

CECIL COUNTY ETHICS COMMISSION

PRIOR YEAR FINANCIAL and GIFT DISCLOSURE STATEMENT, Form 2:

Form 2 is for Employees and Appointed Members of Boards and Commissions as per Section 39-29(A), (B), and (C) of the Ethic’s Code please fill out all sections and file annually.

| | | |
|---|----------------|-------------------|
| IDENTIFYING INFORMATION (Please Print Legibly) | | |
| FIRST NAME | M.I. (if used) | LAST NAME |
| NAME OF DEPARTMENT, BOARD or COMMISSION | | TITLE or POSITION |
| CONTACT INFO: Phone No.: address: | | E-mail |

Privacy Notice

The Cecil County Public Ethics Law (Ch. 39 of the Cecil County Code) requires the collection of this information, which will be used primarily for public disclosure and to determine compliance with the Cecil County Code. The information may be presented for review or for copying, at public expense, upon request to any person, including officials of State, local, or federal government, who, upon presenting proof of identification, registers their name and address, along with the name of the person whose statement is being reviewed. The subject has the right to review, correct, and amend the record, and the right to know who has reviewed their disclosure statement. The Commission may not, however, provide public access to the portion of a financial disclosure statement that includes an individual's home address as identified by the individual. [Amended 10-2-2018 by Bill No. 2018-15]

Enforcement Provisions

Failure to file or report information required by Ch. 39, §§ 6 & 7 of the Cecil County Code by the due date could subject filer to administrative penalties including fines up to \$250, termination or suspension of pay, or other disciplinary action per Ch. 39, §§ 4 & 9, including a civil fine of up to \$5,000 per day by the Circuit Court of Cecil County, or any other court having proper venue for the purpose of enforcing compliance. Willful and false filing is subject to penalty for perjury pursuant to Ch. 39, § 9(f)

Instructions

Please see the instructions for the form located on the county website at the following link:
<http://www.ccgov.org/government/boards-and-commissions/ethics-commission>

You must check either ‘Yes’ or ‘No’ to the initial questions in Schedules A, B, & C. If ‘Yes’ provide further details. Incomplete or unsigned forms will be returned to you. The statement is due **APRIL 30th** for the Prior Year Reporting Period.

Schedule A

Generally, Schedule A is regarding ownership or interest in, or liabilities to, corporations, partnerships, limited liability companies, limited liability partnerships, sole proprietorships, or other business entities.

**** If you have completed this form for the previously reported year and there are no reported changes from the previous year for Schedule A, please check the below box and go directly to Schedule B. If there are reported changes or if this is the first time completing this form, then you must fill out Schedule A.**

No reported changes from the previously reported year for Schedule A.

To your knowledge, during the reporting period, did you or a qualified relative (meaning your *spouse or a parent, child, sibling, in-law, or dependent relative, or their spouse*) have an interest of greater than 3 percent in, or annual income of more than \$1,000* from, or a financial obligation** to, a business entity (corporation, partnership, limited liability company (LLC), limited liability partnership (LLP), sole proprietorship, other) that:

A. Was regulated, licensed by, or doing business with, your department, board, or commission; **OR**

B. Had, or was negotiating, a contract of at least \$5,000 with the County or with your department, board, or commission. **in the current year, three prior years, or entitled to in a future year*

***excluding consumer credit accounts, e.g. "credit cards"*

___ Yes ___ No (**Go to Schedule B**)

If Yes, answer each question below. (A separate "Schedule A" will be required for each interest you need to disclose, or you may attach a summary sheet.) If No, go to Schedule B.

1. State the name, the type of entity, and principal place of business of the entity where interest or debt* was held: (*You need not report retail credit accounts.)

Name/Type Entity: _____

Principal Place of Business: _____

2. Name of Person Holding Interest: _____

Relationship to Filer: _____

3. If a liability or other debt (excluding retail credit accounts), indicate any collateral or other security held by creditor:

4. If in a non-publicly traded corporation, partnership, limited liability company (LLC), limited liability partnership (LLP), sole proprietorship, or other business entity, indicate the range of value of the interest held (or if a liability, the amount owed):

____ Under \$1,000 ____ \$1,000 to \$9,999 ____ \$10,000 to \$24,999
____ \$25,000 to \$49,999 ____ \$50,000 and over

OR, if the dollar value of the interest held is not reasonably estimable, then state the percentage of ownership held in the entity: Percentage of Ownership: ____%

5. If in a publicly traded entity, indicate either the number of shares or the range of the value of the interest:

Number of Shares: _____ **OR**

Value of Shares:

____ Under \$1,000 ____ \$1,000 to \$9,999 ____ \$10,000 to \$24,999
____ \$25,000 to \$49,999 ____ \$50,000 and over

6. Did you transfer all or part of your holdings during the reporting period?

____ Yes ____ No **If Yes,**

6A. What portion of the interest was transferred? _____

6B. Date (Month/Year) the interest was transferred: _____

If you have additional interests or liabilities to report, please use additional sheet(s) if necessary, and answer each of the above questions for each additional entry.

