



City of Bowie Ethics Commission  
15901 Excalibur Road, Bowie, MD 20716  
P: 301-809-3075  
F: 301-809-2302  
[www.cityofbowie.org/ethics](http://www.cityofbowie.org/ethics)

(Note: Please type or print **legibly** or the form will not be accepted.)

**FINANCIAL DISCLOSURE STATEMENT FOR CERTAIN CITY EMPLOYEES  
AND APPOINTED MEMBERS OF BOARDS AND COMMISSIONS**

for **2020**

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First Name

Middle Initial

Last Name

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Mailing Address (**check whether work or home** )

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City, Town, or Post Office, State and Zip Code

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Reliable Phone (home, cell, or work) (required)

E-mail

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City position held (Do not use initialisms or acronyms)

This statement includes the front and back of this page. It lists all interests and related matters required to be disclosed pursuant to Section 2-72 of the Bowie City Code, for the calendar year **2020**, which is the reporting period. **The statement must be completely filled out before it will be accepted.** Use additional paper as necessary. Failure to file a timely Financial Disclosure Statement may lead to the imposition of a late fee of \$2 per day, up to a maximum of \$250, pursuant to §2-69M of the Code.

**Oath or Affirmation and Signature**

I solemnly swear or affirm under the penalties of perjury that the contents of this statement, including any attachments thereto, are complete, true, and correct to the best of my knowledge, information, and belief.

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Date

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Signature

**SCHEDULE A: GIFTS**

1. For the reporting period, did you receive any gift, either directly or indirectly, from (or on behalf of) any person or business entity that is doing business with the City.

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please answer the following questions for each gift.

2. (a) Describe each gift (including cash).

(b) State the retail value of each gift.

(c) State the name of the person from whom, or on whose behalf, the gift was received.