

AGENDA ~ Frostburg Ethics Commission Meeting

DATE: Thursday, April 21, 2022

TIME: 5:30 PM

PLACE: Frostburg Municipal Center Meeting Room - 37 Broadway

Page

- 1. CALL TO ORDER
- 2. NEW BUSINESS
 - 2.1. Review of Candidate Filing Forms/Ethics Statements

2 - 43

Motion to [approve] candidates to be placed on the ballot for the 2022 City of Frostburg Election.

Donny Carter

Will Coburn

W. Robert Flanigan

Nina Forsythe

Kevin Grove

Matt McMorran

Adam Ritchey

2.2. Review of Senior Staff Ethics Forms

44 - 78

LJ Bennett

Nick Costello

Elaine Jones

Hayden Lindsey

Elizabeth Stahlman

Brian Vought

3. ADJOURNMENT



TO THE BOARD OF ELECTIONS FOR THE CITY OF FROSTBURG

I, the undersigned, do hereby request that my name be placed upon the Municipal Ballot as Candidate for the office of **COMMISSIONER OF FINANCE** of the City of Frostburg, at the election to be held in Frostburg on Tuesday, June 7, 2022 and I do state under oath and hereby certify under penalties of perjury that I am a citizen of the United States and that I am a qualified registered voter of the City of Frostburg.

My name shall appear as follows on the Ballot:		
	(Please Print)	
Name as Registered for Voting:	Carter T/ (If Different Than Above)	
Street Address in the City of Frostburg: 37 Fa	st Avc	
Cana	lidate Signature:	
	Zun ?	
City of Frostburg Witness: Date	:_4.5.22	
Quijant Januman Date: 4/5/22		

CITY OF FROSTBURG ELECTION CANDIDATE FILING FORM - 2022

FROSTBURG ETHICS COMMISSION

Frostburg Municipal Center 37 Broadway PO Box 440 Frostburg, MD 21532 301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Name: Dorald L. Carter Jr

Position: Commissioner of Finance	Reporting Year: _	2022	
Home Address: 37 Frost Ave, Frostburg N	NO 21532		
	ployees not be disclos	sed under	· MPIA)
PART 2. SIGNATURE AND NOTARIZATION			
This financial disclosure describes all interests and transact disclosed by Title 4 of the Maryland Public Ethics Law, as Commission pursuant to Section 2-103 (h) thereof, with respertaining to the person filing the statement.	modified by the Fros	tburg Eth	nics
I hereby make oath or affirm that the contents of this finance correct to the best of knowledge, information and belief.	cial disclosure statem	ent are tru	ue and
Printed Name of Person Filing: Danald L. Carty 3	5/		
Signature of Person Filing:	Date:A	5	_, 20 <u>2</u> z
Sworn before me this the day of	, 2022.		
Printed Name of Notary Public:	Dale Kog	ne	
Signature of Notary Public:	1 roger		
My Commission Expires	20 <i>34.</i> [SEA	L]	
City of Frostburg Disclosure Statement			1

Please Note: Fill in all schedules. If "none" is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

Report all interests in real property, wherever located (including leasehold interests), held at any time during the reporting period.

LOCATION	TYPE OF PROPERTY	NATURE	CO-OWNERS
Address or legal description. If property is primary personal residence, complete this column only	A. Improved/unimproved and B. Residential/Commercial	Direct/attributable and EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
7 W Mansh Frosty 11 W Mansh Frosty	Improved Residente Improved Residente Improved Connected Improved Connected Improved Connected Improved Connected	Dired (FS (50%) Dired (FS (50%))	Steay K Caster Stocy K Coster Stocy K Coster
3 W First St Freethap 174 Ocean Phuy Bodo	Improved 1 comment	Direct FS 50%	Stary K Carry

SCHEDULE B. Gifts

Report all gifts over \$25.00 in value, or totaling more than \$100.00 in value from any one person, received by you during the reporting period, from a person doing business with or regulated by the City of Frostburg. Exclude gifts from immediate family members, other children and parents, and also regulated campaign contributions.

NATURE OF GIFT Indicate if cash; otherwise describe nature of gift.	VALUE Indicate dollar amount; otherwise retail value as receipt.	IDENTIFICATION OF PERSON FROM WHOM RECEIVED	IF GIVEN TO ANOTHER PERSON AT YOUR DIRECTION, IDENTIFY THAT PERSON
MA			

SCHEDULE C. Offices, Directorships, and Salaried Employment

Report all offices, directorships, and salaried employment of yourself, your spouse, or dependent children during the reporting period with any business entity doing business with the City of Frostburg. *Do not complete the last column for spouses and children*.

NAME & ADDRESS	NATURE	IDENTITY OF PERSON HOLDING POSITION	DATE OFFICE OF EMPLOYMENT
List name and full address	List title and nature of	Vourself spause or	BEGAN
of entity.	office or employment held.	Yourself, spouse, or dependent child.	
NA			
130-			

SCHEDULE D. Liabilities

To be completed by elected officials/candidates only.

Include all liabilities owed by you at any time during the reporting period to any entity doing business with the City. Exclude retail credit accounts; include any mortgages or other encumbrances on any property otherwise reported on this form if owed to an entity doing business with the City of Frostburg. An entity shall not be deemed to be doing business with the City merely because it purchases basic governmental services.

	T = . ==	CEP 1 CC	AN COUNTR OF LIABILITY	DESCRIPTION
IDENTITY OF	DATE	TERMS	AMOUNT OF LIABILITY	
PERSON OR	LIABILITY			OF SECURITY
ENTITY TO	OCCURED	Indicate interest	Complete appropriate block to	GIVEN FOR
WHOM		rate and payment	indicate amount of liability as	LIABILITY
LIABILITY IS	Complete only	schedule of	to the end of the reporting	
OWED	if liability was	liability.	period. If debt is paid in full,	
OWED	incurred during		put "O" in the first block.	
	the reporting		F	
	period.			
	period.		\$10,000 or under	
			\$10,000 or under	
NA			100.00	
MAH				
			#10 001 to #25 000	
			\$10,001 to \$25,000	
			57	
			\$25 001 on granton	
			\$25,001 or greater	

SCHEDULE E. Family members employed by the City.

To be completed by elected officials/candidates only.

List all members of your immediate family (spouse & dependent children) who were employed by the City of Frostburg in any capacity during the reporting period.

NAME OF PERSON	RELATIONSHIP	EMPLOYING CITY AGENCY AND POSITION HELD
NA		

SCHEDULE F. Salaried Employment and Business Ownership

To be completed by elected officials/candidates only.

List the name and address of places of salaried employment and business entities wholly or partly owned by you, your spouse, or dependent children, and from which income was earned during the reporting period, whether or not the entity did business with the City of Frostburg.

NAME & ADDRESS OF ENTITY	NATURE OF	INTEREST
	Employment	Ownership
Carter & Royve Real Estate 11 W Ham St. Frostlang		50°C

SCHEDULE G. Other

To I	be	completed	bv	elected	officials/	candidates/	only.
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This is an optional schedule on which you may include any other information or interests that
you wish to disclose.

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TO THE BOARD OF ELECTIONS FOR THE CITY OF FROSTBURG

I, the undersigned, do hereby request that my name be placed upon the Municipal Ballot as Candidate for the office of **COMMISSIONER OF PUBLIC WORKS** of the City of Frostburg, at the election to be held in Frostburg on Tuesday, June 7, 2022 and I do state under oath and hereby certify under penalties of perjury that I am a citizen of the United States and that I am a qualified registered voter of the City of Frostburg.

