_\_, HEREBY ACKNOWLEDGE BY SENDING THE ATTACHED FINANCIAL DISCLOSURE VIA MY CITY OF BALTIMORE PROVIDED EMAIL ADDRESS THAT THIS EMAIL SHALL SERVE AS AN ELECTRONIC SIGNATURE, AND SHALL BE ARCHIVED WITH THE ATTACHED FINANCIAL DISCLOSURE.

Step 2: Complete the attached financial disclosure form.

Step 3: Email as a PDF  to [ethics@baltimorecity.gov](mailto:ethics@baltimorecity.gov) from your city-issued work email. If you do not have a city-issued email, please include this affirmation in the body of your email:

I, \_\_\_\_\_ [YOUR NAME] \_\_\_\_\_ SOLEMNLY AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THE ATTACHED STATEMENT AND OF ALL ACCOMPANYING SCHEDULES ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I, \_\_\_\_\_ [YOUR NAME] \_\_\_\_\_, HEREBY ACKNOWLEDGE BY SENDING THE ATTACHED FINANCIAL DISCLOSURE VIA EMAIL THAT THIS EMAIL SHALL SERVE AS AN ELECTRONIC SIGNATURE, AND SHALL BE ARCHIVED WITH THE ATTACHED FINANCIAL DISCLOSURE. Per BALT. CITY CODE, art. 8, §7-8 I am filing this disclosure as a member of \_\_\_\_\_ [Board Membership] \_\_\_\_\_.

**LATE FEE: \$10/DAY**

**FINANCIAL DISCLOSURE DIRECTIONS  
FOR  
OFFICIALS AND EMPLOYEES GENERALLY**

**SPECIAL NOTE TO NEW APPOINTEES: Any person newly appointed to a position for which a Financial Disclosure Statement is required:**

- 1. must file an initial Financial Disclosure Statement within 30 days after appointment {see Art. 8, § 7-12 (“Persons filling vacancy”)}; and**
- 2. if the person exercises decision-making authority or is a principal advisor to one who exercises decision-making authority {see Art. 8, § 2-21 (“Official” defined)}:**
  - a. must complete a 2-hour ethics training course within 6 months after appointment; and**
  - b. must file a Conflicts Affidavit within 6 months after appointment {see Art. 8, § 3-21 (“Conflicts affidavit”) and Ethics Form 321}.**

**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 716-Gen'l {“Financial Disclosure Statement for Officials and Employees Generally”} must be used by all officials and employees who are required to file Financial Disclosure Statements.

### III. WHEN TO FILE; PERIOD COVERED

(a) *Annual.*

- (1) An individual holding a position for which a Financial Disclosure Statement is required must file the Statement on or before **April 30** of each year.
- (2) The Statement must cover all of the immediately preceding calendar year.

(b) *New appointees.*

- (1) An individual newly appointed to a position for which a Financial Disclosure Statement is required must file an Entry Statement **within 30 days after appointment**.
- (2) The Statement must cover all of the calendar year immediately preceding the appointment.
- (3) An Entry Statement need not be filed, however, if the individual already has filed a Statement for the same calendar year (as in the case, for example, of a promotion) .

(c) *Individuals vacating position.*

- (1) An individual who vacates a position for which a Financial Disclosure Statement is required must file a Departure Statement **within 60 days after vacating the position**.
- (2) The Statement must cover:
  - (i) all of the immediately preceding calendar year, unless the individual already has filed a Statement for that year; and
  - (ii) that part of the current calendar during which the individual served.
- (3) A Departure Statement need not be filed, however, if the individual is assuming another position for which a Financial Disclosure Statement for these periods will be required.

(d) *Candidates for election.*

- (1) A candidate for elected office (Mayor, City Comptroller, President of the City Council, or City Councilmember) must file a Statement **no later than with the filing of his or her certificate of candidacy and annually through the year of election**.
- (2) The Statement must cover all of the immediately preceding calendar year and must be **filed with the Baltimore City Board of Elections**.
- (3) This Statement need not be filed, however, if the candidate otherwise has filed a Statement for the same calendar year.

#### IV. WHERE TO FILE

All Statements {except those from candidates for elected office (*see* III(d) above)} 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}***

**COVER PAGE**

**NAME OF FILER**

\_\_\_\_\_  
LAST / FIRST / MIDDLE

**PART A: AGENCY**

\_\_\_\_\_  
DEP'T, DIVISION, BUREAU / POSITION

\_\_\_\_\_  
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 2: 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 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)

**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

(cont'd on p. 4)

**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 2: 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 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:

- Self     Spouse\*     Child\*  
 Parent\*     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:

- Self     Spouse\*     Child\*  
 Parent\*     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
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**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 \_\_\_\_\_

Agency (Dep't, Division, Bureau, Board, etc.) \_\_\_\_\_

Position with Agency \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Telephone (\_\_\_\_) \_\_\_\_\_

Date Appointed to Position: \_\_\_\_\_

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: \_\_\_\_\_