

In the Matter of

Ulysses Currie

Respondent

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Before the

State Ethics Commission

Complaint No. C-29-09

### ORDER

Having considered the Stipulation of Settlement Agreement entered into between Respondent, Ulysses Currie, and William J. Colquhoun, Staff Counsel to the State Ethics Commission on October 17, 2012, the State Ethics Commission hereby determines that the matter complained of herein has been settled by the Respondent's execution of the Stipulation of Settlement, attached hereto and made part hereof, and payment of the sum of Ten Thousand Dollars (\$10,000) pursuant to paragraphs C of the Stipulation of Settlement. It is hereby

ORDERED, that the Respondent is reprimanded, and that this Order and Stipulation of Settlement are public documents and shall be transmitted to the President of the Maryland Senate and the Chairs of the Joint Committee on Legislative Ethics.

STATE ETHICS COMMISSION

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

Date: 11/2/2012

Paul M. Vettori, Chair

### CERTIFICATE OF SERVICE

I hereby certify that on this 2 day of November, 2012, a copy of the foregoing Order in State Ethics Commission proceeding C-29-09, was forwarded via regular mail, postage prepaid, to the Respondent via Counsel, Joseph F. Murphy, Jr., 201 North Charles Street, Suite 2600, Baltimore, Maryland 21201 and was hand delivered to William J. Colquhoun, Staff Counsel for the State Ethics Commission, 45 Calvert Street, 3<sup>rd</sup> Floor, Annapolis, Maryland 21401.

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

Jennifer K. Allgair, General Counsel

RECEIVED

OCT 17 2012

STATE ETHICS COMMISSION

In the Matter of

Ulysses Currie

Respondent

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Before the

State Ethics Commission

Complaint No. C-29-09

### **STIPULATION OF SETTLEMENT AGREEMENT**

This Stipulation of Settlement Agreement (hereinafter the "Agreement") made this 17 day of October, 2012, by and between Ulysses Currie, Respondent, and William J. Colquhoun, Staff Counsel for the Maryland State Ethics Commission (hereinafter "Staff Counsel").

The State Ethics Commission (the "Commission") is an executive agency of the State of Maryland established by Chapter 513, Acts of 1979 for the purpose of enforcing the Maryland Public Ethics Law (State Government Article, Title 15, Annotated Code of Maryland, hereinafter the "Public Ethics Law") including the financial disclosure provision of subtitle 6.

Ulysses Currie, the Respondent, was, at all times relevant to this complaint, a member of the Maryland Senate and a State official required to file an annual Financial Disclosure Statement with the Commission.

On March 12, 2009, the Commission issued a complaint alleging that the Respondent failed to file properly completed and notarized Financial Disclosure Statements, including proper disclosures of any employment interests, for the reporting periods covering calendar years 2003, 2004, 2005, 2006 and 2007 in violation of Maryland Code Ann., State Gov't Art. §§ 15-601(a), 15-602 and 15-607 (Supp. 2012). The complaint was stayed pending the resolution of the matter of the United States v. Ulysses Currie.

On December 8, 2011, after the conclusion of United States v. Ulysses Currie and a review by the Joint Committee on Legislative Ethics, the Commission allowed the resumption of the preliminary investigation. On March 22, 2012, the Commission issued an amended complaint to include allegations of unregistered lobbying regarding the respondent's contacts with state officials and employees involving regulations, legislation, and development projects on behalf of Shoppers Food Warehouse.

On August 24, 2012, the Respondent and his counsel met with Staff Counsel in the Commission's offices in order to offer his cooperation in the matter. Soon after, on

September 10, 2012, the Respondent submitted amendments to his Financial Disclosure Statements for 1999, 2001 and 2003-2008 disclosing his work as a "self-employed consultant" as well as amendments for 1999-2009 disclosing his wife's employment with Howard University, copies of which have been attached.

The Respondent has had prior complaints issued against him by the Commission for failing to timely file financial disclosures. Two of the complaints, C-2-96 and C-47-04, were resolved by Stipulation of Settlement Agreements in which the Respondent admitted to violating the Public Ethics Law by failing to timely file financial disclosure statements and accepted sanctions including a reprimand and payment in lieu of late fees and potential civil fines.