My name shall appear as follows on the Ba	Illot: Will Coburn
,	(Please Print)
Name as Registered for Voting: William	
	(If Different Than Above)
Street Address in the City of Frostburg: 15	3 South Water St.
,	
	Candidate Signature:
	Monto
City of Frostburg Witness:	Date: 04/61/2022
Date: 4/1/2022	

CITY OF FROSTBURG ELECTION CANDIDATE FILING FORM - 2022

FROSTBURG ETHICS COMMISSION

Frostburg Municipal Center 37 Broadway PO Box 440 Frostburg, MD 21532 301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION
Name: William Cobur
Position: Comission of Poblic Woods Reporting Year: 2022
Home Address: 185 Booth Water St.
(address for employees not be disclosed under MPIA)
PART 2. SIGNATURE AND NOTARIZATION
This financial disclosure describes all interests and transactions and matters required to be disclosed by Title 4 of the Maryland Public Ethics Law, as modified by the Frostburg Ethics Commission pursuant to Section 2-103 (h) thereof, with respect to the period indicated and pertaining to the person filing the statement.
I hereby make oath or affirm that the contents of this financial disclosure statement are true and correct to the best of knowledge, information and belief.
Printed Name of Person Filing: William Coby Signature of Person Filing: Date: 04/01/82, 2012
Sworn before me this day ofApril, 20_22-
Printed Name of Notary Public: Angel Datri
Signature of Notary Public: Ouge Oatu
My Commission Expires January 27, 202 (a. ISEAL ANGEL DATRI
NOTARY PUBLIC ALLEGANY COUNTY MARYLAND MARYLAND City of Frostburg Disclosure Statement NOTARY PUBLIC ALLEGANY COUNTY MARYLAND MCCOMMISSION EXPIRES 1427-2028

Please Note: Fill in all schedules. If "none" is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

Report all interests in real property, wherever located (including leasehold interests), held at any time during the reporting period.

LOCATION	TYPE OF PROPERTY	NATURE	CO-OWNERS
Address or legal description. If property is primary personal residence, complete this column only	A. Improved/unimproved and B. Residential/Commercial	Direct/attributable and EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
None			

SCHEDULE B. Gifts

Report all gifts over \$25.00 in value, or totaling more than \$100.00 in value from any one person, received by you during the reporting period, from a person doing business with or regulated by the City of Frostburg. Exclude gifts from immediate family members, other children and parents, and also regulated campaign contributions.

NATURE OF GIFT Indicate if cash; otherwise describe nature of gift.	VALUE Indicate dollar amount; otherwise retail value as receipt.	IDENTIFICATION OF PERSON FROM WHOM RECEIVED	IF GIVEN TO ANOTHER PERSON AT YOUR DIRECTION, IDENTIFY THAT PERSON
None			

SCHEDULE C. Offices, Directorships, and Salaried Employment

Report all offices, directorships, and salaried employment of yourself, your spouse, or dependent children during the reporting period with any business entity doing business with the City of Frostburg. *Do not complete the last column for spouses and children*.

NAME & ADDRESS	NATURE	IDENTITY OF PERSON HOLDING POSITION	DATE OFFICE OF EMPLOYMENT BEGAN
List name and full address of entity.	List title and nature of office or employment held.	Yourself, spouse, or dependent child.	BEGAN
None			

SCHEDULE D. Liabilities

To be completed by elected officials/candidates only.

Include all liabilities owed by you at any time during the reporting period to any entity doing business with the City. Exclude retail credit accounts; include any mortgages or other encumbrances on any property otherwise reported on this form if owed to an entity doing business with the City of Frostburg. An entity shall not be deemed to be doing business with the City merely because it purchases basic governmental services.

IDENTITY OF PERSON OR	DATE LIABILITY	TERMS	AMOUNT OF LIABILITY	DESCRIPTION OF SECURITY
ENTITY TO WHOM LIABILITY IS OWED	OCCURED Complete only if liability was incurred during the reporting period.	Indicate interest rate and payment schedule of liability.	Complete appropriate block to indicate amount of liability as to the end of the reporting period. If debt is paid in full, put "O" in the first block.	GIVEN FOR LIABILITY
			\$10,000 or under	
None			\$10,001 to \$25,000	
			\$25,001 or greater	

SCHEDULE E. Family members employed by the City.

To be completed by elected officials/candidates only.

List all members of your immediate family (spouse & dependent children) who were employed by the City of Frostburg in any capacity during the reporting period.

NAME OF PERSON	RELATIONSHIP	EMPLOYING CITY AGENCY AND POSITION HELD
None		

SCHEDULE F. Salaried Employment and Business Ownership

To be completed by elected officials/candidates only.

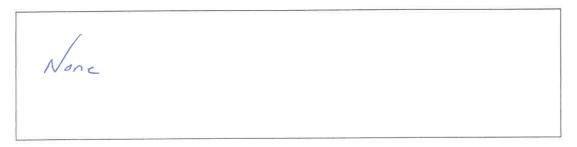
List the name and address of places of salaried employment and business entities wholly or partly owned by you, your spouse, or dependent children, and from which income was earned during the reporting period, whether or not the entity did business with the City of Frostburg.

NAME & ADDRESS OF ENTITY	NATURE OF INTEREST	
	Employment	Ownership
None		

SCHEDULE G. Other

To be completed by elected officials/candidates only.

This is an optional schedule on which you may include any other information or interests that you wish to disclose.





TO THE BOARD OF ELECTIONS FOR THE CITY OF FROSTBURG

I, the undersigned, do hereby request that my name be placed upon the Municipal Ballot as Candidate for the office of **MAYOR** of the City of Frostburg, at the election to be held in Frostburg on Tuesday, June 7, 2022 and I do state under oath and hereby certify under penalties of perjury that I am a citizen of the United States and that I am a qualified registered voter of the City of Frostburg.

My name shall appear as follows on the Ball	lot: W. K. best Flow jer
The state of the s	(Please Print)
Name as Registered for Voting:	(If Different Than Above)
Street Address in the City of Frostburg:	7 Terbunglan
	Candidate Signature:
	Jullelle
City of Frostburg Witness:	Date: 1-7-21
Elyaket Stan	

CITY OF FROSTBURG ELECTION CANDIDATE FILING FORM - 2022

FROSTBURG ETHICS COMMISSION

Frostburg Municipal Center 37 Broadway PO Box 440 Frostburg, MD 21532 301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Name: Webert Floring	
Position: Mayor	Reporting Year:2022
Home Address: 27 Techen for en (address for en	mployees not be disclosed under MPIA)
PART 2. SIGNATURE AND NOTARIZATION	
This financial disclosure describes all interests and transa disclosed by Title 4 of the Maryland Public Ethics Law, a Commission pursuant to Section 2-103 (h) thereof, with r pertaining to the person filing the statement.	s modified by the Frostburg Ethics
I hereby make oath or affirm that the contents of this final correct to the best of knowledge, information and belief.	
Printed Name of Person Filing: Whobat Flori	22
Signature of Person Filing:	Date: <u>-7-</u> , 20
Sworn before me this day of	, 20 <u>22</u> .
Printed Name of Notary Public: Karen Lashbo	ugh
Signature of Notary Public: Karen Hashb	augh MANNING
My Commission Expires May 16	20 dy NOTARY SECTION OF THE SECTION
City of Frostburg Disclosure Statement	AY 16, 20 MAY

Please Note: Fill in all schedules. If "none" is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

Report all interests in real property, wherever located (including leasehold interests), held at any time during the reporting period.

LOCATION	TYPE OF PROPERTY	NATURE	CO-OWNERS
Address or legal description. If property is primary personal residence, complete this column only	A. Improved/unimproved and B. Residential/Commercial	Direct/attributable and EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
27 Teaberry Lane			
95, 87, 89, 120 2 122 S. Grant 60 Spring 64 Linden 316, 329, 328, + 332 Braddock Str. 220-230 Welsh Hill Road Maplehurst Park	Improved 135 Residential Rental Units \$ Mobile home park	Fee Simple, Jointly owned	Annete Flanigan Yvonne Smith

SCHEDULE B. Gifts

Report all gifts over \$25.00 in value, or totaling more than \$100.00 in value from any one person, received by you during the reporting period, from a person doing business with or regulated by the City of Frostburg. Exclude gifts from immediate family members, other children and parents, and also regulated campaign contributions.

NATURE OF GIFT Indicate if cash; otherwise describe nature of gift.	VALUE Indicate dollar amount; otherwise retail value as receipt.	IDENTIFICATION OF PERSON FROM WHOM RECEIVED	IF GIVEN TO ANOTHER PERSON AT YOUR DIRECTION, IDENTIFY THAT PERSON
Nonz			

SCHEDULE C. Offices, Directorships, and Salaried Employment

Report all offices, directorships, and salaried employment of yourself, your spouse, or dependent children during the reporting period with any business entity doing business with the City of Frostburg. Do not complete the last column for spouses and children.

