

**BOARD OF EDUCATION OF CARROLL COUNTY**  
**125 NORTH COURT STREET**  
**WESTMINSTER, MARYLAND 21157**

**FINANCIAL DISCLOSURE STATEMENT- FORM #2**

This form is to be used by officials designated in Section 4 of Board of Education Policy BC.

*I Would Like To Be Notified If Someone Looks At My Form* ☐

**Instructions:**

1. Fill in the preliminary information requested in the box below. Be sure to correctly identify the reporting period.
2. Upon completion of your financial disclosure statement, sign and date the lower portion of the page and make the required oath or affirmation.

**Regular Reporting Period: January 1 through \_\_\_\_\_.**

**PLEASE PRINT OR TYPE**

FIRST NAME	INITIAL	LAST NAME
POSITION		
CURRENT AGENCY ADDRESS (WHERE YOU CAN BE SENT CORRESPONDENCE)		
CURRENT POSITION OR OFFICE HELD WITH THE SCHOOL SYSTEM		
E-MAIL ADDRESS		

I hereby make oath or affirm under the penalties of perjury that the contents of this financial disclosure statement, including all documentation attached hereto, are complete, true and correct to the best of my knowledge, information and belief.

Signature of Person Filing: \_\_\_\_\_ Date \_\_\_\_\_

# FINANCIAL DISCLOSURE STATEMENT- FORM #2

## CONFLICTS OF INTEREST

1. Do you participate on behalf of the school system in any matter that would, to your knowledge, have a substantial and material financial impact, in a manner distinguishable from the public generally, on you, your spouse, parent(s), brother(s), sister(s), child(ren), dependent(s), or a business entity with which you are affiliated?

Yes\_\_\_\_\_ No\_\_\_\_\_

2. Have you received financial compensation or honoraria from another entity for any work performed or for any product and/or service developed during the performance of your normal and customary employment duties for Carroll County Public Schools?

Yes\_\_\_\_\_ No\_\_\_\_\_

3. Do you hold any outside employment relationship that would impair your impartiality or independence of judgment?

Yes\_\_\_\_\_ No\_\_\_\_\_

4. Have you represented any party, for a contingent fee, before the school system?

Yes\_\_\_\_\_ No\_\_\_\_\_

5. Do you agree that you will not act as a compensated representative of another in connection with any specific matter in which you participated substantially as a school official or employee? (This paragraph does not prohibit Board of Education officials and employees following termination of their school system service from accepting employment with other Boards of Education, the Local, State, or Federal government.)

Yes\_\_\_\_\_ No\_\_\_\_\_

6. Have you solicited any gift from any business entity or person other than an immediate family member who is under the authority of the school system or who has or is negotiating a contract with the school system?

Yes\_\_\_\_\_ No\_\_\_\_\_

## FINANCIAL DISCLOSURE STATEMENT- FORM #2

7. Have you accepted gifts of greater than \$20.00 in excess of a value of \$20 or a series of gifts from the same donor with a cumulative value of \$100 or more from any business entity or person other than an immediate family member who is under the authority of the school system or who has or is negotiating a contract with the school system?

Yes\_\_\_\_\_ No\_\_\_\_\_

8. Have you in any way used the prestige of your office for your own benefit or that of another?

Yes\_\_\_\_\_ No\_\_\_\_\_

9. Have you used confidential information acquired in your official school system position for your own benefit or that of another?

Yes\_\_\_\_\_ No\_\_\_\_\_

10. Other than in the discharge of your official duties, have you disclosed or used for your own economic benefit, confidential information that you acquired by reason of your position and that is not available to the public?

Yes\_\_\_\_\_ No\_\_\_\_\_

11. Do you have a financial or contractual relationship with the University of Maryland Medical System, State or Local Government, or a Quasi-Governmental Entity?

Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes:

11A: Please provide a description of the relationship: \_\_\_\_\_

11B: What is the subject matter of the relationship: \_\_\_\_\_

11C: What consideration was given: \_\_\_\_\_

**Note:** If the answer to any question, except #5, on this form is "Yes," describe the explanation for the "Yes" answer and submit a "Request for School System Ethics Panel Interpretation." (last page of this document).

If the answer to question #1, 6, or 7 is "Yes" as to a business entity, provide any other names that the business is trading as or doing business as:

## FINANCIAL DISCLOSURE STATEMENT- FORM #2

The following is a list of any gifts of greater than \$20 or a series of gifts from the same donor with a cumulative value of \$100 received during the preceding calendar year from any person under the authority of the school system or having a contract with the school system:

Write NONE if you have nothing to report.

[illegible]

## FINANCIAL DISCLOSURE STATEMENT- FORM #2

LIST OF STOCK HOLDINGS HAVING A MARKET VALUE GREATER THAN \$2,500

Write NONE if you have nothing to report.

[illegible]

# **REQUEST FOR SCHOOL SYSTEM ETHICS PANEL INTERPRETATION**

## **WHO MUST FILE**

This request for a School System Ethics Panel interpretation may be filed with the School System Ethics Panel by any person required to file under Sections 4 and 5 of Board Policy BC.

## **WHEN THE FORM MUST BE FILED**

This form shall be filed sufficiently in advance of any anticipated action to allow adequate disclosure to the public or immediately after a school official has any question whether a conflict of interest as defined in Board policy BC exists.

***(ONLY COMPLETE THIS FORM IF YOU FALL UNDER THESE GUIDELINES;  
OTHERWISE, LEAVE BLANK)***

## **CONFLICT OF INTEREST**

Explain in detail any circumstance for which you are requesting the School System Ethics Panel to interpret whether you have a conflict of interest as defined in Board Policy BC including any matter in which you may participate as a person covered under Sections 4 and 5 of policy BC which would, to your knowledge, have a direct financial impact, as distinguished from the public generally, on you, your spouse or dependent child, or a business entity with which you are affiliated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
School / Department

Date: \_\_\_\_\_

Approved by the Panel: \_\_\_\_\_