

TOWN OF CENTREVILLE  
**TOWN ETHICS COMMISSION**  
 101 Lawyer's Row  
 Centreville, Maryland 21617  
 410-758-1180

## FINANCIAL DISCLOSURE STATEMENT - FORM #1

This form is not to be used by members of the General Assembly or part-time members of State boards and commissions. Members of the General Assembly are to file Form #19. Part-time members of State boards and commissions not meeting compensation thresholds are to file Form #2.

*I Would Like To Be Notified If Someone Looks At My Form*

**Instructions:**

1. Fill in the preliminary information requested in the box below. Be sure to correctly identify the reporting period.
2. Upon completion of your financial disclosure statement, sign and date the lower portion of the page and make the required oath or affirmation before a notary public or other officer authorized to take oaths.

Regular Reporting Period: January 1 through December 31, **2021**  
 or  
 Termination Report: January 1 through \_\_\_\_\_, **2022**

**PLEASE PRINT OR TYPE**

FIRST NAME	INITIAL	LAST NAME
AGENCY AFFILIATION <i>(INCLUDE DEPARTMENT AND UNIT WHERE APPLICABLE)</i>		
CURRENT AGENCY ADDRESS <i>(WHERE YOU CAN BE SENT CORRESPONDENCE)</i>		
CURRENT POSITION OR OFFICE HELD WITH STATE, IF ANY <i>(OR OFFICE FOR CANDIDACY)</i>		
E-MAIL ADDRESS		

This financial disclosure statement describes all interests and related transactions and matters required to be disclosed by State Government Article, Title 15, Subtitle 6 of the Maryland Public Ethics Law with respect to the period indicated and pertaining to the person filing the statement. The statement consists of this cover sheet, the checklist, and Schedules A through I.

I hereby make oath or affirm under the penalties of perjury that the contents of this financial disclosure statement, including the Schedules attached hereto, are complete, true and correct to the best of my knowledge, information and belief.

Signature of Person Filing: \_\_\_\_\_  
 Date: \_\_\_\_\_

(SEAL)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
 Signature of Notary Public: \_\_\_\_\_  
 Printed/Typed Name of Notary Public: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

**Instructions:**

Check the proper block to Questions A through I. Do not leave any questions unanswered. If you check "Yes" to any question by sure to complete the corresponding Schedule.

**Caution: Please read all instructions on accompanying instruction sheet including all definitions, before completing this form.**

	YES	NO
A. I held interests during reporting period in real property located in or outside Maryland. (If "Yes," complete Schedule A.)		
B. I held interests during reporting period in corporations, partnerships and similar entities. (If "Yes," complete Schedule B.)		
C. I held interests in a non-corporate business entity which did business with the State, other than a partnership. (If "Yes", complete Schedule C.)		
D. I received gifts during reporting period from persons doing business with the State, regulated by the State, or registered or required to register as lobbyists. (If "Yes," complete Schedule D.)		
E. I or a member of my immediate family was a partner or held an office, directorship, or salaried employment during reporting period in or with a business entity doing business with the State. (If "Yes," complete Schedule E.)		
F. I or a member of my immediate family owed debts (excluding retail credit accounts) during reporting period to persons doing business with the State. (If "Yes," complete Schedule F.)		
G. A member of my immediate family was employed by the State of Maryland during reporting period. (If "Yes," complete Schedule G.)		
H. I or a member of my immediate family received a salary or was sole or partial owner of a business entity from which earned income was received, during the reporting period. (If "Yes," complete Schedule H.)		
I. Is additional information set forth on Schedule I? (If "Yes," complete Schedule I.)		

**Form 1 - State Employees**

**Schedule A – Real Property Interests**

Do you have any interest (**as an owner or a tenant**, including interests in time shares) in real property in Maryland or in any other state or country?

- Yes
- No (Go to Schedule B)

**If Yes; (Answer each question below. A separate Schedule A will be required for each property you need to disclose.)**

1. What is the address or legal description of the property? (Give Street Address, if you know it. If the property is your primary residence, you may enter the lot and block legal description instead, if you wish)

Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

2. What kind of property is it?

Improved (indicate whether property is residential or commercial property): \_\_\_\_\_

Unimproved (vacant lot): \_\_\_\_\_

3. Is the interest held directly by you or is it attributable to you? (See Paragraph E of Instructions for definition of "Attributable.")