NAME & ADDRESS	NATURE	IDENTITY OF PERSON HOLDING POSITION	DATE OFFICE OF EMPLOYMENT
List name and full address of entity.	List title and nature of office or employment held.	Yourself, spouse, or dependent child.	BEGAN
Non-			

SCHEDULE D. Liabilities

To be completed by elected officials/candidates only.

Include all liabilities owed by you at any time during the reporting period to any entity doing business with the City. Exclude retail credit accounts; include any mortgages or other encumbrances on any property otherwise reported on this form if owed to an entity doing business with the City of Frostburg. An entity shall not be deemed to be doing business with the City merely because it purchases basic governmental services.

IDENTITY OF PERSON OR ENTITY TO WHOM LIABILITY IS OWED	DATE LIABILITY OCCURED Complete only if liability was incurred during the reporting period.	TERMS Indicate interest rate and payment schedule of liability.	AMOUNT OF LIABILITY Complete appropriate block to indicate amount of liability as to the end of the reporting period. If debt is paid in full, put "O" in the first block.	DESCRIPTION OF SECURITY GIVEN FOR LIABILITY
	Poster		\$10,000 or under	
			\$10,001 to \$25,000	
			\$25,001 or greater	

SCHEDULE E. Family members employed by the City.

To be completed by elected officials/candidates only.

List all members of your immediate family (spouse & dependent children) who were employed by the City of Frostburg in any capacity during the reporting period.

RELATIONSHIP	EMPLOYING CITY AGENCY AND POSITION HELD
	RELATIONSHIP

SCHEDULE F. Salaried Employment and Business Ownership

To be completed by elected officials/candidates only.

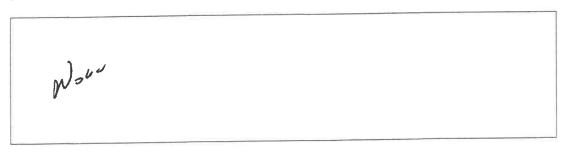
List the name and address of places of salaried employment and business entities wholly or partly owned by you, your spouse, or dependent children, and from which income was earned during the reporting period, whether or not the entity did business with the City of Frostburg.

NAME & ADDRESS OF ENTITY	NATURE OF INTEREST	
	Employment	Ownership
1). 10-		
Di-		

SCHEDULE G. Other

To be completed by elected officials/candidates only.

This is an optional schedule on which you may include any other information or interests that you wish to disclose.





TO THE BOARD OF ELECTIONS FOR THE CITY OF FROSTBURG

I, the undersigned, do hereby request that my name be placed upon the Municipal Ballot as Candidate for the office of **COMMISSIONER OF WATER**, **PARKS AND RECREATION** of the City of Frostburg, at the election to be held in Frostburg on Tuesday, June 7, 2022 and I do state under oath and hereby certify under penalties of perjury that I am a citizen of the United States and that I am a qualified registered voter of the City of Frostburg.

My name shall appear as follows on the Ba	llot: Nina Forsythe (Please Print)
Name as Registered for Voting:	
	(If Different Than Above)
Street Address in the City of Frostburg:	53 Centennial St.
	Candidate Signature:
	nm Jath
City of Frostburg Witness:	Date: 3/23/22
auge Datu	
Date: 3 23 2022	

CITY OF FROSTBURG ELECTION CANDIDATE FILING FORM - 2022

FROSTBURG ETHICS COMMISSION

Frostburg Municipal Center 37 Broadway PO Box 440 Frostburg, MD 21532 301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Name: Nina Forsythe
Position: Com. of Water Parks and Recreation Reporting Year:2022
Home Address: 53 Centennial St., Frostburg, MD 2153Z
(address for employees not be disclosed under MPIA)
PART 2. SIGNATURE AND NOTARIZATION
This financial disclosure describes all interests and transactions and matters required to be disclosed by Title 4 of the Maryland Public Ethics Law, as modified by the Frostburg Ethics Commission pursuant to Section 2-103 (h) thereof, with respect to the period indicated and pertaining to the person filing the statement.
I hereby make oath or affirm that the contents of this financial disclosure statement are true and correct to the best of knowledge, information and belief.
Printed Name of Person Filing: Nina Forsythe
Signature of Person Filing: Mu Jythe Date: 3/23, 2022
Sworn before me this 23rd day of march, 2022
Printed Name of Notary Public: Angel Datri
Signature of Notary Public: augul Datu:
My Commission Expires January 27, 20 26
ANGEL DATRI NOTARY PUBLIC ALLEGANY COUNTY MARYLAND MY COMMISSION EXPRES 1-27-2026

Please Note: Fill in all schedules. If "none" is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

Report all interests in real property, wherever located (including leasehold interests), held at any time during the reporting period.

LOCATION	TYPE OF PROPERTY	NATURE	CO-OWNERS
Address or legal description. If property is primary personal residence, complete this column only	A. Improved/unimproved and B. Residential/Commercial	Direct/attributable and EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
53 Contennial St.			
53 Centennial St. Frostburg (primary residence)			
(pnmary visitance)			
		27	

SCHEDULE B. Gifts

Report all gifts over \$25.00 in value, or totaling more than \$100.00 in value from any one person, received by you during the reporting period, from a person doing business with or regulated by the City of Frostburg. Exclude gifts from immediate family members, other children and parents, and also regulated campaign contributions.

NATURE OF GIFT Indicate if cash; otherwise describe nature of gift.	VALUE Indicate dollar amount; otherwise retail value as receipt.	IDENTIFICATION OF PERSON FROM WHOM RECEIVED	IF GIVEN TO ANOTHER PERSON AT YOUR DIRECTION, IDENTIFY THAT PERSON
0			

SCHEDULE C. Offices, Directorships, and Salaried Employment

Report all offices, directorships, and salaried employment of yourself, your spouse, or dependent children during the reporting period with any business entity doing business with the City of Frostburg. *Do not complete the last column for spouses and children*.

NAME & ADDRESS List name and full address	NATURE List title and nature of	IDENTITY OF PERSON HOLDING POSITION	DATE OFFICE OF EMPLOYMENT BEGAN
of entity.	office or employment held.	Yourself, spouse, or dependent child.	
Frost burg State	Professor of Mathematics	Robert (spouse)	
University		,	
101 Braddock Rd.			
101 Braddock Rd. Trostbuy, FID 21532			

SCHEDULE D. Liabilities

To be completed by elected officials/candidates only.

Include all liabilities owed by you at any time during the reporting period to any entity doing business with the City. Exclude retail credit accounts; include any mortgages or other encumbrances on any property otherwise reported on this form if owed to an entity doing business with the City of Frostburg. An entity shall not be deemed to be doing business with the City merely because it purchases basic governmental services.

IDENTITY OF PERSON OR	DATE LIABILITY	TERMS	AMOUNT OF LIABILITY	DESCRIPTION OF SECURITY
ENTITY TO WHOM	OCCURED	Indicate interest rate and payment	Complete appropriate block to indicate amount of liability as	GIVEN FOR LIABILITY
LIABILITY IS OWED	Complete only if liability was incurred during the reporting period.	schedule of liability.	to the end of the reporting period. If debt is paid in full, put "O" in the first block.	LIABILIT I
0			\$10,000 or under	
			\$10,001 to \$25,000	T T
			\$25,001 or greater	

SCHEDULE E. Family members employed by the City.

To be completed by elected officials/candidates only.

List all members of your immediate family (spouse & dependent children) who were employed by the City of Frostburg in any capacity during the reporting period.

NAME OF PERSON	RELATIONSHIP	EMPLOYING CITY AGENCY AND POSITION HELD
None		

SCHEDULE F. Salaried Employment and Business Ownership

To be completed by elected officials/candidates only.

List the name and address of places of salaried employment and business entities wholly or partly owned by you, your spouse, or dependent children, and from which income was earned during the reporting period, whether or not the entity did business with the City of Frostburg.

NAME & ADDRESS OF ENTITY	NATURE OF INTEREST	
	Employment	Ownership
Frostburg State University 101 Bradd ock Rd. Frostburg, MD 21532	(professor)	

SCHEDULE G. Other

To be completed by elected officials/candidates only.

