



AGENDA ~ Frostburg Ethics Commission Meeting

DATE: Tuesday, March 26, 2024
TIME: 3:30 PM
PLACE: Frostburg Municipal Center Meeting Room - 37 Broadway

Page

1. CALL TO ORDER

2. NEW BUSINESS

2.1. Review of Candidate Certificates of Candidacies/Ethics Statements

2 - 38

Motion to [approve] candidates to be placed on the ballot for the 2024 City of Frostburg Election.

[D. Carter](#)

[W.R. Flanigan](#)

[N. Forsythe](#)

[K. Grove](#)

[T. Logsdon](#)

[A. Ritchey](#)

2.2. Review of Senior Staff Ethics Forms

39 - 53

[N. Costello_Redacted](#)

[B. Fife_Redacted](#)

[E. Jones_Redacted](#)

[H. Lindsey_Redacted](#)

[E. Stahlman_Redacted](#)

3. ADJOURNMENT



CERTIFICATE OF CANDIDACY FOR THE CITY OF FROSTBURG 2024

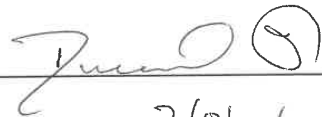
I, the undersigned, do hereby request that my name be placed upon the Municipal Ballot as Candidate for the office of **COMMISSIONER OF FINANCE** of the City of Frostburg, at the election to be held in Frostburg on Tuesday, June 4, 2024 and I do state under oath and hereby certify under penalties of 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: Donald (Donny) L. Carter Jr
(Please Print)

Name as Registered for Voting: _____
(If Different Than Above)

Street Address in the City of Frostburg: 37 Frostburg MD 21532

Candidate Signature:



City of Frostburg Witness:

Date: 2/13/24



Date: 2/13/24

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: Donald (Denny) L. Carter Jr

Position: Commissioner of Finance Reporting Year: January 1-December 30, 2023

Home Address : 37 Frost Ave, 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: Donald L. Carter Jr

Signature of Person Filing: [Signature] Date: 2/13, 2024

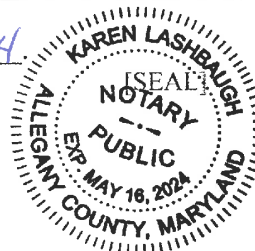
Sworn before me this 13 day of February, 2024.

Printed Name of Notary Public: Karen Lashbaugh

Signature of Notary Public: Karen Lashbaugh

My Commission Expires May 16, 2024.

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 Address or legal description. If property is primary personal residence, complete this column only	TYPE OF PROPERTY A. Improved/unimproved and B. Residential/Commercial	NATURE Direct/attributionable and EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	CO-OWNERS List any other person having an interest in the property
37 First Ave Frostburg, MD	Improved Residential	Direct 50%	Stacy K. Carter
74 Linden St Frostburg	Improved Residential	Direct 50%	Stacy K. Carter
76 Linden St Frostburg	Improved Residential	Direct 50%	Stacy K. Carter
4-6 Broadway Frostburg	Improved Commercial	Direct 50%	Stacy K. Carter
4-11-13 W Main Frostburg	Improved Commercial	Direct 50%	Stacy K. Carter
7 W Main St Frostburg	Improved Commercial	Direct 50%	Stacy K. Carter
12 W Main St Frostburg	Improved Commercial	Direct 50%	Stacy K. Carter
774 Ocean Pkwy Berlin, MD	Improved Residential	Direct 50%	Stacy K. Carter

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
Chamber of Commerce	Board Member Volunteer	Spouse	2023
Police Accountability Board	Board Member Paid	Spouse	2023

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			\$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
Carter & Rogue Real Estate 11 W Main St, Frostburg	Staff	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.

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CERTIFICATE OF CANDIDACY FOR THE CITY OF FROSTBURG 2024

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 4, 2024 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: W. Robert Aniger
(Please Print)

Name as Registered for Voting: _____
(If Different Than Above)

Street Address in the City of Frostburg: 27 Teaberry Lane

Candidate Signature:

W. Robert Aniger

City of Frostburg Witness:

Date: 2-1-24

Elizabeth Hanman

Date: 2-1-24

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: W. Robert Flanagan
Position: Mayor Reporting Year: January 1-December 30, 2023
Home Address: 27 Teaberry Lane, 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: W. Robert Flanagan
Signature of Person Filing: [Signature] Date: 2-24, 2024

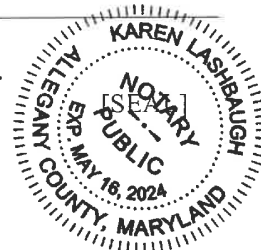
Sworn before me this 1 day of February, 2024.

