



THE CITY OF FROSTBURG

Ethics Commission Meeting Agenda

Thursday, April 10, 2025 at 3:30 PM

Frostburg Municipal Center Meeting Room 100
37 S. Broadway, Frostburg, MD 21532

1. **Call to Order**
2. New Business
 - A. Review of Elected Officials Ethics Statements
 - B. Review of Senior Staff Ethics Statements
3. Adjournment

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: Donald L Carter Jr

Position: Commissioner of Finance Reporting Year: January 1-December 30, 2024

Home Address: 37 Frost Ave, Frostburg, MD

(address for employees not be disclosed under MPLA)

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: Donald L. Carter, JR

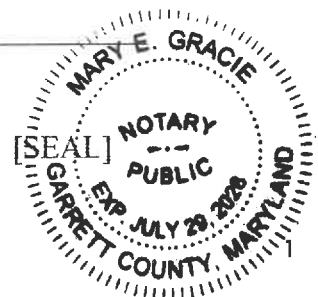
Signature of Person Filing: [Signature] Date: April 9, 2025

Sworn before me this 9 day of April, 2025.

Printed Name of Notary Public: Mary E. Gracie

Signature of Notary Public: [Signature]

My Commission Expires July 29, 2028.



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/attributable <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
37 Frost Ave, Frostburg	Improved/Residential	Direct/Jointly 50%	Stacy K. Carter
74 Linden St, Frostburg	Improved/Residential	Direct/Jointly 50%	Stacy K. Carter
76 Linden St, Frostburg	Improved/Residential	Direct/Jointly 50%	Stacy K. Carter
4-6 S. Broadway, Frostburg	Improved/Commercial	Direct/Jointly 50%	Stacy K. Carter
11 W. Main St, Frostburg	Improved/Commercial	Direct/Jointly 50%	Stacy K. Carter
7 W. Man St, Frostburg	Improved/Commercial	Direct/Jointly 50%	Stacy K. Carter
17 W. Main St, Frostburg	Improved/Commercial	Direct/Jointly 50%	Stacy K. Carter
774 Ocean Parkway, Berlin, MD	Improved/Residential	Direct/Jointly 50%	Stacy K. Carter

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
None			

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
None			

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
None			\$10,000 or under	
			\$10,001 to \$25,000	
			\$25,001 or greater	

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
None		

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
Carter & Roque Real Estate 11 W Main St, Frostburg, MD	Owned 50%	
Carter Hospitality Group 11 W Main St, Frostburg, MD	Owned 25%	
Better Homes and Gardens Real Estate Old Line Group 7 W. Main St, Frostburg, MD	Owned 100%	
Old 40 Trading Company 11 W. Main St, Frostburg, MD	Owned 50%	
Toasted Goat Winery 3 W. First St, Frostburg	Owned 50%	

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.

FROSTBURG ETHICS COMMISSION

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37 Broadway
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DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

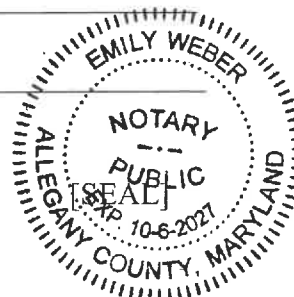
Name: Nina Forsythe
Position: Commissioner of Water, Parks and Recreation Reporting Year: January 1-December 30, 2025
Home Address: 53 Centennial St., Frostburg, MD 21532
(address for employees not be disclosed under MPIA)

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: Nina Forsythe
Signature of Person Filing: Nina Forsythe Date: March 18, 2025
Sworn before me this 19th day of March, 2025.
Printed Name of Notary Public: Emily Weber
Signature of Notary Public: [Signature]
My Commission Expires October 6, 2027.



Please Note: Fill in all schedules. If “none” is applicable, please state.

PART 3. FILING SCHEDULES

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53 Centennial St. Frostburg			

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
Frostburg State University 101 Bradbrook Rd Frostburg, MD 21532	VPMB Professor of Mathematics	spouse	2006

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>\$10,000 or under</div> <div>\$10,001 to \$25,000</div> <div>\$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.

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: Kevin G. Grove

Position: Commissioner of Public Safety Reporting Year: January 1-December 30, 2025

Home Address: 196 McCulloh St. Frostburg Md 21532

(address for employees not be disclosed under MPIA)

PART 2. SIGNATURE AND NOTARIZATION

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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: Kevin G. Grove

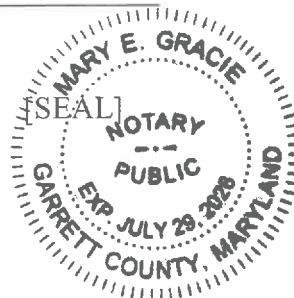
Signature of Person Filing: [Signature] Date: March 18, 2025

Sworn before me this 27 day of March, 2025.

Printed Name of Notary Public: Mary E. Gracie

Signature of Notary Public: [Signature]

My Commission Expires July 29, 2028



Please Note: Fill in all schedules. If “none” is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

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196 McCallah St Frostburg md 21532			

SCHEDULE B. Gifts

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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
None			

SCHEDULE C. Offices, Directorships, and Salaried Employment

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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
None			

SCHEDULE D. Liabilities

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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.