This is an optional schedule on which you may include any other information or interests that you wish to disclose.





TO THE BOARD OF ELECTIONS FOR THE CITY OF FROSTBURG

I, the undersigned, do hereby request that my name be placed upon the Municipal Ballot as Candidate for the office of **COMMISSIONER OF PUBLIC SAFETY** of the City of Frostburg, at the election to be held in Frostburg on Tuesday, June 7, 2022 and I do state under oath and hereby certify under penalties of perjury that I am a citizen of the United States and that I am a qualified registered voter of the City of Frostburg.

My name shall appear as follows on the Ballo	Kevin G. Grove
my name shall appear as renewed in the same	(Please Print)
Name as Registered for Voting:	·
	(If Different Than Above)
Street Address in the City of Frostburg:	mcCulloh St.
once / tadies in ine city of the size ig.	
	Candidate Signature:
	Kur Obne
City of Frostburg Witness:	Date: 01 05 2022
Elaine Jones	
Date: 1/4/22	

CITY OF FROSTBURG ELECTION CANDIDATE FILING FORM - 2022

FROSTBURG ETHICS COMMISSION

Frostburg Municipal Center 37 Broadway PO Box 440 Frostburg, MD 21532 301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Name Keym G. Grove	
Name:	
Position: Comer. of Public Selety	Reporting Year:2022
Home Address: 196 McCJlob St, Frostbug	md. 21532
(address for emplo	oyees not be disclosed under MPIA)
PART 2. SIGNATURE AND NOTARIZATION	
This financial disclosure describes all interests and transactio disclosed by Title 4 of the Maryland Public Ethics Law, as m Commission pursuant to Section 2-103 (h) thereof, with respertaining to the person filing the statement.	odified by the Frostburg Ethics
I hereby make oath or affirm that the contents of this financial correct to the best of knowledge, information and belief.	al disclosure statement are true and
Printed Name of Person Filing: Kevin G	re
Signature of Person Filing:	Date: 01 65 , 20 <u>2</u> 2
Sworn before me this 5 day of January	_, 20 <u>22</u> .
Printed Name of Notary Public: Karen Lashbo	ugh
Signature of Notary Public: Karen Hashbau	ugh KAREN !!!!
My Commission Expires 5//6, 20	24. PLANTED TO LAND
City of Frostburg Disclosure Statement	MARYLANDINI

Please Note: Fill in all schedules. If "none" is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

Report all interests in real property, wherever located (including leasehold interests), held at any time during the reporting period.

LOCATION	TYPE OF PROPERTY	NATURE	CO-OWNERS
Address or legal	A. Improved/unimproved	Direct/attributable	List any other person
description. If property is		1	having an interest in the
primary personal	and	and	property
residence, complete this		EXTENT	
column only	В.		
	Residential/Commercial	A. Fee simple, lease, etc.	1
		B. Solely or jointly	
		(include % if joint)	
196 Mcallos & Frostbog Ad. 2672			
0 1) 01 2572		.:	
mostpod accidis	71		
			5]
1			
	*		

SCHEDULE B. Gifts

Report all gifts over \$25.00 in value, or totaling more than \$100.00 in value from any one person, received by you during the reporting period, from a person doing business with or regulated by the City of Frostburg. Exclude gifts from immediate family members, other children and parents, and also regulated campaign contributions.

NATURE OF GIFT Indicate if cash; otherwise describe nature of gift.	VALUE Indicate dollar amount; otherwise retail value as receipt.	IDENTIFICATION OF PERSON FROM WHOM RECEIVED	IF GIVEN TO ANOTHER PERSON AT YOUR DIRECTION, IDENTIFY THAT PERSON
None	,		

SCHEDULE C. Offices, Directorships, and Salaried Employment

Report all offices, directorships, and salaried employment of yourself, your spouse, or dependent children during the reporting period with any business entity doing business with the City of Frostburg. Do not complete the last column for spouses and children.

NAME & ADDRESS List name and full address of entity.	NATURE List title and nature of office or employment	IDENTITY OF PERSON HOLDING POSITION Yourself, spouse, or	DATE OFFICE OF EMPLOYMENT BEGAN
	held.	dependent child.	
none			

SCHEDULE D. Liabilities

To be completed by elected officials/candidates only.

Include all liabilities owed by you at any time during the reporting period to any entity doing business with the City. Exclude retail credit accounts; include any mortgages or other encumbrances on any property otherwise reported on this form if owed to an entity doing business with the City of Frostburg. An entity shall not be deemed to be doing business with the City merely because it purchases basic governmental services.

IDENTITY OF PERSON OR	DATE LIABILITY	TERMS	AMOUNT OF LIABILITY	DESCRIPTION OF SECURITY
ENTITY TO WHOM LIABILITY IS OWED	OCCURED Complete only if liability was incurred during the reporting period.	Indicate interest rate and payment schedule of liability.	Complete appropriate block to indicate amount of liability as to the end of the reporting period. If debt is paid in full, put "O" in the first block.	GIVEN FOR LIABILITY
none			\$10,000 or under	
	,		\$10,001 to \$25,000	
			\$25,001 or greater	

SCHEDULE E. Family members employed by the City.

To be completed by elected officials/candidates only.

List all members of your immediate family (spouse & dependent children) who were employed by the City of Frostburg in any capacity during the reporting period.

NAME OF PERSON	RELATIONSHIP	EMPLOYING CITY AGENCY AND POSITION HELD
None		

SCHEDULE F. Salaried Employment and Business Ownership

To be completed by elected officials/candidates only.

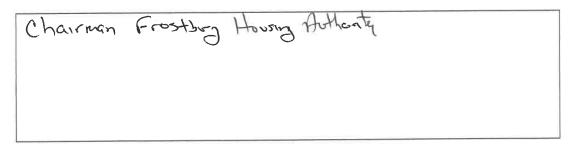
List the name and address of places of salaried employment and business entities wholly or partly owned by you, your spouse, or dependent children, and from which income was earned during the reporting period, whether or not the entity did business with the City of Frostburg.

NAME & ADDRESS OF ENTITY	NATURE OF INTEREST	
	Employment	Ownership
Morre		
		w w

SCHEDULE G. Other

To be completed by elected officials/candidates only.

This is an optional schedule on which you may include any other information or interests that you wish to disclose.





TO THE BOARD OF ELECTIONS FOR THE CITY OF FROSTBURG

I, the undersigned, do hereby request that my name be placed upon the Municipal Ballot as Candidate for the office of **COMMISSIONER OF PUBLIC SAFETY** of the City of Frostburg, at the election to be held in Frostburg on Tuesday, June 7, 2022 and I do state under oath and hereby certify under penalties of perjury that I am a citizen of the United States and that I am a qualified registered voter of the City of Frostburg.

My name shall appear as follows on the Bo	allot: MATT MCMORRAN
my name shan appear at tenent and an are	(Please Print)
Name as Registered for Voting:	(If Different Than Above)
Street Address in the City of Frostburg:	112 HILL STREET
	Candidate Signature:
	1. Macmi
City of Frostburg Witness:	Date: 4/11/22
Ecijakan Staniman	
Date: 4/11/22	

CITY OF FROSTBURG ELECTION CANDIDATE FILING FORM - 2022

FROSTBURG ETHICS COMMISSION

Frostburg Municipal Center 37 Broadway PO Box 440 Frostburg, MD 21532 301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Name: JAMES M. MCMORRAN I
Position: COMMISSIONER OF PUBLIC SAFETY Reporting Year: 2022
Home Address: 112 HILL STREET FROSTBURG, MD 21532
(address for employees not be disclosed under MPIA)
PART 2. SIGNATURE AND NOTARIZATION
This financial disclosure describes all interests and transactions and matters required to be disclosed by Title 4 of the Maryland Public Ethics Law, as modified by the Frostburg Ethics Commission pursuant to Section 2-103 (h) thereof, with respect to the period indicated and pertaining to the person filing the statement.
I hereby make oath or affirm that the contents of this financial disclosure statement are true and correct to the best of knowledge, information and belief.
Printed Name of Person Filing: JAMES M. MCMOREAN II Signature of Person Filing:
Printed Name of Notary Public: Angel Datri
Signature of Notary Public: Qual Data My Commission Expires January 27, 20 26. [SEAL]
My Commission Expires January 27, 20 26.
City of Frostburg Disclosure Statement ANGEL DATRI NOTARY PUBLIC ALLEGANY COUNTY MARYLAND MY COMMISSION EXPIRES 1-27-2028

Please Note: Fill in all schedules. If "none" is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

Report all interests in real property, wherever located (including leasehold interests), held at any time during the reporting period.

