



CARROLL COUNTY ETHICS COMMISSION

225 N. Center Street, Room 113

Westminster, Maryland 21157

(410)386-2094

MONTHLY GIFT DISCLOSURE STATEMENT

Instructions:

1. Please complete the information requested in the boxes below as applicable. **THIS FORM MUST ONLY BE COMPLETED IF YOU HAVE RECEIVED A GIFT.** Please complete the form in the month in which the gift is received.
2. Please sign and date the lower portion of the page and make the required oath or affirmation before a notary public or other officer authorized to take oaths.

Reporting Period: _____, 20__

FIRST NAME	INITIAL	LAST NAME
AGENCY (Include Department, Bureau/Office or Board/Commission)		
AGENCY ADDRESS		
CURRENT POSITION OR OFFICE HELD WITH COUNTY (if applicable)		
OFFICE FOR WHICH CERTIFICATE OF CANDIDACY IS BEING OR HAS BEEN FILED (if applicable)		

I hereby make oath or affirm that the contents of this Monthly Gift Disclosure Statement, including the attached schedule, are true and correct to the best of my knowledge, information and belief.

Signature of Person Filing: _____

Date: _____

Sworn to before me this _____ **day of** _____, 20__

Signature of Notary Public: _____

Printed/typed name of Notary Public: _____

My Commission Expires: _____

SCHEDULE A: List any gifts received during the month. Include the name of the donor of the gift and the approximate retail value at the time of receipt. See Section 18-9 of the County Ethics Code for additional information regarding gifts.