Form 3-11
Rev'd 3/2020

Cambridge Ethics Commission
Financial Disclosure Statement
Elected Officials & Candidates

For the Reporting Period January 1, 2024 to December 31, 2024

First Name _____ Middle Initial _____ Last Name_____

Mailing Address (work or home) _____

City, Town, or Post Office, State and ZIP Code _____

Home Phone or Cell Phone (Optional) _____
Office Phone _____
Fax _____
E-Mail _____

Elective Office that you hold or are seeking: _____

This statement of __ pages, including this cover sheet, lists all interests and related matters required to be disclosed pursuant to § 2-14 (Ethics Code) of the Code of the City of Cambridge (the "Ethics Code") for the calendar year 20__. The statement consists of this cover sheet, together with Schedules A - H, fronts and backs of each page. **The statement must be clearly and completely filled out before it will be accepted.** Failure to file or failure to file a fully completed statement constitutes a violation of the Ethics Code and Title 5 (Maryland Public Ethics), Subtitle 6 (Financial Disclosure) of the Annotated Code of Maryland. **Use additional paper as necessary.**

Return this completed statement with attachments to the Cambridge Ethics Commission c/o the City Attorney, 410 Academy Street, Cambridge, Maryland 21613.

I do solemnly swear or affirm under the penalties of perjury that the contents of the foregoing complaint, including any attachments thereto, are complete, true, and correct to the best of my knowledge, information, and belief.

_____ _____
Signature Print Name

_____
Date

STATE OF _____, COUNTY OF _____, to wit:

I HEREBY CERTIFY, that on this _____ day of _____, 20__, before me, the subscriber, a Notary Public of the State and County aforesaid, personally appeared _____, known to me (or satisfactorily proven) to be the individual whose name is subscribed to the foregoing Statement, and acknowledged that such individual executed the same for the purposes therein contained, and in my presence signed and sealed the same.

IN WITNESS WHEREOF, I hereunto set my hand and Official Seal

_____
Notary Public
My Commission Expires:

SCHEDULE A: REAL PROPERTY INTERESTS

1. **During the Reporting Period**, did you or any entity (corporation, partnership, etc.) in which you have an interest hold an interest in any real property, including rental interests, located in or out of Maryland? Yes ___ No ___

If "yes", complete a Schedule A for each property interest. (Make copies of this schedule for each property owned.) If "no", go to schedule B.

2. List the street address (or mailing address or legal description), city, state, and zip code for this property.

3. Describe the uses of this property, including residential, commercial, agricultural, industrial, undeveloped land, etc.

4. This property is owned by me alone or by me and my spouse. Yes ___ No ___

5. If you alone or you and your spouse are not holder(s) of the interest:

   (a) State the percentage of the interest held by you; and

   (b) State the names of all other persons holding an interest in this property.

6. List conditions or encumbrances (mortgages, liens, contacts, options, etc.) affecting your interest in this property, and the name of the person that holds each encumbrance (mortgage companies, lenders, creditors, etc.).

7. State the date this property interest was acquired by you. _____
   Month and Year

8. State the manner in which this property interest was acquired (purchase, gift, will, etc.).

9. State the name of the person from whom this property interest was acquired.

10. State the amount of money or the nature and value of any other consideration given for this property interest. If it was acquired other than by purchase (e.g., gift or will), state the fair market value of the property interest at the time acquired.

11. 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 CORPORATIONS, PARTNERSHIPS, AND MUTUAL FUNDS

1. **During the Reporting Period**, did you have an interest in any corporation, partnership, limited partnership, limited liability company, or mutual fund, including shares of stock? Yes ___ No ___

If "yes", complete a Schedule B for the interests you had. (Make copies of this schedule if sufficient space is not available.) If "no", go to schedule B.

2. List the number of shares of stock held in any publicly traded corporation.

3. Provide the name and address of the principal office of any corporation, partnership, limited partnership, or limited liability company that is not publicly traded in which you have an interest.

(a) Provide the nature and amount of the interest held for each of the above, including any conditions and encumbrances on the interest.

4. With respect to any interest transferred, in whole or in part, at any time during the reporting period or the transfer of any assets of any corporation, partnership, etc. identified in B(3) above, provide a description of the interest and/or assets transferred, the nature and amount of the consideration received for the interest and/or assets, and, if known, the identity of the person to whom the interest and/or assets were transferred.

5. With respect to any interests and/or assets acquired during the reporting period, provide:

(a) The date when, the manner in which, and the identity of the person (if known) from whom the interest/asset was acquired; and

(b) The nature and amount of the consideration given in exchange for the interest/asset, or, if acquired other than by purchase, the fair market value of the interest/asset at the time acquired.

