



**CARROLL COUNTY ETHICS COMMISSION**  
 225 N. Center Street, Room 113  
 Westminster, Maryland 21157  
 (410)386-2061

**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:** \_\_\_\_\_, 200\_

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

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.