



AFFIDAVIT AND DISCLOSURE OF CONTRIBUTION

For Petitions to Amend the Zoning Regulations, Zoning Maps and Preliminary Develop Plans of Howard County

Zoning Matter: ZRA-213

AFFIDAVIT AS TO CONTRIBUTIONS TO CANDIDATES AND BUSINESS ENGAGEMENTS WITH ELECTED OFFICIALS

As required by the Maryland Public Ethics Law Annotated Code of Maryland, General
Provisions Article Sections 5-852 through 5-854

ALL BOLDDED TERMS ARE DEFINED BY SECTION 5-852 MARK EACH PARAGRAPH AS
APPLICABLE

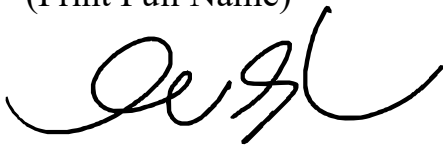
1. I, LIZ WAGSH, the **Applicant** filing an **Application** in the above zoning matter, to the best of my information, knowledge, and belief ☐ HAVE / ☒ HAVE NOT made a **Contribution** or contributions having a cumulative value of \$500 or more to the treasurer of a **Candidate** or the treasurer of a **Political Committee** during the 48-month period before the **Application** was filed; and I ☐ AM / ☒ AM NOT currently **Engaging in Business** with an **Elected Official**. OTHER
2. I, the ☒ **Applicant** or a ☐ **Party of Record** in the above referenced zoning matter, acknowledge and affirm that, if I or my **Family Member** has made a **Contribution** or contributions having a cumulative total of \$500 or more during the 48-month period before the **Application** was filed or during the pendency of the **Application**, I will file a disclosure providing the name of the **Candidate** or **Elected Official** to whose treasurer or **Political Committee** the **Contribution** was made, the amount, and the date of the **Contribution**; and that a **Contribution** made between the filing and the disposition of the **Application** will be disclosed within 5 business days after the **Contribution**.

3. I, the ☐ **Applicant**, acknowledge and affirm that, if I begin **Engaging in Business** with an **Elected Official** between the filing and the disposition of the **Application**, I will file this Affidavit at the time of **Engaging in Business** with the **Elected Official**.

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY and upon personal knowledge that the contents of this Affidavit are true.

KEWALSH

(Print Full Name)



(Sign full name & indicate legal capacity, if applicable)

23APR25

Date

Zoning Matter: _____

DISCLOSURE OF CONTRIBUTION

As required by the Maryland Public Ethics Law Annotated Code of Maryland, General Provisions Article Sections 5-852 through 5-854

ALL BOLDED TERMS ARE DEFINED BY SECTION 5-852

If the **Applicant** or a **Party of Record** or their **Family Member** has made a **Contribution** or contributions having a cumulative value of \$500 or more during the 48-month period before the **Application** is filed or during the pendency of the **Application**, the **Applicant** or the **Party of Record** must file this disclosure providing the name of the **Candidate** or **Elected Official** to whose treasurer or **Political Committee** the **Contribution** was made, the amount, and the date of the **Contribution**.

For a **Contribution** made during the 48-month period before the **Application** is filed, the **Applicant** must file this disclosure when they file their **Application**, and a **Party of Record** must file this disclosure within 2 weeks after entering the above zoning matter.

A **Contribution** made between the filing and the disposition of the **Application** must be disclosed within 5 business days after the **Contribution**.

Any person who knowingly and willfully violates Sections 5-852 through 5-854 of the General Provisions Article of the Annotated Code of Maryland is subject to a fine of not more than \$5,000. If the person is not an individual, each officer and partner who knowingly authorized or participated in the violation is subject to the same penalty.

Applicant or Party of Record: Liz Walsh
(Print Full Name)

RECIPIENTS OF CONTRIBUTIONS:

NAME	DATE	AMOUNT

I acknowledge and affirm that any **Contribution** I make between the filing of this disclosure and the disposition of the **Application** must be disclosed within 5 business days of the **Contribution**.

LIZ WALSH

(Print Full Name)



(Sign full name & indicate legal capacity, if applicable)

234/225

Date

This Affidavit must be signed, scanned and uploaded through the ProjectDox Zoning Petition Application process at <https://howard-md-us.avovecloud.com/ProjectDox/>

For more information or questions, contact DPZ at (410) 313-2350.