CHARLES COUNTY ETHICS COMMISSION

c/o Office of the County Attorney

200 Baltimore Street, La Plata, Maryland 20646/Telephone: 301-645-0555 (Note: Please type or print **legibly**, or the form will not be accepted)

RECERTIFICATION OF FINANCIAL DISCLOSURE STATEMENT - Form 3

Regular Reporting Period: January 1 through December 31, 2023

PART I. Identifying Information First Name Initial Last Name Mailing Address (work or home) (Home address will not be disclosed to the public.) Telephone Number (home or work) Alternate Number (work or cell) **Current Position, Office or Board/Commission Held With Charles County: Privacy Notice** The Charles County Ethics Law (Ch. 170 of the Charles County Code) requires collection of this information, which will be used primarily for public disclosure and to determine compliance with the Charles County Code. The information may be presented for review or for copying, at public expenses, upon request to any person, including officials of State, local, or Federal government, who, upon presenting proof 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. Standards of Conduct The Charles County Public Ethics Law (Ch. 170 of the Charles County Code) includes standards of conduct applicable to all financial disclosure filers including employees and elected appointed officials. The standards address disqualification from participation, prohibited secondary employment, prohibited ownership interest, misuse of position, prohibited solicitations and acceptance of gifts, misuse of confidential information, post-employment limitations, prohibited dealing with the County, procurement specifications assistance restriction, 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 County Ethics Commission. **Enforcement Provisions** Failure to file or report information required by Ch. 170.10 off the Charles County Code by due date could subject filer to administrative penalties of up to \$250 and other disciplinary action per Ch. 170.10.2, including a civil fine of up to \$5,000 per day by the Circuit Court of Charles 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. 170.10.2(c). PART II. Residency Information (MUST BE ANSWERED) Where do you physically reside? (Home address will not be disclosed to the public.) Is this property □ owned, □ rented or □ other? If other, please explain:

PART III. SIGNATURE AND AFFIRMATION This Recertification Financial Disclosure Statement describes all interests and related transactions and matters required to be disclosed by the Charles County Ethics Law, with respect to the period indicated, and pertaining to me. I hereby certify that my prior Financial Statement filed for the year 2022 has not changed except Schedules which I have attached, and I hereby further certify under penalty of perjury that the contents of this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.		
Signature of Person Filing	Date:	

YOUR NAME:	REPORTING YEAR: 2023
TOUR NAME.	REI ORTHO TEAR. 2025

SCHEDULE A

Gifts. Answer each question below. A separate Schedule A will be required for each gift, or you may attach a summary worksheet.

To your knowledge, did you, or someone on your behalf, receive any gift(s), in excess of a value of ed

\$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: 1) did business with the County; 2) engage in an activity that was regulated or controlled by the County; or 3) is registered or required to register before the County under the lobbying section of the Charles County Code?		
Please	print legibly.	
	☐ No ☐ Yes If Yes: (A separate Schedule A will be required for each Gift you need to disclose)	
1.	Who gave you the gift?	
2.	What was the nature of the gift? (ex. Restaurant meal, event tickets, membership or subscription etc.)	
3.	What was the value of the gift?	
4.	If the gift was given to someone else on your behalf, list the identity of the gift recipient.	

YOUR NAME:	REPORTING YEAR: 2023	
SCHEDULE B		
Additional Information. Please use this schedule to report any additional information, or changes/amendments from the previous year's Financial Disclosure Form. <u>IF YOU DO NOT HAVE ANY ADDITIONAL INFORMATION</u> , <u>PLEASE ANSWER N/A</u> .		
Please print legibly.		
N/A		