**[Remainder of Page Intentionally Left Blank]
[Schedule B on Next Page]**

Schedule B

Schedule B is regarding Employment, Officers, Directorships, and Similar Interests

**** If you have completed this form for the previously reported year and there are no reported changes from the previous year for Schedule B, please check the below box and go directly to Schedule B. If there are reported changes or if this is the first time completing this form, then you must fill out Schedule B.**

No reported changes from the previously reported year for Schedule B.

Please list below:

1. Your employer*, whether or not regulated by or doing business with the County or your department, board, or commission. (**You need not repeat information reported on Page 1, Part I; however, you must report any secondary employment or business.*) Please print legibly.

2. To your knowledge, whether you or a qualified relative**is employed by, or has an interest in, or is an officer, director, or trustee in, or is negotiating a contract or prospective employment with, an entity that has or is negotiating a contract of at least \$5,000 with the county, or was regulated by your department or agency. ***Qualified relative means your spouse and your parent, child, sibling, in-law, or dependent relative, or their spouse.*

3. Any other immediate family member (spouse, child) employed by Cecil County.

_____ No, none of these apply to me. (Go to Schedule C)

_____ Yes, one or more of these apply to me. Complete the information below. (*Please print additional Schedule B's if necessary, or you may attach a summary sheet.*)

Name of Person holding position: _____

Relationship to Filer (self, spouse, child, etc.): _____

Title of position held: (Circle or list: Employee; Board Member; Officer [President, Vice President, Director, Treasurer, Secretary, etc.]; Trustee; Other position):

Employer or Entity's Name: _____

Principal Place of Business: _____

Category of Entity: (Circle or list: Employer; regulated by your board or commission; registered under the lobbying law; or involved with sales and contracts with the county or your board or commission): _____

[Reminder of Page Intentionally Left Blank]

[Schedule C on Next Page]

Schedule C – Gifts

During the reporting period, to your knowledge, did you, or someone in your behalf, receive any single gift with a value of more than \$20, or a series of gifts from the same donor with a cumulative value of \$100 or more*, from or on behalf of, directly or indirectly, a person or entity who does business with, or is regulated by, the County or your department, board, or commission, or who is registered or required to register before the County under the lobbying section of the Cecil County Code?

*(*You need not report, as defined in Ch. 39, Sec. 5(f)(4): (i) Regulated campaign contributions; (ii) Gifts from a family or household member; (iii) Meals and beverages consumed in the presence of the donor or sponsor; (iv) Reasonable food, lodging, and/or travel expenses provided for participation at a conference or meeting; (v) Admission or tickets to charitable, cultural, or political events; (vi) Unsolicited gifts, ceremonial gifts or awards of nominal value that do not exceed \$20 in cost, and trivial items of informational value; (vii) Specific gifts or a class of gifts exempted, in writing, by the Ethics Commission; and other gifts as defined in Ch. 39, Sec. 5(f)(4)(i), items A thru H.*

_____ Yes ____ No (Go to Schedule D)

If Yes, answer each question below. (A separate Schedule C will be required for each gift or series of gifts you need to disclose, or you may attach a summary sheet.)

If No, go to Schedule D.

1. Who gave you the gift(s)? _____

2. On what date was the gift(s) given? _____

3. What was the nature of the gift(s)? (Example: cash, restaurant meal, event tickets, membership or subscription, etc.)

4. What was the value of the gift(s)? \$ _____

5. If the gift(s) was given to someone else at your direction or behalf, identify the recipient of the gift: _____

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

**[Remainder of Page Intentionally Left Blank]
[Schedule D on the Next Page]**

Affirmation

This Financial Disclosure Statement describes all interests and related transactions and matters required to be disclosed by Cecil County Ethics Law, with respect to the period indicated, and pertaining to the filer.

I have thoroughly reviewed Schedules A through D of this Financial Disclosure Statement and the instructions and hereby certify under the penalty of perjury that the contents of this Financial Disclosure Statement are true, complete, and correct, to the best of my knowledge, information and belief.

Cecil County Employees Only: I further acknowledge that I have reviewed and understand the required annual Cecil County Government Employee Ethics Training available on www.ccgovportal.org.

TERMS AND SIGNATURE AND FILING

I, the individual submitting this Ethics Commission form, warrant the truthfulness of the information provided in this submittal. I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Signature and Filing.

Signature of Person Filing

Date

Please type/print your First and Last Name
(Electronic Signature)

Check here if you wish to be notified if someone exercises the right to review your financial disclosure statement.