

FINANCIAL DISCLOSURE STATEMENT

for the period January 1, 2024 through date of termination First Name Middle Initial Last Name Mailing Address (work or home). If this is your home address, please check here \Box City, Town, or Post Office, State and Zip Code Phone Email Position Held or Candidate For (circle one) This statement lists all interests and related matters required to be disclosed pursuant to Article 7 of the Anne Arundel County Code, the Public Ethics Law, for the calendar year 2024. The statement consists of this cover sheet, together with Schedules A–I, and additional attachments. The statement must be completely filled out before it will be accepted. Failure to file, or to file a fully completed statement, constitutes a violation of Title 6 of the Public Ethics Law. Use additional paper as necessary. An individual who is required to disclose the name of a business in this statement must disclose any other names that the business is trading as or doing business as. Oath and Signature I solemnly swear or affirm under the penalties of perjury that the contents of this statement, including any attachments thereto, are complete, true, and correct based on my personal knowledge. 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. |
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| 3. | List the improvements to each property, including buildings or other structures. |
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| 4. | Describe the uses of each property, including residential, commercial, agricultural, industrial, mineral, etc. |
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| 5. If attrib | State whether you hold each property interest directly, or whether it is attributable (see definitions) to you. outable, state how. |
| | |
| | |

| 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 | nterest in any "e | entity doing business w | | |
|-----------------|------------------------------|--|--|---|
| | | Yes | No | |
| omplete | Schedule D for | each business entity. I | f no, go to the next schedul | le. |
| (a) in any e | | | | |
| (b) | State the name | e and address of the prin | ncipal office of each entity. | |
| (c) comme | | and nature of each office | e, directorship, or salaried e | employment, and the date it |
| (d) the natu | | | | nich each entity does business and |
| | complete (a) in any e (b) | er schedule of this statement of the | Yes The similar interest in any "entity doing business with the statement? Yes The somplete Schedule D for each business entity. It is any entity doing business with the County and in any entity doing business with the County and it is any entity doing business with the County and it is any entity doing business with the County and it is any entity doing business with the County and it is any entity doing business of the print (c) State the name and address of the print (c) State the title and nature of each office commenced. | Yes No complete Schedule D for each business entity. If no, go to the next schedu (a) State the name of the person holding any office, directorship, emin any entity doing business with the County and state the relationship of (b) State the name and address of the principal office of each entity. (c) State the title and nature of each office, directorship, or salaried commenced. |

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 | | ith 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

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

| If yes, employ | | e of employment and the name and relationship to you of the person |
|-------------------|--|--|
| | | |
| 2. | Did you, your spouse, or any dependence was earned or received during the cale | ent children own, in whole or in part, any business entity from which |
| meome | Yes | No No |
| | , state the name and address of each burelationship to you of the person who ear | siness entity from which income was earned or received and the name and or received that income. |
| | | |
| 3. | Is your spouse a regulated lobbyist w | ith the County? |
| | Yes | No |
| If yes, | list all entities that have employed your | spouse for the purpose of lobbying. |
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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 |
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| 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.