LOCATION	TYPE OF PROPERTY	NATURE	CO-OWNERS
Address or legal description. If property is primary personal residence, complete this column only	A. Improved/unimproved and B. Residential/Commercial	Direct/attributable and EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
112 HILL ST. FROSTBURG, NO 21522			
46/2 ORNAUD ST. FROSTBURG, MD ZISTZ	B.	B. 33 1/3 %	JULIE A. HARDY JAME L. WOODRING

SCHEDULE B. Gifts

Report all gifts over \$25.00 in value, or totaling more than \$100.00 in value from any one person, received by you during the reporting period, from a person doing business with or regulated by the City of Frostburg. Exclude gifts from immediate family members, other children and parents, and also regulated campaign contributions.

Indicate if cash; otherwise describe nature of gift.	VALUE Indicate dollar amount; otherwise retail value as receipt.	IDENTIFICATION OF PERSON FROM WHOM RECEIVED	IF GIVEN TO ANOTHER PERSON AT YOUR DIRECTION, IDENTIFY THAT PERSON
NONE			

SCHEDULE C. Offices, Directorships, and Salaried Employment

Report all offices, directorships, and salaried employment of yourself, your spouse, or dependent children during the reporting period with any business entity doing business with the City of Frostburg. *Do not complete the last column for spouses and children*.

NATURE	IDENTITY OF PERSON HOLDING POSITION	DATE OFFICE OF EMPLOYMENT
List title and nature of	Vourself chause or	BEGAN
held.	dependent child.	
	List title and nature of office or employment	List title and nature of office or employment HOLDING POSITION Yourself, spouse, or

SCHEDULE D. Liabilities

To be completed by elected officials/candidates only.

Include all liabilities owed by you at any time during the reporting period to any entity doing business with the City. Exclude retail credit accounts; include any mortgages or other encumbrances on any property otherwise reported on this form if owed to an entity doing business with the City of Frostburg. An entity shall not be deemed to be doing business with the City merely because it purchases basic governmental services.

IDENTITY OF PERSON OR ENTITY TO WHOM LIABILITY IS OWED	DATE LIABILITY OCCURED Complete only if liability was incurred during the reporting period.	TERMS Indicate interest rate and payment schedule of liability.	AMOUNT OF LIABILITY Complete appropriate block to indicate amount of liability as to the end of the reporting period. If debt is paid in full, put "O" in the first block.	DESCRIPTION OF SECURITY GIVEN FOR LIABILITY
NONE	period.		\$10,000 or under	
740140			\$10,001 to \$25,000	
			\$25,001 or greater	

SCHEDULE E. Family members employed by the City.

To be completed by elected officials/candidates only.

List all members of your immediate family (spouse & dependent children) who were employed by the City of Frostburg in any capacity during the reporting period.

NAME OF PERSON	RELATIONSHIP	EMPLOYING CITY AGENCY AND POSITION HELD
NONE		

To be completed by elected officials/candidates only.

List the name and address of places of salaried employment and business entities wholly or partly owned by you, your spouse, or dependent children, and from which income was earned during the reporting period, whether or not the entity did business with the City of Frostburg.

NAME & ADDRESS OF ENTITY	NATURE OF INTEREST	
	Employment	Ownership
JAMES M. MCMORRAN II MK DEVELOPMENT LLC 1005 N.GLEBE RD ARLINGTON, VA 22201		√ (35%)
SHANNON M. RALSTON (SPOUSE) ALEGANY COUNTY BOARD OF ED. 180 WASHINGTON ST. CUMBERLAND, MD 2150Z		

SCHEDULE G. Other

To be completed by elected officials/candidates only.

This is an optional schedule on which you may include any other information or interests that you wish to disclose.

Nove			



TO THE BOARD OF ELECTIONS FOR THE CITY OF FROSTBURG

I, the undersigned, do hereby request that my name be placed upon the Municipal Ballot as Candidate for the office of **COMMISSIONER OF PUBLIC WORKS** of the City of Frostburg, at the election to be held in Frostburg on Tuesday, June 7, 2022 and I do state under oath and hereby certify under penalties of perjury that I am a citizen of the United States and that I am a qualified registered voter of the City of Frostburg.

My name shall appear as follows on the Ball	lot: Adam Kitchey
mane shan appear as renewed as the	(Please Print)
Name as Registered for Voting:	
Traine as negations as a sample	(If Different Than Above)
Street Address in the City of Frostburg: 16	5 Washington Street
, , , , , , , , , , , , , , , , , , , ,	J
	Candidate Signature
	Ohn Att
City of Frostburg Witness:	Date: 3/14/22
Augel Dar Date: 3/14/2022	
Date: 3/14/2022	

CITY OF FROSTBURG ELECTION CANDIDATE FILING FORM - 2022

FROSTBURG ETHICS COMMISSION

Frostburg Municipal Center 37 Broadway PO Box 440 Frostburg, MD 21532 301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION
Name: Adam Ritchey
Position: Commissioner of Public Works Reporting Year:2022
Home Address: 165 Washington St Frostburg, MD, 21532
(address for employees not be disclosed under MPIA)
PART 2. SIGNATURE AND NOTARIZATION
This financial disclosure describes all interests and transactions and matters required to be disclosed by Title 4 of the Maryland Public Ethics Law, as modified by the Frostburg Ethics Commission pursuant to Section 2-103 (h) thereof, with respect to the period indicated and pertaining to the person filing the statement.
I hereby make oath or affirm that the contents of this financial disclosure statement are true and correct to the best of knowledge, information and belief.
Printed Name of Person Filing: Adam Ritchey Signature of Person Filing:
Sworn before me this, day of
Printed Name of Notary Public: Angel Datri
Signature of Notary Public: Augel Dart
My Commission Expires
NOTARY PUBLIC ALLEGANY COUNTY MARYLAND MY COMMISSION EXPIRES 1/27-2026

Please Note: Fill in all schedules. If "none" is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

Report all interests in real property, wherever located (including leasehold interests), held at any time during the reporting period.

LOCATION	TYPE OF PROPERTY	NATURE	CO-OWNERS
Address or legal description. If property is primary personal residence, complete this column only	A. Improved/unimproved and B. Residential/Commercial	Direct/attributable and EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
165 Woshington St Frostburg, MD 21532	-		
trostburg, MV			
21532			

SCHEDULE B. Gifts

Report all gifts over \$25.00 in value, or totaling more than \$100.00 in value from any one person, received by you during the reporting period, from a person doing business with or regulated by the City of Frostburg. Exclude gifts from immediate family members, other children and parents, and also regulated campaign contributions.

NATURE OF GIFT	VALUE	IDENTIFICATION OF PERSON FROM WHOM	IF GIVEN TO ANOTHER PERSON AT
Indicate if cash; otherwise describe nature of gift.	Indicate dollar amount; otherwise retail value as receipt.	RECEIVED	YOUR DIRECTION, IDENTIFY THAT PERSON
None	•		

SCHEDULE C. Offices, Directorships, and Salaried Employment

Report all offices, directorships, and salaried employment of yourself, your spouse, or dependent children during the reporting period with any business entity doing business with the City of Frostburg. Do not complete the last column for spouses and children.

NAME & ADDRESS List name and full address	NATURE List title and nature of	IDENTITY OF PERSON HOLDING POSITION	DATE OFFICE OF EMPLOYMENT BEGAN
of entity.	office or employment held.	Yourself, spouse, or dependent child.	
None			

SCHEDULE D. Liabilities

To be completed by elected officials/candidates only.

Include all liabilities owed by you at any time during the reporting period to any entity doing business with the City. Exclude retail credit accounts; include any mortgages or other encumbrances on any property otherwise reported on this form if owed to an entity doing business with the City of Frostburg. An entity shall not be deemed to be doing business with the City merely because it purchases basic governmental services.