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NAME OF PERSON	RELATIONSHIP	EMPLOYING CITY AGENCY AND POSITION HELD
None		

SCHEDULE F. Salaried Employment and Business Ownership

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SCHEDULE G. Other

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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: Todd Logsdon

Position: Mayor Reporting Year: January 1-December 30, 2024

Home Address: 63 Victoria Lane, Frostburg, Maryland 21532
(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: Todd Logsdon

Signature of Person Filing: Todd Logsdon Date: March 21, 2025

Sworn before me this 21 day of March, 2025

Printed Name of Notary Public: Mary E. Gracie

Signature of Notary Public: Mary E. Gracie

My Commission Expires July 29, 2025.



Please Note: Fill in all schedules. If “none” is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

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63 Victoria Lane Frostburg (primary residence)			

SCHEDULE B. Gifts

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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
None			

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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
<i>Allegheny County Public Schools (Mountain Ridge) 100 Greenwich Lane, City</i>	<i>Employed (Salary) as a teacher</i>	<i>Both myself & my wife</i>	<i>8/22/2018</i>
<i>Frostburg Fire Dept. 75 S. Water St. - city</i>	<i>Recruiting Secretary</i>	<i>Myself</i>	<i>1/1/2021</i>
<i>Frostburg Museum</i>	<i>Trustee</i>	<i>Myself</i>	<i>8/2022</i>
<i>Frostburg Area Band</i>	<i>President</i>	<i>Myself</i>	<i>5/2013</i>
<i>Frostburg Echo</i>	<i>Officer</i>	<i>Myself</i>	<i>4/5/2022</i>

SCHEDULE D. Liabilities

To be completed by elected officials/candidates only.

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IDENTITY OF PERSON OR ENTITY TO WHOM LIABILITY IS OWED	DATE LIABILITY OCCURED	TERMS	AMOUNT OF LIABILITY	DESCRIPTION OF SECURITY GIVEN FOR LIABILITY
	Complete only if liability was incurred during the reporting period.	Indicate interest rate and payment schedule 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.	
None			\$10,000 or under	
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SCHEDULE E. Family members employed by the City.

To be completed by elected officials/candidates only.

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NAME OF PERSON	RELATIONSHIP	EMPLOYING CITY AGENCY AND POSITION HELD
None		

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
<i>Allegheny County Public Schools Mountain Ridge High School 100 Grassmick Lane, city</i>	<i>Salaried (Myself & my wife)</i>	
<i>Julie Baker, CPA 140 E. Main Street, city</i>	<i>Employed, Part-Time Seasonal</i>	
<i>City of Frostburg, MD 37 S. Broadway, city</i>	<i>Salaried (elected official)</i>	

SCHEDULE G. Other

To be completed by elected officials/candidates only.

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None.

FROSTBURG ETHICS COMMISSION

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37 Broadway
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DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Name: Adam Ritchey
Position: Commissioner of Public Works Reporting Year: January 1-December 30, 2024
Home Address: 89 S Grant St Apt 1B1
Frostburg, MD 21532 (address for employees not be disclosed under MPIA)

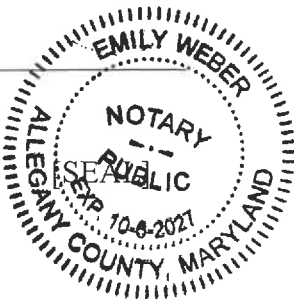
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I hereby make oath or affirm that the contents of this financial disclosure statement are true and correct to the best of knowledge, information and belief.

Printed Name of Person Filing: Adam Ritchey
Signature of Person Filing: [Signature] Date: 3/24, 2025
Sworn before me this 24th day of March, 2025.

Printed Name of Notary Public: Emily Weber
Signature of Notary Public: [Signature]
My Commission Expires October 6, 2027.



Please Note: Fill in all schedules. If “none” is applicable, please state.

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SCHEDULE G. Other

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N/A

FROSTBURG ETHICS COMMISSION

Frostburg Municipal Center
37 Broadway
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301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Name: Lydia G. Claar

Position: Project Manager Reporting Year: January 1-December 30, 2024

Home Address: [REDACTED]

[REDACTED] (address for employees not be disclosed under MPIA)

PART 2. SIGNATURE AND NOTARIZATION

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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: Lydia G. Claar

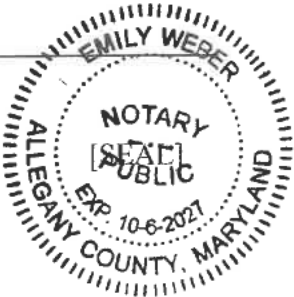
Signature of Person Filing: [Signature] Date: March 19, 2025

Sworn before me this 19th day of March, 2025.

Printed Name of Notary Public: Emily Weber

Signature of Notary Public: [Signature]

My Commission Expires October 6, 2027.



Please Note: Fill in all schedules. If “none” is applicable, please state.