The Respondent has been represented throughout these proceedings by counsel, Joseph F. Murphy, Jr., Esq. as indicated by his signature on this Agreement.

NOW THEREFORE, in consideration of the Respondent's submission of the amended financial disclosure statements on September 10, 2012, and the admissions and agreements herein contained, Respondent and Staff Counsel stipulate as follows:

1. The Respondent admits that he was a State official required to file financial disclosure statements pursuant to § 15-601 and § 15-602, and that his statements for calendar years 1999, 2001 and 2003-2008 failed to disclose his work as a self-employed consultant as required by § 15-607(f).
2. That Respondent agrees that any future employment or business interests held by him or his spouse will be appropriately disclosed, and that he shall promptly file the General Assembly's Joint Committee on Legislative Ethics Form D (Disclaimer of an Apparent or Presumed Conflict of Interest) and/or Form E (Statement of Recusal From Voting and Other Legislative Action) whenever required to do so. Respondent further agrees that his 2011 Financial Disclosure Statement and all amendments submitted on September 10, 2012 will be posted on the State Ethics Commission website.
3. That Respondent agrees that he will meet with the Ethics Counsel to the General Assembly twice yearly to review matters including, but not limited to, his financial disclosure statements and any potential employment.
4. That Respondent agrees, after reviewing documents provided to him by Staff Counsel, and despite Respondent's understanding or intentions at the time, that it appears that Shoppers Food Warehouse intended that he lobby state officials and employees on the company's behalf.
5. That Respondent and his counsel fully cooperated in this matter at all times, including, but not limited to, during the course of the August 24, 2012 interview and in the submission of numerous documents to Staff Counsel.

6. That Respondent understands a filing violation of the Public Ethics Law can subject a State official to late fees of \$2 per day for each late day, not to exceed \$250, and to fines for each violation, pursuant to § 15-405(d)(2) and § 15-902(b)(1)(I) of the Public Ethics Law, respectively.
7. That Respondent hereby agrees to pay, as a settlement and final resolution of this complaint, the amount of \$10,000 in lieu of adjudicated late fees and fines. Respondent agrees that the payment will be made by certified check or money order to the State of Maryland in care of the State Ethics Commission through a payment schedule approved by the Commission.
8. That Respondent accepts that the Commission, pursuant to § 15-405 of the Public Ethics Law, will issue a reprimand to him, effective of the date of the Final Order in this matter, and the reprimand will be transmitted to the President of the Senate and the Chairs of the Joint Committee on Legislative Ethics.
9. That Respondent accepts that the Commission, pursuant to § 15-407 of the Public Ethics Law, will transmit this Agreement, including any documents or exhibits incorporated here, and the Final Order in this matter, to the President of the Senate and the Chairs of the Joint Committee on Legislative Ethics.
10. That Respondent waives a formal hearing on this matter and agrees that acceptance of this Agreement by the Commission will constitute, based on the admission of violations, a final action and finding of violation by the Commission, and that pursuant to § 15-407 of the Public Ethics Law this Agreement and the materials relating to the matter are not subject to the confidentiality provisions of the Public Ethics Law and will be public information unless otherwise protected.
11. That Staff Counsel will, upon execution of this Agreement by Respondent, recommend that the Commission suspend complaint proceedings against Respondent, and recommend further that the commission issue a Final Order consistent with this Agreement. Should Respondent fail to comply with any of the provisions of this Agreement, the Commission may issue a further order in this matter, may schedule a hearing, may refer the matter to the Attorney General for collection or may take such other action as appropriate. The Respondent understands that the Commission is under no obligation to accept this Agreement and may decide to take other action, including holding a hearing.
12. That Respondent and Staff Counsel have entered into this Agreement for the sole purpose of resolving the Commission's complaint under the Public Ethics Law and for no other purpose.

IN WITNESS WHEREOF, Ulysses Currie, Respondent, and William J. Colquhoun, Staff Counsel, State Ethics Commission, have hereunto set their hands.