Direct \_\_\_\_\_ Attributable \_\_\_\_\_

4. Are you the owner or tenant?

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

5. Do you hold the interest solely or is it jointly held with another?

Solely \_\_\_\_\_ Jointly \_\_\_\_\_ Tenants by the Entirety \_\_\_\_\_

If held jointly, or by tenants by the entirety, the name(s) of the other joint owner(s): \_\_\_\_\_

6. Are there any legal conditions or encumbrances on the property? (Example: mortgages, liens, contracts, options, etc.)

- Yes
- No

**If yes**, what is/are the name(s) of the lender(s), creditor(s), lien holder(s), etc? \_\_\_\_\_

7. What date was the property acquired? \_\_\_\_\_

8. How was the property acquired? (Example: purchase, gift, inheritance, etc.)

\_\_\_\_\_

9. From whom was the property acquired? (Name of individual or entity from whom you purchased or inherited the property or who gifted the property to you.)

\_\_\_\_\_

10. What consideration was given when the property was acquired? (Dollar amount paid or, if you received the property as a gift or inherited it, the fair market value at the time you acquired your interest in the property) \_\_\_\_\_

11. Have you transferred any interest in this property during the reporting period?

Yes

No

**If Yes;**

11.A. What percentage of interest did you transfer: \_\_\_\_\_%

11.B. What consideration did you receive for the interest: \_\_\_\_\_

11.C. To whom did you transfer the interest: \_\_\_\_\_

**If you have any additional interests in real property in Maryland, any other state or any other country, please use additional sheet(s), if necessary, and respond to each above question for each such entry.**

## Schedule B – Interests in Corporations and Partnerships

Did you have any interest in any corporations, partnerships, limited liability partnerships (LLP) or limited liability companies (LLC) during the reporting period whether or not the entity did business with the State?

Yes

No (Go to Schedule C)

**If Yes; (Answer each question below. A separate Schedule B will be required for each interest you need to disclose.)**

1. What is the name of the entity? Include the complete name of the entity, do not identify solely by trading symbol: \_\_\_\_\_

2. Does the stock of the corporation trade on a stock exchange?

Yes

No

If "no," the legal address of the entity's principal office.

3. Is the interest held directly by you or is it attributable to you? (See Paragraph E of Instructions for definition of "Attributable.")

Directly: \_\_\_\_\_ Attributable: \_\_\_\_\_

4. Do you hold the interest in your name alone, or is it held jointly?

In your name alone: \_\_\_\_\_ Jointly: \_\_\_\_\_

If jointly, the percentage of your interest: \_\_\_\_\_%

5. What is the nature of your interest and its dollar value or the number of shares? (Example: stock, notes, bonds, puts, calls, straddles, purchase options, etc.) If in a non-publicly traded entity or LLP or LLC, report the percentage of ownership.

Type: \_\_\_\_\_

Dollar Value of Shares: \_\_\_\_\_ or Number of Shares: \_\_\_\_\_

percentage of ownership: \_\_\_\_\_%

6. Are there any legal conditions or encumbrances that apply to your interest in the entity? (Example: mortgages, liens, contracts, options, etc.)

No

Yes; **If yes**, name of entity holding the encumbrance: \_\_\_\_\_

7. Did you acquire an interest in the entity during the reporting period?

Yes

No

**If Yes;**

7A. In what month was the interest acquired? \_\_\_\_\_

7B. How was the interest in the entity acquired? (Example: purchase, gift, will, etc.): \_\_\_\_\_

7C. From whom did you acquire the interest in the entity? (If you purchased it from a brokerage, the name of the brokerage): \_\_\_\_\_

7D. What consideration was given when the interest was acquired? (Dollar amount paid, or if you received the property as a gift or inherited it, the fair market value at the time you acquired your interest in the property): \_\_\_\_\_

8. Have you transferred any interest in this entity during the reporting period?

\_\_\_ Yes

\_\_\_ No

**If Yes;**

8A. What portion of the interest was transferred? \_\_\_\_\_

8B. What consideration did you receive for the interest in the entity? (Dollar amount paid, or if you received the property as a gift or inherited it, the fair market value and terms at the time you transferred your interest in the property): \_\_\_\_\_

8C. To whom did you transfer your interest in the entity? \_\_\_\_\_

**If you have additional interests in corporations or partnerships, please use additional sheet(s) if necessary, and answer each of the above questions for each additional entry.**

**Schedule C – Interests in Non-Corporate Business Entities Doing Business with the State**

Do you have an interest in any non-corporate business entity (a sole proprietorship) that did business with the State during the reporting period?