Printed Name of Notary Public: Karen Lashbaugh

Signature of Notary Public: Karen Lashbaugh

My Commission Expires 5/16, 2024.

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 Address or legal description. If property is primary personal residence, complete this column only	TYPE OF PROPERTY A. Improved/unimproved <i>and</i> B. Residential/Commercial	NATURE Direct/attributable <i>and</i> EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	CO-OWNERS List any other person having an interest in the property
27 Teaberry Lane	Improved, Residential	Fee Simple and Jointly Opened	Annette Flanigan
85, 87, 89, 120, & 122 S. Grant Street	Improved, Residential 135 Residential Rental Units + Mobile home park		Annette Flanigan Andrew J. Smith Yvonne Smith
60 Spring			
64 Linden			
316, 324, 328, & 332 Braddock St.			
220-230 Welsh Hill Rd			
Maplehurst Park			

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
Western Maryland Security RR	Board Chair Volunteer	Self	3/4/24

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
N/A			\$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
N/A		

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
MUE, LLC 87 S. Green St Frostburg, MD. 21532		Self - 25% Spouse - 25%

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.

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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
N/A		

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.

N/A



CERTIFICATE OF CANDIDACY FOR THE CITY OF FROSTBURG 2024

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 4, 2024 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: 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:

Nina Forsythe
Date: 3/8/24

City of Frostburg Witness:

Deborah Heath
Date: 3/8/24

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 & Rec. Reporting Year: January 1-December 30, 2023
Home Address : 53 Centennial St., Frostburg, MD 21532
(address for employees not be disclosed under MPLA)

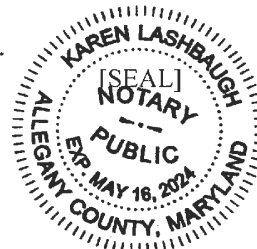
PART 2. SIGNATURE AND NOTARIZATION

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: Nina Forsythe Date: 3/8, 2024
Sworn before me this 8 day of March, 2024.
Printed Name of Notary Public: Karen Hashbaugh
Signature of Notary Public: Karen Hashbaugh
My Commission Expires 5/16/2024, 20 .

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

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
Frostburg State University 101 Bradlock Rd Frostburg, MD 21532	Prof. of Mathematics	husband	2006

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
			\$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
		

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 Braddock Rd. Frostburg, MD 21532	Salaried employment	

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.

I do some freelance editing but don't have a registered business and earn less than \$5,000/yr. from that.



CERTIFICATE OF CANDIDACY FOR THE CITY OF FROSTBURG 2024

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 4, 2024 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: Kevin G Grove
(Please Print)

Name as Registered for Voting: _____
(If Different Than Above)

Street Address in the City of Frostburg: 196 McCulloch Street

Candidate Signature:

Kevin G Grove

City of Frostburg Witness:

Date: 01/10/24

Deborah Heath

Date: 1/10/24

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: Kevin G. Grove

Position: Comm. of Public Safety Reporting Year: January 1-December 30, 2023

Home Address: 196 McCulloh 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: Kevin G. Grove

Signature of Person Filing: [Signature] Date: 01/10, 2024

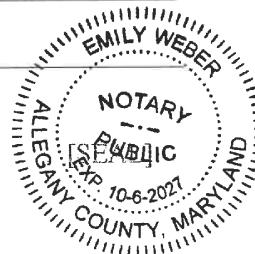
Sworn before me this 10 day of January, 2024.

Printed Name of Notary Public: Emily Weber

Signature of Notary Public: [Signature]

My Commission Expires October 6, 2027.

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 Address or legal description. If property is primary personal residence, complete this column only	TYPE OF PROPERTY A. Improved/unimproved <i>and</i> B. Residential/Commercial	NATURE Direct/attributable <i>and</i> EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	CO-OWNERS List any other person having an interest in the property
196 McCulloch St Frostburg Md 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 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
Frostburg House Authority 101 Frostville	Chairman Volunteer	Self	1999

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
N/A			\$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
Allegheny County Sheriff's Dept School Security Officer 695 Kelly Road, Cumberland Md.	✓	
Monomental Process Services Process Server 823 MLK Jr. Blvd. Baltimore MD 21201	✓	
Spouse: State Highway Admin. HR 1251 Locke Road LaVale Md. 21502	✓	

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.