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

William J. Colquhoun, Staff Counsel  
State Ethics Commission  
45 Calvert Street, 3<sup>rd</sup> Floor  
Annapolis, Maryland 21401  
(410) 260-7770

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

Ulysses Currie, Respondent

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

Joseph F. Murphy, Jr.  
Silverman, Thompson, Slutkin & White  
201 North Charles Street  
Suite 2600  
Baltimore, Maryland 21201  
(410) 385-2225

State of Maryland

County of: Anne Arundel, to wit:

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared Ulysses Currie, Respondent, who made oath on this 16 day of October, 2012 in due form of law that the matters and facts hereinabove set forth in the STIPULATION OF SETTLEMENT AGREEMENT are true to the best of his knowledge, information and belief, and are his voluntary act and that he executed this document for the purpose set forth herein.

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

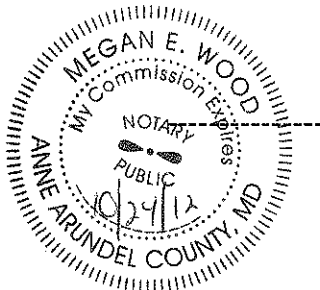
Notary Public

My Commission Expires: 8/17/13

----- Lynn G. Hudson

State of Maryland,  
County of: Anne Arundel, to wit:

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared William J. Colquhoun, Staff Counsel to the State Ethics Commission, who made oath on this 17 day of October, 2012 in due form of law that he executed this STIPULATION OF SETTLEMENT AGREEMENT for the purposes set forth herein.



SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

Notary Public  
My Commission Expires:

Accepted by the Commission

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

Paul M. Vettori, Chair  
for the Commission

Date: October 25, 2012

**MARYLAND STATE ETHICS COMMISSION**

45 CALVERT STREET, 3<sup>RD</sup> FLOOR  
ANNAPOLIS, MD 21401  
410-260-7770

RECEIVED

SEP 10 2012

STATE ETHICS COMMISSION

Toll Free 1-877-669-6085

**CERTIFICATION OF FINANCIAL DISCLOSURE STATEMENT AMENDMENT**

Instructions:

1. Fill in the preliminary information requested in the box below.
2. Upon completion of any amendments, corrections, or additions to your form, sign and date the lower portion of the page and make the required oath or affirmation. Note that this Certification does not require notarization.

First Name ULYSSES	Initial	Last Name CURRIE
Agency Affiliation (include department and unit where applicable) MARYLAND STATE SENATE		
Current Agency Address (where you can be sent correspondence) 3 W. MILLER BUILDING, ANNAPOLIS, MD 21401		
Current Position or Office Held with State (if any) MARYLAND STATE SENATOR		
Office for which Certificate of Candidacy is being or has been filed (if any) N/A		

I hereby make oath or affirm under penalties of perjury that the contents of the attached adjusted Schedules to my Financial Disclosure Statement covering calendar year **1999** are true and correct to the best of my knowledge, information, and belief.

Signature of Person Filing:

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

Date: 9-6-12

## Schedule H – Employment/Business Ownership

During the reporting period, did you receive any earned income from any entity? Please include income you earned from the State of Maryland, other than income earned from your position in the General Assembly. Also during the reporting period, did any member of your immediate family receive any income from an entity other than the State of Maryland? Please note that your dependent child's employment or business ownership does not need to be disclosed unless the place of employment or the business entity is subject to regulation or the authority of your agency or has contracts in excess of \$10,000 with your agency.

☒ Yes

☐ No (Go to Schedule I)

**If Yes; (Answer each question below. A separate Schedule H will be required for each member of the immediate family who had employment or ownership of a business entity.)**

1. If, during the reporting period, you or a member of your immediate family had employment as described above from which you or they earned income, list the relation, name, and address of the employment.

Name: Ulysses Currie

Relationship: Self

Name of Employer: Self-employed consultant

Address: 6621 Lacona Street

City/State/Zip: Forestville, MD 20747

2. If, during the reporting period, you or a member of your immediate family wholly or partially owned any business entity from which income was earned, list the relation, name and address of the business entity.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**



## MARYLAND STATE ETHICS COMMISSION

### Schedule H – Employment/Business Ownership

During the reporting period, did you receive any earned income from any entity? Please include income you earned from the State of Maryland, other than income earned from your position in the General Assembly. Also during the reporting period, did any member of your immediate family receive any income from an entity other than the State of Maryland? Please note that your dependent child's employment or business ownership does not need to be disclosed unless the place of employment or the business entity is subject to regulation or the authority of your agency or has contracts in excess of \$10,000 with your agency.