(c) You may satisfy the requirement to report the amount of the interest held under B(5)(b) above by reporting, instead of a dollar amount:

1. For any equity interest in a corporation, the number of shares held, and, unless the corporation's stock is publicly traded, the percentage of equity interest held; or

2. For an equity interest in a partnership, the percentage of equity interest held.

6. Provide a list of all Mutual Fund Companies in which you hold shares.

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

1. **During the Reporting Period**, did you or a qualified relative hold any office, directorship, employment, or other financial interest in any entity doing business with the City that was not disclosed in any other schedule of this statement? Yes ___ No ___

If "yes", complete a Schedule C for yourself and, if applicable, for any qualified relative. For a qualified relative, please state how you are related to him or her (spouse, parent, in-law, etc.) If "no", go to Schedule D.

2. State your name or the name of the qualified relative holding any office, directorship, employment, or other financial interest in any entity that did business with the City.

3. State the name of the principal office of the entity.

4. State the title of the office, directorship, or salaried employment and the date it commenced.

5. State your financial interest in the business entity.

6. State the name of each City agency, board, or commission with which the business entity is involved and the nature of the business that the entity does with the City.

SCHEDULE D: DEBTS OWED TO BUSINESS ENTITIES DOING BUSINESS WITH THE CITY

1. **During the Reporting Period**, did you or a member of your immediate family owe any debt, except for retail credit accounts, to any person or business entity that does business with the City of which business you may reasonably be expected to know? Disclose the debts incurred by your spouse or dependent children only if you were involved in the transaction giving rise to the debt or if you are, or could become, liable for the debt. Yes ___ No ___

If "yes", complete a Schedule D for each debt. If "no", go to Schedule E.

2. State the name of the person of the person or business entity to whom each debt was owed.

3. State the date each debt was incurred.

4. State the name of the person who incurred each debt and that person's relationship to you.

5. State the amount of the debt owed as of the end of the applicable period of this statement.

6. State the terms for payment of the debt, including the rate of interest, if any.

7. State whether the principal was increased or decreased during the year and by what amount.

8. Describe the security, if any, given for the debt.

SCHEDULE E: EMPLOYMENT BY THE CITY

1. **During the Reporting Period**, were any of your qualified relatives employed by the City in any capacity, including membership on boards and commissions whether or not compensated? Yes ___ No ___

If "yes", complete a Schedule E for each person. If "no", go to Schedule F.

2. State the name of the qualified relative employed by the City and that person's relationship to you, the position held, and the name of the City agency, board, commission, or other entity where the person was employed.

A. Name of Qualified Relative: _____

Relationship: _____

Position Held: _____

Agency/Board/Commission: _____

B. Name of Qualified Relative: _____

Relationship: _____

Position Held: _____

Agency/Board/Commission: _____

C. Name of Qualified Relative: _____

Relationship: _____

Position Held: _____

Agency/Board/Commission: _____

D. Name of Qualified Relative: _____

Relationship: _____

Position Held: _____

Agency/Board/Commission: _____

SCHEDULE F: GENERAL INCOME SOURCES

1. **During the Reporting Period**, did you or a member of your immediate family earn or receive income or compensation from any employer or business entity? Yes ___ No ___

If "yes", complete Schedule F for each debt. If "no", go to Schedule G.

2. State the name of each person with a source of income or compensation and that person's relationship to you and the name and address of the person or entity from whom the income was received.

A. Name: _____

Relationship: _____

Name of Employer or Entity: _____

Address of Employer or Entity: _____

B. Name: _____

Relationship: _____

Name of Employer or Entity: _____

Address of Employer or Entity: _____

C. Name: _____

Relationship: _____

Name of Employer or Entity: _____

Address of Employer or Entity: _____

D. Name: _____

Relationship: _____

Name of Employer or Entity: _____

Address of Employer or Entity: _____

SCHEDULE G: GIFTS AND HONORARIA

1. **During the Reporting Period**, did you receive, either directly or indirectly, from (or on behalf of) any person or business entity **that is doing business with the City**: (a) any individual gift worth $20 or more; or (b) a series of gifts totaling $100 or more from any one person? Note: do not include political contributions or gifts received from your spouse, parents, children, sibling, or spouse of your sibling. Yes ___ No ___

If "yes", complete Item 2 of this Schedule for each gift. If "no", go to Item 3 of this Schedule.

2. (a) Describe each gift (including cash):

(b) State the retail value of each gift:

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

(d) State the name of any other person receiving a gift, if it was given to that person 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 Schedule H.

(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 H: OTHER INTERESTS AND INFORMATION

List any additional interests or information not listed on any other Schedule that you choose to disclose.