- Yes
- No (Go to Schedule D)

**If Yes; (Answer each question below. A separate Schedule C will be required for each business entity to be disclosed.)**

1. Name and Address of the Principal office of the business entity?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

2. Is the interest held directly by you or is it attributable to you? (See Paragraph E of Instructions for definition of "Attributable.")

Direct: \_\_\_\_\_ Attributable: \_\_\_\_\_

3. Do you hold the interest solely or is it jointly held with another?

Solely: \_\_\_\_\_ Jointly: \_\_\_\_\_

3.A. If jointly, the percentage of your joint interest: \_\_\_\_\_%

3.B. Dollar value of your interest in the entity: \$\_\_\_\_\_; or  
percentage of your interest in the entity: \_\_\_\_\_%

4. Are there any legal conditions or encumbrances that apply to your interest in the entity? (Example: mortgages, liens, contracts, options, etc.)

Yes, If yes give name of creditor: \_\_\_\_\_  
 No

5. Was any interest acquired during the reporting year?

- Yes
- No

**If Yes;**

5A. What month was the interest acquired? \_\_\_\_\_

5B. How was the interest in the entity acquired? (Example: purchase, gift, will, etc.)  
\_\_\_\_\_

5C. From whom did you acquire the interest? \_\_\_\_\_

5D. What consideration was given when the interest was acquired? (Dollar amount paid or if you received the property as a gift or inherited it, the fair market value at the time you acquired your interest in the property) \_\_\_\_\_

6. Did you transfer any of your interest during the reporting period?

\_\_\_ Yes

\_\_\_ No

**If yes;**

6A. What percentage of interest, if less than all, was transferred? \_\_\_\_\_%

6B. What consideration did you receive for the interest in the entity? (Dollar amount paid or if you received the property as a gift or inherited it, the fair market value and terms at the time you transferred your interest in the property): \_\_\_\_\_

6C. To whom did you transfer your interest in the entity? \_\_\_\_\_

**If you have additional interests in sole proprietorship(s) that did business with the State during the reporting year, please use additional sheet(s) if necessary, and answer each of the above questions for each additional entry.**



## Schedule D – Gifts

During the reporting period, did you receive any gift(s), directly or indirectly, in excess of a value of \$20 or a series of gifts from the same donor with a cumulative value of \$100 or more from a person or entity who: 1) did business with the State; 2) engaged in an activity that was regulated or controlled by the State; or 3) was a regulated lobbyist? Gifts received from a member of the official's or employee's immediate family, another child, or a parent of the individual, do not need to be disclosed.

Yes

No (Go to Schedule E)

**If Yes; (Answer each question below. A separate Schedule D will be required for each gift.)**

1. Who gave you the gift?

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2. What was the nature of the gift? (Example: book, restaurant meal, theater tickets, book, etc.)

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3. What was the value of the gift?

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4. If the gift was given to someone else at your direction, list the identity of the recipient of the gift.

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**Please use additional sheet(s), if necessary, for any additional entries.**

**Schedule E – Officers, Directorships, Salaried Employment and Similar Interests**

During the reporting period, did you or any member of your immediate family (spouse or dependent child) have any salaried employment or hold any office or directorship with an entity that did business with the State?

- Yes
- No (Go to Schedule F)

**If Yes; (Answer each question below. A separate Schedule E will be required for each disclosure.)**

1. What is the name and address of the business entity?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

2. Who was the individual who held the position or interest listed above? (Example: yourself, spouse, dependent child)

Self: \_\_\_\_\_ Spouse: \_\_\_\_\_ Dependent child: \_\_\_\_\_

2A. Name of spouse or dependent child: \_\_\_\_\_

3. What is the title of the office you, your spouse or dependent child held? (Example: limited partner, director, treasurer, chair of the board of trustees, etc.) \_\_\_\_\_

4. What year did the position begin? \_\_\_\_\_

5. With what State Agency(ies) did the business entity do business? \_\_\_\_\_

6. What was the nature of the business? (Example: regulated by your agency, registered under the lobbying law, or involved with sales and contracts with the State)