IDENTITY OF	DATE	TERMS	AMOUNT OF LIABILITY	DESCRIPTION OF SECURITY
PERSON OR ENTITY TO WHOM LIABILITY IS OWED	Complete only if liability was incurred during the reporting period.	Indicate interest rate and payment schedule of liability.	Complete appropriate block to indicate amount of liability as to the end of the reporting period. If debt is paid in full, put "O" in the first block.	GIVEN FOR LIABILITY
			\$10,000 or under	
None			\$10,001 to \$25,000	
			\$25,001 or greater	

SCHEDULE E. Family members employed by the City.

To be completed by elected officials/candidates only.

List all members of your immediate family (spouse & dependent children) who were employed by the City of Frostburg in any capacity during the reporting period.

NAME OF PERSON	RELATIONSHIP	EMPLOYING CITY AGENCY AND POSITION HELD
None		

To be completed by elected officials/candidates only.

List the name and address of places of salaried employment and business entities wholly or partly owned by you, your spouse, or dependent children, and from which income was earned during the reporting period, whether or not the entity did business with the City of Frostburg.

NAME & ADDRESS OF ENTITY	NATURE OF INTEREST	
	Employment	Ownership
. 1		
None		

SCHEDULE G. Other

To be completed by elected officials/candidates only.

This is an optional schedule on	which you may include any	other information or	interests that
you wish to disclose.			

FROSTBURG ETHICS COMMISSION

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Frostburg Municipal Center 37 Broadway PO Box 440 Frostburg, MD 21532 301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Name: LJ./ LAURA SEAN BENNETT
Position: COMMUNITY DEVELOPMENT Reporting Year: 12022
Home Address:
(address for employees not be disclosed under MPIA)
PART 2. SIGNATURE AND NOTARIZATION
This financial disclosure describes all interests and transactions and matters required to be disclosed by Title 4 of the Maryland Public Ethics Law, as modified by the Frostburg Ethics Commission pursuant to Section 2-103 (h) thereof, with respect to the period indicated and pertaining to the person filing the statement.
I hereby make oath or affirm that the contents of this financial disclosure statement are true and correct to the best of knowledge, information and belief. Printed Name of Person Filing: L.J. LAV RA JEAN TOWNETT
Signature of Person Filing: Branch Date: APRIC 5, 20 22
Sworn before me this 5th day of April , 20 12.
Printed Name of Notary Public: Angel Datri
Signature of Notary Public: Qual Datri
My Commission Expires Unuary 27, 20 26. [SEAL] ANGEL DATRI NOTARY PUBLIC ALLEGANY COUNTY
City of Frostburg Disclosure Statement MARYLAND MY COMMISSION EXPIRES 1-27-2026

Please Note: Fill in all schedules. If "none" is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

Report all interests in real property, wherever located (including leasehold interests), held at any time during the reporting period.

LOCATION	TYPE OF PROPERTY	NATURE	CO-OWNERS
Address or legal description. If property is primary personal residence, complete this column only	A. Improved/unimproved and B. Residential/Commercial	Direct/attributable and EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
89 ORMANIO STREET, FROSTBUES, MD 21532	A.		John Daniel MPSRIDE

SCHEDULE B. Gifts

Report all gifts over \$25.00 in value, or totaling more than \$100.00 in value from any one person, received by you during the reporting period, from a person doing business with or regulated by the City of Frostburg. Exclude gifts from immediate family members, other children and parents, and also regulated campaign contributions.

NATURE OF GIFT Indicate if cash; otherwise describe nature of gift.	VALUE Indicate dollar amount; otherwise retail value as receipt.	IDENTIFICATION OF PERSON FROM WHOM RECEIVED	IF GIVEN TO ANOTHER PERSON AT YOUR DIRECTION, IDENTIFY THAT PERSON
N/A	N/A	N/A	N/A

SCHEDULE C. Offices, Directorships, and Salaried Employment

Report all offices, directorships, and salaried employment of yourself, your spouse, or dependent children during the reporting period with any business entity doing business with the City of Frostburg. Do not complete the last column for spouses and children.

NAME & ADDRESS List name and full address of entity.	NATURE List title and nature of office or employment held.	IDENTITY OF PERSON HOLDING POSITION Yourself, spouse, or dependent child.	DATE OFFICE OF EMPLOYMENT BEGAN
L.S. / CAURA SEAN BENNETT	Community Development Director	1	09/04/2011

SCHEDULE D. Liabilities

To be completed by elected officials/candidates only.

Include all liabilities owed by you at any time during the reporting period to any entity doing business with the City. Exclude retail credit accounts; include any mortgages or other encumbrances on any property otherwise reported on this form if owed to an entity doing business with the City of Frostburg. An entity shall not be deemed to be doing business with the City merely because it purchases basic governmental services.

IDENTITY OF	DATE	TERMS	AMOUNT OF LIABILITY	DESCRIPTION
PERSON OR	LIABILITY			OF SECURITY
ENTITY TO	OCCURED	Indicate interest	Complete appropriate block to	GIVEN FOR
WHOM		rate and payment	indicate amount of liability as	LIABILITY
LIABILITY IS	Complete only	schedule of	to the end of the reporting	
OWED	if liability was	liability.	period. If debt is paid in full,	
	incurred during		put "O" in the first block.	
	the reporting		_	
	period.			
			\$10,000 or under	
			. ,	
)		\$10,001 to \$25,000	
			\$25,001 or greater	
			\$25,001 of greater	

SCHEDULE E. Family members employed by the City.

To be completed by elected officials/candidates only.

List all members of your immediate family (spouse & dependent children) who were employed by the City of Frostburg in any capacity during the reporting period.

NAME OF PERSON	RELATIONSHIP	EMPLOYING CITY AGENCY AND POSITION HELD

To be completed by elected officials/candidates only.

List the name and address of places of salaried employment and business entities wholly or partly owned by you, your spouse, or dependent children, and from which income was earned during the reporting period, whether or not the entity did business with the City of Frostburg.

NAME & ADDRESS OF ENTITY	NATURE OF INTEREST	
	Employment	Ownership
	Employment	Ownersmp

SCHEDULE G. Other

To be completed by elected officials/candidates only.

This is an optional schedule on which you may include any other information or interests that you wish to disclose.



FROSTBURG ETHICS COMMISSION

Frostburg Municipal Center 37 Broadway PO Box 440 Frostburg, MD 21532 301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION
Name: NICHOLAS JOSEPH COSTELLO
Position: CHIEF OF POUCE Reporting Year: 2022
Home Address :
(address for employees not be disclosed under MPIA)
PART 2. SIGNATURE AND NOTARIZATION
This financial disclosure describes all interests and transactions and matters required to be disclosed by Title 4 of the Maryland Public Ethics Law, as modified by the Frostburg Ethics Commission pursuant to Section 2-103 (h) thereof, with respect to the period indicated and pertaining to the person filing the statement.
I hereby make oath or affirm that the contents of this financial disclosure statement are true and correct to the best of knowledge, information and belief.
Printed Name of Person Filing: NICHOLAS JUSTON COSTELLO
Signature of Person Filing: Market Date: 19, 2022
Sworn before me this 19 day of April , 20 32.
Printed Name of Notary Public: Karen Lashbaugh
Signature of Notary Public: Karen Hashbaugh
My Commission Expires 5/16 20 34. KAREN
City of Frostburg Disclosure Statement
"minima"

Please Note: Fill in all schedules. If "none" is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

Report all interests in real property, wherever located (including leasehold interests), held at any time during the reporting period.

LOCATION	TYPE OF PROPERTY	NATURE	CO-OWNERS
Address or legal description. If property is primary personal residence, complete this column only	A. Improved/unimproved and B. Residential/Commercial	Direct/attributable and EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property

City of Frostburg Disclosure Statement

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SCHEDULE B. Gifts

Report all gifts over \$25.00 in value, or totaling more than \$100.00 in value from any one person, received by you during the reporting period, from a person doing business with or regulated by the City of Frostburg. Exclude gifts from immediate family members, other children and parents, and also regulated campaign contributions.

