



## Certificate of Candidacy

FROSTBURG CITY ELECTION  
Tuesday, June 4, 2024

1. Applications are specific for the position desired, i.e. Mayor or Commissioners.
2. Applications must be signed and dated by the Candidate witnessed by a City Employee at Frostburg City Hall – 37 Broadway (M-F 8 am to 4 pm)
3. Applications must be accompanied by the Disclosure Statement for the Frostburg Ethics Commission.
4. Applications must be accompanied by a non-refundable \$10.00 fee.
5. Deadline for Candidates to File: 4:00 pm, Wednesday, March 20, 2024.



## 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: \_\_\_\_\_  
(Please Print)

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

Street Address in the City of Frostburg: \_\_\_\_\_

Candidate Signature:

\_\_\_\_\_

City of Frostburg Witness:

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

\_\_\_\_\_

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

**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: \_\_\_\_\_

Position: \_\_\_\_\_ Reporting Year: January 1-December 30, 2023

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: \_\_\_\_\_

Signature of Person Filing: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Printed Name of Notary Public: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

My Commission Expires \_\_\_\_\_, 20\_\_.

[SEAL]

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

**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

**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
			<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">\$10,000 or under</div> <hr style="border: 0.5px solid black;"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">\$10,001 to \$25,000</div> <hr style="border: 0.5px solid black;"/> <div style="border: 1px solid black; padding: 2px;">\$25,001 or greater</div>	

**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

**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.