X  Yes

No (Go to Schedule I)

**If Yes; (Answer each question below. A separate Schedule H will be required for each member of the immediate family who had employment or ownership of a business entity.)**

1. If, during the reporting period, you or a member of your immediate family had employment as described above from which you or they earned income, list the relation, name, and address of the employment.

Name: Shirley A. Gravely-Currie

Relationship: Spouse

Name of Employer: Howard University School of Divinity

Address: 1400 Shepherd Street, N.E., Suite 295

City/State/Zip: Washington, DC 20017

2. If, during the reporting period, you or a member of your immediate family wholly or partially owned any business entity from which income was earned, list the relation, name and address of the business entity.

Name:

Relationship:

Name of Business Entity:

Address:

City/State/Zip:

**If necessary, please use additional sheet(s) for any additional entries.**

**MARYLAND STATE ETHICS COMMISSION**

45 CALVERT STREET, 3<sup>RD</sup> FLOOR  
ANNAPOLIS, MD 21401  
410-260-7770

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STATE ETHICS COMMISSION

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First Name ULYSSES	Initial	Last Name CURRIE
Agency Affiliation (include department and unit where applicable) MARYLAND STATE SENATE		
Current Agency Address (where you can be sent correspondence) 3 W. MILLER BUILDING, ANNAPOLIS, MD 21401		
Current Position or Office Held with State (if any) MARYLAND STATE SENATOR		
Office for which Certificate of Candidacy is being or has been filed (if any) N/A		

I hereby make oath or affirm under penalties of perjury that the contents of the attached adjusted Schedules to my Financial Disclosure Statement covering calendar year **2000** are true and correct to the best of my knowledge, information, and belief.

Signature of Person Filing: \_\_\_\_\_

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

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

Ethics Commission Form No. 7  
(May, 2006)

## Schedule H – Employment/Business Ownership

During the reporting period, did you receive any earned income from any entity? Please include income you earned from the State of Maryland, other than income earned from your position in the General Assembly. Also during the reporting period, did any member of your immediate family receive any income from an entity other than the State of Maryland? Please note that your dependent child's employment or business ownership does not need to be disclosed unless the place of employment or the business entity is subject to regulation or the authority of your agency or has contracts in excess of \$10,000 with your agency.

☒ Yes

☐ No (Go to Schedule I)

**If Yes; (Answer each question below. A separate Schedule H will be required for each member of the immediate family who had employment or ownership of a business entity.)**

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Address: 1400 Shepherd Street, N.E., Suite 295

City/State/Zip: Washington, DC 20017

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

**MARYLAND STATE ETHICS COMMISSION**

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Current Agency Address (where you can be sent correspondence) 3 W. MILLER BUILDING, ANNAPOLIS, MD 21401		
Current Position or Office Held with State (if any) MARYLAND STATE SENATOR		
Office for which Certificate of Candidacy is being or has been filed (if any) N/A		

I hereby make oath or affirm under penalties of perjury that the contents of the attached adjusted Schedules to my Financial Disclosure Statement covering calendar year **2001** are true and correct to the best of my knowledge, information, and belief.

Signature of Person Filing:

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

Date:

9-6-12

## Schedule H – Employment/Business Ownership

During the reporting period, did you receive any earned income from any entity? Please include income you earned from the State of Maryland, other than income earned from your position in the General Assembly. Also during the reporting period, did any member of your immediate family receive any income from an entity other than the State of Maryland? Please note that your dependent child's employment or business ownership does not need to be disclosed unless the place of employment or the business entity is subject to regulation or the authority of your agency or has contracts in excess of \$10,000 with your agency.

☒ Yes

☐ No (Go to Schedule I)

**If Yes; (Answer each question below. A separate Schedule H will be required for each member of the immediate family who had employment or ownership of a business entity.)**

1. If, during the reporting period, you or a member of your immediate family had employment as described above from which you or they earned income, list the relation, name, and address of the employment.