NATURE OF GIFT Indicate if cash; otherwise describe nature of gift.	VALUE Indicate dollar amount; otherwise retail value as receipt.	IDENTIFICATION OF PERSON FROM WHOM RECEIVED	IF GIVEN TO ANOTHER PERSON AT YOUR DIRECTION, IDENTIFY THAT PERSON
NA			

SCHEDULE C. Offices, Directorships, and Salaried Employment

Report all offices, directorships, and salaried employment of yourself, your spouse, or dependent children during the reporting period with any business entity doing business with the City of Frostburg. Do not complete the last column for spouses and children.

NAME & ADDRESS List name and full address of entity.	NATURE List title and nature of office or employment held.	IDENTITY OF PERSON HOLDING POSITION Yourself, spouse, or dependent child.	DATE OFFICE OF EMPLOYMENT BEGAN
NA			

SCHEDULE D. Liabilities

To be completed by elected officials/candidates only.

Include all liabilities owed by you at any time during the reporting period to any entity doing business with the City. Exclude retail credit accounts; include any mortgages or other encumbrances on any property otherwise reported on this form if owed to an entity doing business with the City of Frostburg. An entity shall not be deemed to be doing business with the City merely because it purchases basic governmental services.

IDENTITY OF PERSON OR	DATE	TERMS	AMOUNT OF LIABILITY	DESCRIPTION OF SECURITY
ENTITY TO WHOM LIABILITY IS OWED	Complete only if liability was incurred during the reporting period.	Indicate interest rate and payment schedule of liability.	Complete appropriate block to indicate amount of liability as to the end of the reporting period. If debt is paid in full, put "O" in the first block.	GIVEN FOR LIABILITY
			\$10,000 or under	
			\$10,001 to \$25,000	
			\$25,001 or greater	

SCHEDULE E. Family members employed by the City.

To be completed by elected officials/candidates only.

List all members of your immediate family (spouse & dependent children) who were employed by the City of Frostburg in any capacity during the reporting period.

NAME OF PERSON	RELATIONSHIP	EMPLOYING CITY AGENCY AND POSITION HELD

To be completed by elected officials/candidates only.

List the name and address of places of salaried employment and business entities wholly or partly owned by you, your spouse, or dependent children, and from which income was earned during the reporting period, whether or not the entity did business with the City of Frostburg.

NAME & ADDRESS OF ENTITY	NATURE OF	INTEREST
	Employment	Ownership

SCHEDULE G. Other

To be completed by elected officials/candidates only.

This is an optional schedule on which you may include any other information or interests that you wish to disclose.



FROSTBURG ETHICS COMMISSION

Frostburg Municipal Center 37 Broadway PO Box 440 Frostburg, MD 21532 301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

disclosed by Title 4 of the Maryland Public Ethics Law, as modified by the Frostburg Ethics Commission pursuant to Section 2-103 (h) thereof, with respect to the period indicated and pertaining to the person filing the statement.

I hereby make oath or affirm that the contents of this financial disclosure statement are true and correct to the best of knowledge, information and belief.

Printed Name of Person Filing: Elaine Jones			- -01	
Signature of Person Filing:	Date:	April	6	_, 20_22
Sworn before me this day of	22.			
Printed Name of Notary Public: Karen Lashbaugh				
Signature of Notary Public: Karon Hashbaugh		MAREN	LASHA	11/10
My Commission Expires $5-16 2024$.	11111	A NO	TARL	UGH
City of Frostburg Disclosure Statement	THUM.	TAN MAN	16.202 17, MA	THE THE PERSON IN

Please Note: Fill in all schedules. If "none" is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

Report all interests in real property, wherever located (including leasehold interests), held at any time during the reporting period.

LOCATION	TYPE OF PROPERTY	NATURE	CO-OWNERS
Address or legal description. If property is primary personal residence, complete this column only	A. Improved/unimproved and B. Residential/Commercial	Direct/attributable and EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property

SCHEDULE B. Gifts

Report all gifts over \$25.00 in value, or totaling more than \$100.00 in value from any one person, received by you during the reporting period, from a person doing business with or regulated by the City of Frostburg. Exclude gifts from immediate family members, other children and parents, and also regulated campaign contributions.

NATURE OF GIFT Indicate if cash; otherwise describe nature of gift.	VALUE Indicate dollar amount; otherwise retail value as receipt.	IDENTIFICATION OF PERSON FROM WHOM RECEIVED	IF GIVEN TO ANOTHER PERSON AT YOUR DIRECTION, IDENTIFY THAT PERSON
None		ę	

SCHEDULE C. Offices, Directorships, and Salaried Employment

Report all offices, directorships, and salaried employment of yourself, your spouse, or dependent children during the reporting period with any business entity doing business with the City of Frostburg. Do not complete the last column for spouses and children.

NAME & ADDRESS List name and full address of entity.	NATURE List title and nature of office or employment held.	IDENTITY OF PERSON HOLDING POSITION Yourself, spouse, or dependent child.	DATE OFFICE OF EMPLOYMENT BEGAN
None			

SCHEDULE D. Liabilities

To be completed by elected officials/candidates only.

Include all liabilities owed by you at any time during the reporting period to any entity doing business with the City. Exclude retail credit accounts; include any mortgages or other encumbrances on any property otherwise reported on this form if owed to an entity doing business with the City of Frostburg. An entity shall not be deemed to be doing business with the City merely because it purchases basic governmental services.

IDENTITY OF PERSON OR ENTITY TO WHOM LIABILITY IS OWED	DATE LIABILITY OCCURED Complete only if liability was incurred during the reporting	TERMS Indicate interest rate and payment schedule of liability.	AMOUNT OF LIABILITY Complete appropriate block to indicate amount of liability as to the end of the reporting period. If debt is paid in full, put "O" in the first block.	DESCRIPTION OF SECURITY GIVEN FOR LIABILITY
	period.		\$10,000 or under \$10,001 to \$25,000 \$25,001 or greater	

SCHEDULE E. Family members employed by the City.

To be completed by elected officials/candidates only.

List all members of your immediate family (spouse & dependent children) who were employed by the City of Frostburg in any capacity during the reporting period.

NAME OF PERSON	RELATIONSHIP	EMPLOYING CITY AGENCY AND POSITION HELD

To be completed by elected officials/candidates only.

List the name and address of places of salaried employment and business entities wholly or partly owned by you, your spouse, or dependent children, and from which income was earned during the reporting period, whether or not the entity did business with the City of Frostburg.

NAME & ADDRESS OF ENTITY	NATURE OF	INTEREST
	Employment	Ownership
	1	

SCHEDULE G. Other

To be completed by elected officials/candidates only.

This is an optional schedule on which you may include any other information or interests that you wish to disclose.

FROSTBURG ETHICS COMMISSION

Frostburg Municipal Center 37 Broadway PO Box 440 Frostburg, MD 21532 301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Please Note: Fill in all schedules. If "none" is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

Report all interests in real property, wherever located (including leasehold interests), held at any time during the reporting period.

LOCATION	TYPE OF PROPERTY	NATURE	CO-OWNERS
Address or legal description. If property is primary personal residence, complete this column only	A. Improved/unimproved and B. Residential/Commercial	Direct/attributable and EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
NONE			

SCHEDULE B. Gifts

Report all gifts over \$25.00 in value, or totaling more than \$100.00 in value from any one person, received by you during the reporting period, from a person doing business with or regulated by the City of Frostburg. Exclude gifts from immediate family members, other children and parents, and also regulated campaign contributions.

NATURE OF GIFT Indicate if cash; otherwise describe nature of gift.	VALUE Indicate dollar amount; otherwise retail value as receipt.	IDENTIFICATION OF PERSON FROM WHOM RECEIVED	IF GIVEN TO ANOTHER PERSON AT YOUR DIRECTION, IDENTIFY THAT PERSON
NONE			

SCHEDULE C. Offices, Directorships, and Salaried Employment

Report all offices, directorships, and salaried employment of yourself, your spouse, or dependent children during the reporting period with any business entity doing business with the City of Frostburg. Do not complete the last column for spouses and children.

NAME & ADDRESS	NATURE	IDENTITY OF PERSON HOLDING POSITION	DATE OFFICE OF EMPLOYMENT
List name and full address	List title and nature of		BEGAN
of entity.	office or employment	Yourself, spouse, or	
	held.	dependent child.	
1			
NONE			
1001.0			

SCHEDULE D. Liabilities

To be completed by elected officials/candidates only.

