

## CECIL COUNTY ETHICS COMMISSION

<http://www.ccgov.org/government/boards-and-commissions/ethics-commission>  
c/o Cecil County Department of Human Resources  
200 Chesapeake Boulevard, Suite 2800, Elkton, Maryland 21921  
(410) 996-5250 (ph.) 1-866-230-2578 (fax)

### **PRIOR YEAR FINANCIAL and GIFT DISCLOSURE STATEMENT, Form 2:**

**Qualifying Employees\*, Appointed Employees, Appointed Members of Boards and Commissions, and County Attorneys that represent boards, commissions, county council and county executive (Annually – All Sections) (amended Ordinance 2012.08). Other Employees (or Gift Reporting Only)**  
**(\*Please refer to accompanying instructions for filing requirements)**

**For the Prior Calendar Year Reporting Period, January 1 through December 31, 2018**

#### **PART I. 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.:		E-mail address:

#### 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.

§39-24 B. The Commission or office designated by the Commission shall make financial disclosure statements available during normal office hours, for examination and copying by the public, subject to reasonable fees and administrative procedures established by the Commission. 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 (i.e., the Commission must redact the information before making it publicly available). This provision applies to all statements, whether posted on the internet or viewable only in the office.

[Amended 10-2-2018 by Bill No. 2018-15]

#### Standards of Conduct

The Cecil County Public Ethics Law (Ch. 39 of the Cecil County Code) includes standards of conduct applicable to financial disclosure filers and all other officials and 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 County, procurement specifications assistance restrictions, and other matters. The law provides for exceptions and exemptions under certain circumstances. If you have any questions about the application of the law, please contact the Cecil County Ethics Commission.

Filers may access the law, forms, instructions and further information about these requirements, or contact the Cecil County Ethics Commission directly, at our web site at <http://www.ccgov.org/about-us/boards-and-commissions/cecil-county-ethics-commission>.

#### Board and Commission Members Financial Disclosures Submission Policy

It is the policy of the Cecil County Ethics Commission to require a financial disclosure statement from each, and every, county appointed member of every county board and commission. In most cases, that requirement will be met by filing a Cecil County Ethics Commission's Financial Disclosure, either Form 1 or Form 2. Those board and commission members, who normally file their financial disclosure statements with another governmental entity may submit that statement in lieu of the Commission's form, as long as it satisfies the requirements of Article V of the county code. However, it is the responsibility of the member to submit the form, it is not the function of the Ethics Commission staff to obtain it on their behalf.

#### 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).

**You must check either 'Yes' or 'No' to the initial questions in Schedules A, B, & C.**

***If 'Yes' provide further detail. Please print legibly. Incomplete or unsigned forms will be returned to you.***

**STATEMENT IS DUE APRIL 30th for the Prior Year Reporting Period**

**Schedule A: Ownership or interest in, or liabilities to, corporations, partnerships, limited liability companies, limited liability partnerships, sole proprietorships, or other business entities.**

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 a 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 on page 4.**

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.**

**Schedule B – Employment, Officers, Directorships, and Similar Interests**

**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 information below. (Please print additional Schedule B's if necessary, or you may attach a summary sheet.)**

A. 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):  
\_\_\_\_\_  
\_\_\_\_\_

B. 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):  
\_\_\_\_\_  
\_\_\_\_\_

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

## **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.

\_\_\_\_\_

## **Schedule D – Other** (Please use separate sheet)

Please use this schedule to report any additional information, not otherwise disclosed, that may create a conflict of interest, or the appearance thereof, as defined in the Sec. 2, 3 & 5 of the Cecil County Public Ethics Law, between your personal, family, employer, business, or investment interests and your duties as a County employee. Thank you for your cooperation.

### **PART II. SIGNATURE AND AFFIRMATION**

This Financial Disclosure Statement describes all interests and related transactions and matters required to be disclosed by Cecil County Public 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.

#### **TERMS OF 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. Please type your First and Last Name (Electronic Signature)

\_\_\_\_\_  
Signature of Person Filing

\_\_\_\_\_  
Date

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