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CERTIFICATE OF CANDIDACY FOR THE CITY OF FROSTBURG 2024

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 4, 2024 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: Todd J. Logsdon
(Please Print)

Name as Registered for Voting: Todd Joseph Logsdon
(If Different Than Above)

Street Address in the City of Frostburg: 63 Victoria Lane, city

Candidate Signature:

Todd J. Logsdon

City of Frostburg Witness:

Date: March 13, 2024

Deborah Heath

Date: 3/13/24

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: Todd J. Logsdon

Position: Mayor (Candidate) Reporting Year: January 1-December 30, 2023

Home Address : 63 Victoria Lane, 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: Todd J. Logsdon

Signature of Person Filing: Todd J. Logsdon Date: March 13, 2024

Sworn before me this 13 day of March, 2024.

Printed Name of Notary Public: Terri L. Colberg

Signature of Notary Public: Terri L. Colberg

My Commission Expires 08-02-, 2024.

[SEAL]

City of Frostburg Disclosure Statement

TERRI LYNN COLBERG
NOTARY PUBLIC
ALLEGANY COUNTY 1
MARYLAND
My Commission Expires 08-02-2024

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 <i>and</i> B. Residential/Commercial	Direct/attributable <i>and</i> EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
63 Victoria Lane Frostburg, MD 21532 (Primary Residence)			

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 held.	IDENTITY OF PERSON HOLDING POSITION Yourself, spouse, or dependent child.	DATE OFFICE OF EMPLOYMENT BEGAN
ACPS - Mtn. Ridge High 108 Washington St. Camb.	Teacher - Full time Salaried	Self	8/22/2018
Frostburg Fire Dept. 75 S. Water St, City	Member - no salary Secretary - \$250 stipend	Self	1/31/2021
Frostburg Arion Band P.O. Box 303, city	President - No salary	Self	8/10/2016
Frostburg Museum Assoc. 56 E. Main St. city	Bd. of Directors No salary	Self	3/1/2022
Frostburg EIKS 126 E. Main St. city	Officer - No salary	Self	4/1/2022

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
Citizens Bank Mortgage Co.		2.875% for 30 yrs.	\$10,000 or under \$10,001 to \$25,000 \$25,001 or greater	Primary Residence

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
Allegany County Public Schools Mountain Ridge High School 100 Grasmick Lane, Frostburg MD 21532	I am employed here.	No
Garrett County Schools Northern Garrett High School 86 Pride Parkway Accident, MD 21520	My wife is employed here.	No
PI Tax Prep, DBA Jackson Hewitt 723 Park Street, Cumberland MD 21502	I was employed here	No

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.

None -



CERTIFICATE OF CANDIDACY FOR THE CITY OF FROSTBURG 2024

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 4, 2024 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: Adam Ritchey
(Please Print)

Name as Registered for Voting: _____
(If Different Than Above)

Street Address in the City of Frostburg: 89 South Grant St. Apt 1B1

Candidate Signature:

Adam Ritchey

City of Frostburg Witness:

Date: 3/19/24

Elizabeth Jaruma

Date: 3/19/2024

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: January 1-December 30, 2023

Home Address : 89 South Grant St Apt 1B1 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: [Signature] Date: 3/19, 2024

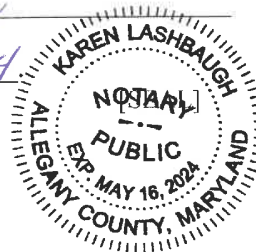
Sworn before me this 19 day of March, 2024.

Printed Name of Notary Public: Karen Lashbaugh

Signature of Notary Public: Karen Lashbaugh

My Commission Expires 5/16, 2024

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 <i>and</i> B. Residential/Commercial	Direct/attributable <i>and</i> EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
165 Washington St Frostburg MD 21532 (Sold October 2023)			Shauna Ritchey

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
N/A			

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
N/A			\$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
N/A		

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
USPS 215 Park St Cumberland MD 21532	Salary	

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.

Director of Frostburg Rec Softball League

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 J. Costello

Position: Chief of Police Reporting Year: January 1-December 30, 2023

Home Address : [REDACTED]
(address for employees not be disclosed under MPLA)

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 J. Costello

Signature of Person Filing: [Signature] Date: March 25, 2024

Sworn before me this 25 day of March, 2024.

Printed Name of Notary Public: Karen Lashbaugh

Signature of Notary Public: Karen Lashbaugh

My Commission Expires 5/16/, 2024.

