

FINANCIAL DISCLOSURE STATEMENT for the period January 1, 2023 - December 31, 2023

D' (N	MC111 T 20 1	T (N
First Name	Middle Initial	Last Name
Mailing Address (work or hom	ne). If this is your home address, please check l	- here □
City, Town, or Post Office, Sta	te and Zip Code	
Phone	En	mail
Position Held or Candidate For	(circle one)	
the Anne Arundel County statement consists of the additional attachments. The selection Failure to file, or to file a Public Ethics Law. Use additional attachments.	sts and related matters required to be disclosed Code, the Public Ethics Law, for the sist cover sheet, together with Schetatement must be completely filled out the fully completed statement, constitutes a statement paper as necessary. An individual wherement must disclose any other names that the best	calendar year 2023. The nedules A–I, and any pefore it will be accepted. violation of Title 6 of the no is required to disclose the
	Oath and Signature	
· · · · · · · · · · · · · · · · · · ·	der the penalties of perjury that the contents of ete, true, and correct based on my personal kno	
Date	Signature	

SCHEDULE A: REAL PROPERTY INTERESTS

1. or out o	Did you own or have any ownership interest in any real property, including leasehold interests, located in of Maryland? Include any leases that you are a party to either as a tenant or landlord. Yes No
	complete Schedule A for each property interest. (Make copies of this schedule, if necessary.) If no, go to t schedule.
2.	List the street address (or mailing address or legal description), city, state, and zip code for each property.
3.	List the improvements to each property, including buildings or other structures.
4.	Describe the uses of each property, including residential, commercial, agricultural, industrial, mineral, etc.
5.	State whether you hold each property interest directly, or whether it is attributable (see definitions) to you. butable, state how.
11 au/10	outable, State 110w.

6. entireties	State whether each property interest is held in fee simple, joint tenancy, tenancy in common, tenancy by the leasehold, or life estate.
7.	f you are not the sole holder of each interest:
	a) state the percentage of each interest held by you; and
	b) state the names of all other persons holding an interest in each property.
8. property	List conditions or encumbrances (mortgages, liens, contracts, options, etc.) affecting your interest in each and the name of the person that holds each encumbrance (mortgage companies, lenders, creditors, etc.).
9.	State the date each property interest was acquired by you.
10.	State the manner in which each property interest was acquired (purchase, gift, will, etc.).

11.	State the name of the person from whom each property interest was acquired.
	State the amount of money or the nature and value of any other consideration given for each property If it was acquired other than by purchase (e.g., gift or will), state the fair market value of each property at the time acquired.
13.	If all or part of any property interest was transferred by you during the period covered by this statement: (a) describe the interest transferred;
	(b) state the nature and the amount of consideration received in exchange for the interest; and
	(c) state the name of the person to whom the interest was transferred.

SCHEDULE B: INTERESTS IN BUSINESS ENTITIES

	ust disclo		pertaining to	stock ownership and	ns), whether corporate or noncorporate? (A in addition, elected employees must	All
			Yes		No	
If yes, co		schedule B for e	each interest. (1	Make copies of this sc	chedule if necessary.) If no, go to the next	
2. which yo	State the ou had an		e, address and to	elephone number of th	he principal office of each business entity in	
3.	Describe	the type of wo	rk performed b	y each business entity	<i>/</i> .	
4. stockhol					e.g., sole proprietor, partner, member, re definitions) to you, state how.	
5.	State the			h business entity:	on, state the number of shares owned.	

	the perco		siness entity is a non-publicly traded corporation, state the number of shares owned and ownership.
	(c)	If the bu	siness entity is a noncorporate business, state the percentage of the equity interest held.
ó. each bus creditors	siness ent		ns or encumbrances (mortgages, liens, contracts, options, etc.) affecting your interest in he name of the person that holds each encumbrance (mortgage companies, lenders,
7.	(a) acquisiti		n interest in a business entity acquired by you during the applicable period, other than e in accordance with item 7(b) below, state:
		i.	the date it was acquired;
		ii.	the manner in which it was acquired (e.g., purchase, gift, or will);
		iii.	the name of the person from whom it was acquired;
		iv.	the amount of money or other consideration paid, or to be paid, for the interest, if the was acquired by purchase;

the fair market value of the interest at the time it was acquired, if it was NOT acquired by

		purchase.
		If you acquired any interest in a publicly traded corporate business entity during the applicable olely through dividend or dividend reinvestment, and the total value of the acquisition was less than , state the name of each business entity.
8.	If any in	the nature of each interest transferred;
(b)		unt of money or other consideration received, or to be received, for the interest, if the interest was red by sale;
	(c)	the person to whom each interest was transferred.
		atterest in a business entity that does business with the County (see definitions) or did business with g the applicable period, describe the nature of the business done with the County.

