

**THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM
STATEMENT OF FINANCIAL INTEREST**

(January 1, 2021 THROUGH December 31, 2021)

Name _____ Calendar Year: **2021**

Job Title (Position) _____

Work Location _____

Home Address _____
(Street) (City) (State) (Zip)

Home Phone _____ Work Phone _____ E-Mail _____

**SCHEDULE A – Financial Interest in Real Property or Land Holdings within Howard County
(including personal residence)**

_____ None

<u>Address or Location</u>	<u>Size of Property</u>	<u>Date Acquired</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHEDULE B – Financial Interest in Business Entity or Profession

Do you hold or have you acquired an interest of 3% or more in a business that is under the authority of or has or is negotiating a contract of \$5000 or more with the Howard County Public School System? If so, please explain below.

_____ None

<u>Name and Address of Business & Stock Exchange Traded (if applicable)</u>	<u>Nature of Interest (e.g. sole owner, stockholder)</u>	<u>Extent of Interest (3% or more)</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Are you affiliated with a business that is under the authority of or has or is negotiating a contract of \$5000 or more with the Howard County Public School System? If so, please explain below.

_____ None

SCHEDULE C - List all sources of earned income (such as wages, or other compensation), other than your Howard County Public School System income.

Source(s) of income and type: _____

SCHEDULE D - List and explain all gifts received or solicited (including property, money, services, or forgiveness of interest or debts) valued in excess of \$20 or totaling \$100 in value from (a) firms or individuals doing business with the Howard County Public School System; (b) any person who is under the authority of the Howard County Public School System; or, (c) any person who has or is negotiating for a contract with the Howard County Public School System.

_____ None

SCHEDULE E -

- If your spouse or any member of your immediate family is employed by or affiliated in any manner with Howard County Public School System, please provide the name(s), work location(s), position(s), and relationship(s). (See Nepotism Policy 7020 for definition of immediate family.)

_____ None

Schedule F -

- Use Schedule F to disclose additional interest or other information.

I hereby certify that the information contained in these schedules, which constitute the sworn Statement of Financial Interest, is true, correct, and complete to the best of my knowledge.

Printed Name

Signature

Date

IF THE INFORMATION SUPPLIED IN THIS FORM CHANGES DURING THIS REPORTING YEAR YOU MUST FILE AN AMENDED FORM WITHIN 30 DAYS OF THE CHANGE IN CIRCUMSTANCES.

PLEASE EMAIL YOUR COMPLETED AND SIGNED FORM TO:
Ethics_Panel@hcpss.org.

Revised 1/2020