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 <i>and</i> B. Residential/Commercial	Direct/attributable <i>and</i> EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
 (Primary Personal Residence with Business Office)	Improved	Fee Simple	n/a

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
Housing Authority of the City of Frostburg 101 Meshach Frost Vg Frostburg, MD 21532	Volunteer Board Member	Whitney Costello (Wife)	February 20, 2024
Benevolent & Protective Order of Elks, Frostburg Loge 470 126 E. Main St. Frostburg, MD 21532	Volunteer Officer Exalted Ruler	Nicholas J. Costello	April 1, 2023

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: Bethany L. Fife

Position: Director of Community Development Reporting Year: January 1-December 30, 2023

Home Address [REDACTED]
(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: Bethany L. Fife

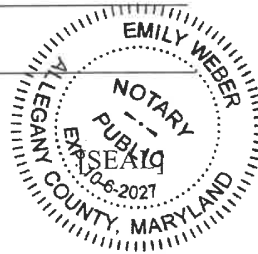
Signature of Person Filing: Bethany L. Fife Date: March 25, 2024

Sworn before me this 25th day of March, 2024.

Printed Name of Notary Public: Emily Weber

Signature of Notary Public: [Signature]

My Commission Expires October 16, 2027.



City of Frostburg Disclosure Statement

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

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
• Frostburg First 41 E. Main St., FBG	Secretary, Board of Directors (volunteer)	Self	August 2023
• AllCo Solid waste Mgmt. Board 701 Kelly Rd., Cumberland	Vice chair, Board of Directors (volunteer)	Self	November 2023

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: Elaine Jones

Position: Director of Finance Reporting Year: January 1-December 30, 2023

Home Address : [REDACTED]
(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: Elaine Jones

Signature of Person Filing: Elaine Jones Date: March 22, 2024

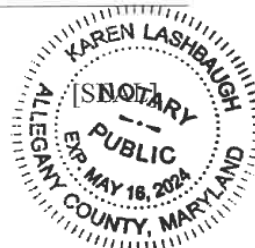
Sworn before me this 22 day of March, 2024.

Printed Name of Notary Public: Karen Lashbaugh

Signature of Notary Public: Karen Lashbaugh

My Commission Expires 5/16, 2024.

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 <i>and</i> B. Residential/Commercial	Direct/attributionable <i>and</i> 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
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
Frostburg Memorial Park 70 Green Street Frostburg, MD 21532	Board Member	David Jones- Spouse	

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: HAYDEN LINDSEY

Position: DIRECTOR OF PUBLIC WORKS Reporting Year: January 1-December 30, 2023

Home Address : [REDACTED]
[REDACTED] (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: HAYDEN LINDSEY

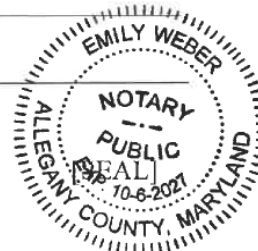
Signature of Person Filing: [Signature] Date: 3/25, 2024

Sworn before me this 25th day of March, 2024.

Printed Name of Notary Public: Emily Weber

Signature of Notary Public: [Signature]

My Commission Expires October 6, 2027.



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 <i>and</i> B. Residential/Commercial	Direct/attributable <i>and</i> EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
NA			

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			

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: Elizabeth Stahlman

Position: City Administrator Reporting Year: January 1-December 30, 2023

Home Address : [REDACTED]
(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 Stahlman

Signature of Person Filing: Elizabeth Stahlman Date: March 25, 2024

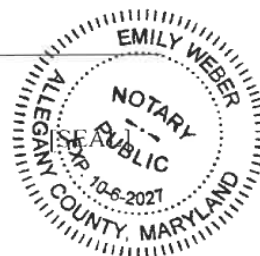
Sworn before me this 25th day of March, 2024.

Printed Name of Notary Public: Emily Weber

Signature of Notary Public: Emily Weber

My Commission Expires October 16, 2027.

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 Address or legal description. If property is primary personal residence, complete this column only	TYPE OF PROPERTY A. Improved/unimproved <i>and</i> B. Residential/Commercial	NATURE Direct/attributable <i>and</i> EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	CO-OWNERS List any other person having an interest in the property
 24 acres near cash valley rd	improved / residential unimproved / agriculture	Direct Fee Simple 50%	Matthew Stahman

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 held.	IDENTITY OF PERSON HOLDING POSITION Yourself, spouse, or dependent child.	DATE OFFICE OF EMPLOYMENT BEGAN
Maryland Rural Water Assoc.	Vice President, volunteer position	SELF	MAY 2023 as VP MAY 2022 as Board Member
FSU college of Business advisory Board	Board Member volunteer position	SELF	2019