SCHEDULE C: GIFTS AND HONORARIA

1. Did you receive, either directly or indirectly, from (or on behalf of) any person or business entity that is doing business with the County, or is regulated by the County, or is a lobbyist, or an entity or individual acting on behalf of an entity that is engaged only in representing counties or municipal corporations:

(a) any individual gift worth \$20 or more; or (b) a series of gifts totaling \$50 or more from any one person or entity listed above? **Note:** Do not include political contributions (Election Law, Section 1-101(o) of the *Annotated Code of Maryland*) or gifts received from your spouse, parents, or children.

Yes

No

If yes, complete item #2 of this Schedule for each gift. If no, go to item #3 on this schedule.

(c) State the name of the person or entity from whom, or on whose behalf, each gift was received.

(d) State the name of any other person or entity receiving each gift, if it was given to that person or entity at your request.

3. Did you receive any honoraria for speaking at, participating in, or attending a meeting or other function, or for writing an article that has been or is intended to be published?

Yes No

If yes, complete this item. If no, go to the next schedule.

State the retail value of each gift.

(b)

- (a) Describe the service performed for each honorarium.
- (b) State the type of each honorarium received, and the value of the honorarium (including cash).
- (c) State the name of the person from whom, or on whose behalf, each honorarium was received.

SCHEDULE D: OFFICES, DIRECTORSHIPS, AND EMPLOYMENT IN BUSINESS ENTITIES

	similar i		entity doing business wit		office, directorship, employment ion) that was not disclosed in
			Yes	No	
If yes, c	omplete	Schedule D for 6	each business entity. If	no, go to the next schedul	e.
2.	(a) in any e			ny office, directorship, em d state the relationship of	ployment or other similar interest that person to you.
	(b)	State the name	and address of the princ	cipal office of each entity.	
	(c) comme		nd nature of each office	, directorship, or salaried e	employment, and the date it
	(d) the natu		of each government units that the entity does w		ich each entity does business and

SCHEDULE E: DEBTS OWED TO BUSINESS ENTITIES DOING BUSINESS WITH THE COUNTY

Did you, your spouse, or any dependent children, owe any debt, except for retail credit accounts, to any

1.

be expe	ected to ki		th the County of which business you may reasonably ouse or dependent children only if you were involved a become, liable for the debt.
		Yes	No
If yes,	complete	Schedule E for each debt. If no, go to the ne	xt schedule.
2.	(a)	State the name of the person to whom each	debt was owed.
	(b)	State the date each debt was incurred.	
	(c)	State the name of the person who incurred e	ach debt and that person's relationship to you.
	(d)	State the amount of the debt owed as of the	end of the applicable period of this statement.
	(e)	State the terms for payment of the debt, incl	uding the rate of interest, if any.
	(f)	State whether the principal was increased or	decreased during the year and by what amount.
	(g)	Describe the security, if any, given for the de	ebt.

SCHEDULE F: EMPLOYMENT BY THE COUNTY

 capacity 		y of your relatives (see def r or not compensated?	finition), or relatives of	your spouse, employed by the County in any
			Yes	No
If yes, c	omplete S	Schedule F for each person	a. If no, go to the next	schedule.
2.	(a)	State the name of each rel	lative employed by the	County, and that person's relationship to you.
	(b) was emp		anty agency, board, or o	commission, authority or other entity where each person
	(c)	State the position each pe	rson held with the Cou	nty agency, board, commission, authority, or other entity.
		SCHEDULE	G: EMPLOYMENT/I	BUSINESS OWNERSHIP
1. year		you, your spouse, or any de by this statement (include y		age in compensated employment during the calendar ent)?
		Yes		No

If yes, employ		of employment and the name and relationship to you of the person
2.	Did you, your spouse, or any depender was earned or received during the calen	at children own, in whole or in part, any business entity from which
meome	Yes	No No
	, state the name and address of each busi elationship to you of the person who earn	ness entity from which income was earned or received and the name ed or received that income.
3.	Is your spouse a regulated lobbyist wit	h the County?
	Yes	No
If yes,	list all entities that have employed your s	pouse for the purpose of lobbying.

SCHEDULE H: RELATIONSHIP WITH UNIVERSITY OF MARYLAND MEDICAL SYSTEM, STATE OR LOCAL GOVERNMENT, OR QUASI-GOVERNMENTAL ENTITY:

1. Do you have any financial or contractual relationship with (i) the University of Maryland Medical System, (ii) a
governmental entity of the State or local government in the State, or (iii) a quasi-governmental entity of the State or local
government in the State?

No

Yes

If yes to any of the above, describe the nature of the relationship, the subject matter of the relationship, and any consideration received as a result of that relationship during the reporting period.

SCHEDULE I: OTHER INTERESTS AND INFORMATION

Please list any additional interests or information not listed on any other Schedule that you want to disclose.