Include all liabilities owed by you at any time during the reporting period to any entity doing business with the City. Exclude retail credit accounts; include any mortgages or other encumbrances on any property otherwise reported on this form if owed to an entity doing business with the City of Frostburg. An entity shall not be deemed to be doing business with the City merely because it purchases basic governmental services.

IDENTITY OF PERSON OR	DATE LIABILITY	TERMS	AMOUNT OF LIABILITY	DESCRIPTION OF SECURITY
ENTITY TO WHOM LIABILITY IS OWED	OCCURED Complete only in liability was incurred during the reporting period.	Indicate interest rate and payment schedule of liability.	Complete appropriate block to indicate amount of liability as to the end of the reporting period. If debt is paid in full, put "O" in the first block.	GIVEN FOR LIABILITY
			\$10,000 or under	
			\$10,001 to \$25,000	
			\$25,001 or greater	

SCHEDULE E. Family members employed by the City.

To be completed by elected officials/candidates only.

List all members of your immediate family (spouse & dependent children) who were employed by the City of Frostburg in any capacity during the reporting period.

NAME OF PERSON	RELATIONSHIP	EMPLOYING CITY AGENCY AND POSITION HELD

To be completed by elected officials/candidates only.

List the name and address of places of salaried employment and business entities wholly or partly owned by you, your spouse, or dependent children, and from which income was earned during the reporting period, whether or not the entity did business with the City of Frostburg.

NAME & ADDRESS OF ENTITY	NATURE OF	INTEREST
	Employment	Ownership
SCHEDULE G. Other		
To be completed by elected officials/candidates	only.	
This is an optional schedule on which you may you wish to disclose.	include any other inform	nation or interests that

FROSTBURG ETHICS COMMISSION

Frostburg Municipal Center 37 Broadway PO Box 440 Frostburg, MD 21532 301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Name: Bizabeth Staniman
Position: City 14 duning strator Reporting Year:2022
Home Address:
(address for employees not be disclosed under MPIA)
PART 2. SIGNATURE AND NOTARIZATION
This financial disclosure describes all interests and transactions and matters required to be disclosed by Title 4 of the Maryland Public Ethics Law, as modified by the Frostburg Ethics Commission pursuant to Section 2-103 (h) thereof, with respect to the period indicated and pertaining to the person filing the statement.
I hereby make oath or affirm that the contents of this financial disclosure statement are true and correct to the best of knowledge, information and belief.
Printed Name of Person Filing: Elizabeth Stanman
Signature of Person Filing: August April Date: 4/19, 2022 Sworn before me this 19 day of April , 2000.
Printed Name of Notary Public: Karen Lashbaugh
Signature of Notary Public: Karen Hashbaugh
My Commission Expires 5-16-2024, 20 NOTAR NOTAR SEAL!
City of Frostburg Disclosure Statement

Please Note: Fill in all schedules. If "none" is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

Report all interests in real property, wherever located (including leasehold interests), held at any time during the reporting period.

LOCATION	TYPE OF PROPERTY	NATURE	CO-OWNERS
Address or legal description. If property is primary personal residence, complete this column only	A. Improved/unimproved and B. Residential/Commercial	Direct/attributable and EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
cash Valley Ro. comberland M. 14 P. 131	unimproved farmland	Fee simple	Matt Stanlman

SCHEDULE B. Gifts

Report all gifts over \$25.00 in value, or totaling more than \$100.00 in value from any one person, received by you during the reporting period, from a person doing business with or regulated by the City of Frostburg. Exclude gifts from immediate family members, other children and parents, and also regulated campaign contributions.

NATURE OF GIFT Indicate if cash; otherwise describe nature of gift.	VALUE Indicate dollar amount; otherwise retail value as receipt.	IDENTIFICATION OF PERSON FROM WHOM RECEIVED	IF GIVEN TO ANOTHER PERSON AT YOUR DIRECTION, IDENTIFY THAT PERSON
n/a			

SCHEDULE C. Offices, Directorships, and Salaried Employment

Report all offices, directorships, and salaried employment of yourself, your spouse, or dependent children during the reporting period with any business entity doing business with the City of Frostburg. Do not complete the last column for spouses and children.

NAME & ADDRESS List name and full address of entity.	NATURE List title and nature of office or employment held.	IDENTITY OF PERSON HOLDING POSITION Yourself, spouse, or dependent child.	DATE OFFICE OF EMPLOYMENT BEGAN
Wa -			

SCHEDULE D. Liabilities

To be completed by elected officials/candidates only.

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IDENTITY OF	DATE	TERMS	AMOUNT OF LIABILITY	DESCRIPTION
PERSON OR	LIABILITY			OF SECURITY
ENTITY TO	OCCURED	Indicate interest	Complete appropriate block to	GIVEN FOR
WHOM \		rate and payment	indicate amount of liability as	LIABILITY
LIABILITY IS	Complete only	schedule of	to the end of the reporting	
OWED	if liability was	liability.	period. If debt is paid in full,	
	incurred during		put "O" in the first block.	
	the reporting			
	period.		010.000	
			\$10,000 or under	
	\			
			\$10,001 to \$25,000	
			-	
			\$25 001 or greater	
			\$25,001 or greater	

SCHEDULE E. Family members employed by the City.

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RELATIONSHIP	EMPLOYING CITY AGENCY AND POSITION HELD
	RELATIONSHIP

To be completed by elected officials/candidates only.

List the name and address of places of salaried employment and business entities wholly or partly owned by you, your spouse, or dependent children, and from which income was earned during the reporting period, whether or not the entity did business with the City of Frostburg.

NAME & ADDRESS OF ENTITY	NATURE OF	INTEREST
	Employment	Ownership

SCHEDULE G. Other

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FROSTBURG ETHICS COMMISSION

Frostburg Municipal Center 37 Broadway PO Box 440 Frostburg, MD 21532 301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Name: BRIAN VOUGHT	-
Position: DIR. PARK & REC	Reporting Year: 2022
Home Address : _	
(address for emp	loyees not be disclosed under MPIA)
PART 2. SIGNATURE AND NOTARIZATION	
This financial disclosure describes all interests and transaction disclosed by Title 4 of the Maryland Public Ethics Law, as n Commission pursuant to Section 2-103 (h) thereof, with respectationing to the person filing the statement.	nodified by the Frostburg Ethics
I hereby make oath or affirm that the contents of this financial correct to the best of knowledge, information and belief.	al disclosure statement are true and
Printed Name of Person Filing: BRIAN VOUGHT Signature of Person Filing: Brian P. Vought	Date: 8 APRIL, 2022
Sworn before me this 8th day of APRIL	, 20 <u><i>2</i>2</u> .
Printed Name of Notary Public: Karen Lashbau	igh
Signature of Notary Public: Karen Yashbaug	The state of the s
My Commission Expires	AEI COMA
City of Frostburg Disclosure Statement	COUNTY, MAN

Please Note: Fill in all schedules. If "none" is applicable, please state.

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LOCATION	TYPE OF PROPERTY	NATURE	CO-OWNERS
Address or legal description. If property is primary personal residence, complete this column only	A. Improved/unimproved and B. Residential/Commercial	Direct/attributable and EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
185 Ormand &. Frotbulb, MD 21532	RESIDENTIAL RENTAL PROPERTY		

SCHEDULE B. Gifts

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nla				

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of entity.	office or employment	Yourself, spouse, or	
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nja			

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IDENTITY OF	DATE	TERMS	AMOUNT OF LIABILITY	DESCRIPTION
PERSON OR	LIABILITY	Y 15		OF SECURITY
ENTITY TO WHOM	OCCURED	Indicate interest rate and payment	Complete appropriate block to indicate amount of liability as	GIVEN FOR LIABILITY
LIABILITY IS	Complete only	schedule of	to the end of the reporting	LIABILITY
OWED	if liability was	liability.	period. If debt is paid in full,	
	incurred during		put "O" in the first block.	
	the reporting		-	
	period.			
			\$10,000 or under	
	1			
			\$10,001 to \$25,000	
	/			
			\$25,001 or greater	
			φ25,001 of greater	

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	Employment	Ownership

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