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N/A - NONE			

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
N/A - NONE			

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
N/A - NONE			

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: Nicholas Joseph Costello

Position: Chief of Police Reporting Year: January 1-December 30, 2024

Home Address: [REDACTED] *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: Nicholas Joseph Costello

Signature of Person Filing: [Signature] Date: March 26, 2025

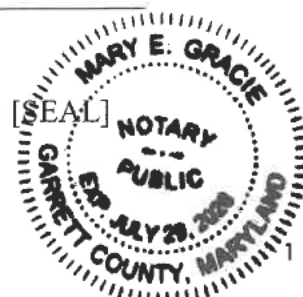
Sworn before me this 26 day of March, 2025.

Printed Name of Notary Public: Mary E. Gracie

Signature of Notary Public: [Signature]

My Commission Expires July 29, 2028.

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/attributable <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
<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> (Pimary Personal Residence)	--	--	--
3225 Chestnut Ridge Road, Grantsville, Maryland 21536	Improved, Commercial Office	Leasehold Interest by Costello & Hoover, LLC (Member of LLC)	Costello & Hoover, LLC (Members Brandon James Hoover & Nicholas J. Costello)
67 Mt. Pleasant Street, Frostburg, Maryland 21532	Improved, Residential	Spouse (Whitney Costello) holds Remainderman Interest	Vicky Evans (Life Estate), Whitney Costello (Remainderman)

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
None – N/A			

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
Benevolent and Protective Order of Elks, Frostburg Lodge 470	Esteemed Leading Knight, Past Exalted Ruler	Self	Volunteer officer all of reporting period
Benevolent and Protective Order of Elks, Frostburg Lodge 470	Inside Guard	Spouse (Whitney Costello)	Volunteer officer all of reporting period
Knights of Columbus, Frostburg Council 1442	Grand Knight; Inner Guard	Self	Volunteer officer all of reporting period

Fraternal Order of Police Lodge 90	Second Vice President	Self	Volunteer officer all of reporting period
Frostburg Housing Authority	Board Member	Spouse (Whitney Costello)	Volunteer member part of reporting period
Maryland Chiefs of Police Association, Inc.	Chaplain/Chaplain Committee	Self	Volunteer officer all of reporting period

FROSTBURG ETHICS COMMISSION

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DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Name: Bethany Fife

Position: Dir. of Community Development Reporting Year: January 1-December 30, 2024

Home Address: [REDACTED]
(address for employees not be disclosed under MPIO)

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: Bethany Fife

Signature of Person Filing: Bethany Fife Date: March 19, 2025

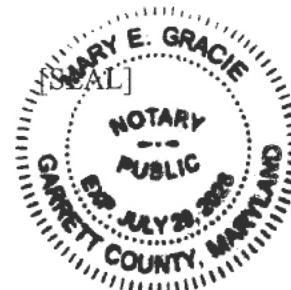
Sworn before me this 19 day of March, 2025.

Printed Name of Notary Public: Mary E Gracie

Signature of Notary Public: Mary E Gracie

My Commission Expires July 29, 2028.

City of Frostburg Disclosure Statement



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 and B. Residential/Commercial	Direct/attributionable and EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
<div></div> (primary personal residence)	Residential		N/A



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
N/A			

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
• Frostburg First 41 E. Main St., FBG	Secretary, Board of Directors (appointed by m&cc)	Self	August 2023
• Allco Solid Waste mgmt. Board 701 Kelly Rd., Cumberland	Vice Chair, Board of Directors (appointed volunteer)	Self	November 2023

FROSTBURG ETHICS COMMISSION

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301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Name: Elaine Jones

Position: Director of Finance Reporting Year: January 1-December 30, 2024

Home Address: [REDACTED]

(address for employees not be disclosed under MPLA)

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: Elaine Jones

Signature of Person Filing: Elaine Jones Date: March 21, 2025

Sworn before me this 21 day of March, 2025.

Printed Name of Notary Public: Mary E. Gracie

Signature of Notary Public: Mary E. Gracie

My Commission Expires July 29, 2028.



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/attributable <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
<div></div>			

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.

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N/A			

SCHEDULE C. Offices, Directorships, and Salaried Employment

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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
N/A			

FROSTBURG ETHICS COMMISSION

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301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Name: HAYDEN LINDSEY

Position: DIRECTOR OF PUBLIC WORKS Reporting Year: January 1-December 30, 2024

Home Address: [REDACTED]
[REDACTED] (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: HAYDEN LINDSEY

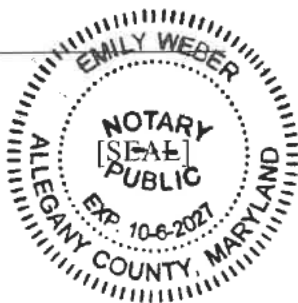
Signature of Person Filing: [Signature] Date: 3/20, 2025

Sworn before me this 20th day of March, 2025.

Printed Name of Notary Public: Emily Weber

Signature of Notary Public: [Signature]

My Commission Expires October 6, 2027.



Please Note: Fill in all schedules. If “none” is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

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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/attributable <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
NA			

SCHEDULE B. Gifts

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NA			

SCHEDULE C. Offices, Directorships, and Salaried Employment

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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
NA.			