**If necessary, please use additional sheet(s) for any additional entries.**

**Schedule F – Debts You Owe**

During the reporting period, did you owe a debt (excluding a retail credit account) to a financial entity that did business with the State? **[NOTE: If, on Schedule A, B or C you listed a financial entity that did business with the State as the holder of your mortgage or other encumbrance, you must complete Schedule F with regard to that indebtedness.]**

- Yes
- No (Go to Schedule G)

**If Yes; (Answer each question below. A separate Schedule F will be required for each debt to be disclosed.)**

1. To whom did you owe the debt? (Do not include consumer credit debts)

\_\_\_\_\_

2. When was the debt incurred? \_\_\_\_\_

3. What are the interest rate and terms of payment of the debt?

Interest Rate \_\_\_\_\_

Terms (monthly, bimonthly, annually, etc): \_\_\_\_\_

4. What was the amount of the debt as of the end of the reporting period. If debt existed during the reporting period but was paid in full at the end of the period, put \$0.  
\$ \_\_\_\_\_

5. Did the principal of the debt increase \_\_\_\_\_ or decrease \_\_\_\_\_ during the reporting period, and by how much? \$ \_\_\_\_\_

6. Was any security given for the debt?

- Yes
- No

If Yes; Please state what type of security was given (home, car, boat, etc):

\_\_\_\_\_

7. If this is a transaction in which you were involved, but which resulted in a debt being owed by your spouse or dependent child, identify your spouse or child and describe the transaction. \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

**Schedule G – Family Members Employed by the State**

During the reporting period, were any members of your immediate family (spouse or dependent children) employed by the State in any capacity?

- Yes
- No (Go to Schedule H)

**If Yes; (Answer each question below. A separate Schedule G will be required for each member of the immediate family who is employed by the State.)**

1. What is the relation and name of the immediate family member employed by the State? \_\_\_\_\_
2. What is the name of the agency that employed the member of your immediate family? \_\_\_\_\_
3. What was the title of your immediate family member’s position in the State agency during the reporting period? \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

## Schedule H – Employment/Business Ownership

During the reporting period, did you or any member of your immediate family, receive any earned income from an entity other than the State of Maryland? Please note that your dependent child's employment or business ownership does not need to be disclosed unless the place of employment or the business entity is subject to regulation or the authority of your agency or has contracts in excess of \$10,000 with your agency.

Yes

No (Go to Schedule I)

**If Yes; (Answer each question below. A separate Schedule H will be required for each member of the immediate family who had employment or ownership of a business entity.)**

1. If, during the reporting period, you or a member of your immediate family had employment from which you or they earned income, list the relation, name, and address of the employment.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

2. If, during the reporting period, you or a member of your immediate family wholly or partially owned any business entity from which income was earned, list the relation, name and address of the business entity.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

## **Schedule I – Other**

Is there any additional information or interest you would like to disclose?

### **STANDARDS OF CONDUCT**

The Maryland Public Ethics Law includes standards of conduct applicable to financial disclosure filers and other State employees. The standards address disqualification from participation, prohibited secondary employment, prohibited ownership interests, misuse of position, prohibited solicitation and acceptance of gifts, misuse of confidential information, post-employment limitations, prohibited dealings with the State, and procurement specifications assistance restrictions. The Law provides for exceptions and exemptions under certain circumstances.

Filers wanting more detailed information about these requirements should contact the Centreville Town Hall.

### **PRIVACY NOTICE**

The Public Ethics Law (State Government Article, Title 15), Annotated Code of Maryland) requires the collection of this information, which will be used primarily for public disclosure and to determine compliance with the Law. The information may be disclosed to any requesting person, including officials of State, local or federal government, who records their name and address, and this record will be provided to the filer upon request. The subject has the right to review, correct and amend the record as set forth in the Public Ethics Law, Md. Code Ann., State Gov't § 10-625 (Supp. 2004). Failure to file or to report information required by Public Ethics Law § 15-607 can subject you to civil and administrative penalties including termination or other disciplinary action, suspension of pay, a late filing fee up to \$250, and a civil fine of up to \$5,000 per day. Willful and false filing is subject to criminal penalty for perjury pursuant to Criminal Law Article § 9-101, Annotated Code of Maryland.