Name: Ulysses Currie

Relationship: Self

Name of Employer: Self-employed consultant

Address: 6621 Lacona Street

City/State/Zip: Forestville, MD 20747

2. If, during the reporting period, you or a member of your immediate family wholly or partially owned any business entity from which income was earned, list the relation, name and address of the business entity.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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MARYLAND STATE ETHICS COMMISSION

**Schedule H – Employment/Business Ownership**

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☒ Yes  
☐ No (Go to Schedule I)

**If Yes; (Answer each question below. A separate Schedule H will be required for each member of the immediate family who had employment or ownership of a business entity.)**

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City/State/Zip: Washington, DC 20017

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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**MARYLAND STATE ETHICS COMMISSION**

45 CALVERT STREET, 3<sup>RD</sup> FLOOR  
ANNAPOLIS, MD 21401  
410-260-7770

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SEP 10 2012

STATE ETHICS COMMISSION

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**CERTIFICATION OF FINANCIAL DISCLOSURE STATEMENT AMENDMENT**

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Agency Affiliation (include department and unit where applicable) MARYLAND STATE SENATE		
Current Agency Address (where you can be sent correspondence) 3 W. MILLER BUILDING, ANNAPOLIS, MD 21401		
Current Position or Office Held with State (if any) MARYLAND STATE SENATOR		
Office for which Certificate of Candidacy is being or has been filed (if any) N/A		

I hereby make oath or affirm under penalties of perjury that the contents of the attached adjusted Schedules to my Financial Disclosure Statement covering calendar year **2002** are true and correct to the best of my knowledge, information, and belief.

Signature of Person Filing:

**SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT**Date: 9-6-12

Ethics Commission Form No. 7  
(May, 2006)

## Schedule H – Employment/Business Ownership

During the reporting period, did you receive any earned income from any entity? Please include income you earned from the State of Maryland, other than income earned from your position in the General Assembly. Also during the reporting period, did any member of your immediate family receive any income from an entity other than the State of Maryland? Please note that your dependent child's employment or business ownership does not need to be disclosed unless the place of employment or the business entity is subject to regulation or the authority of your agency or has contracts in excess of \$10,000 with your agency.

☒ Yes

☐ No (Go to Schedule I)

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Relationship: Spouse

Name of Employer: Howard University School of Divinity

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City/State/Zip: Washington, DC 20017

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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**MARYLAND STATE ETHICS COMMISSION**

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Agency Affiliation (include department and unit where applicable) MARYLAND STATE SENATE		
Current Agency Address (where you can be sent correspondence) 3 W. MILLER BUILDING, ANNAPOLIS, MD 21401		
Current Position or Office Held with State (if any) MARYLAND STATE SENATOR		
Office for which Certificate of Candidacy is being or has been filed (if any) N/A		

I hereby make oath or affirm under penalties of perjury that the contents of the attached adjusted Schedules to my Financial Disclosure Statement covering calendar year **2003** are true and correct to the best of my knowledge, information, and belief.

Signature of Person Filing:

**SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT**

Date:

9-6-12

Ethics Commission Form No. 7  
(May, 2006)

## Schedule H – Employment/Business Ownership

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  X   Yes

       No (Go to Schedule I)

**If Yes; (Answer each question below. A separate Schedule H will be required for each member of the immediate family who had employment or ownership of a business entity.)**

1. If, during the reporting period, you or a member of your immediate family had employment as described above from which you or they earned income, list the relation, name, and address of the employment.

Name: Ulysses Currie

Relationship: Self

Name of Employer: Self-employed consultant

Address: 6621 Lacona Street

City/State/Zip: Forestville, MD 20747

2. If, during the reporting period, you or a member of your immediate family wholly or partially owned any business entity from which income was earned, list the relation, name and address of the business entity.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

## Schedule H – Employment/Business Ownership

During the reporting period, did you receive any earned income from any entity? Please include income you earned from the State of Maryland, other than income earned from your position in the General Assembly. Also during the reporting period, did any member of your immediate family receive any income from an entity other than the State of Maryland? Please note that your dependent child's employment or business ownership does not need to be disclosed unless the place of employment or the business entity is subject to regulation or the authority of your agency or has contracts in excess of \$10,000 with your agency.

☒ Yes

☐ No (Go to Schedule I)

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Name: Shirley A. Gravely-Currie

Relationship: Spouse

Name of Employer: Howard University School of Divinity

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City/State/Zip: Washington, DC 20017

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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**MARYLAND STATE ETHICS COMMISSION**

45 CALVERT STREET, 3<sup>RD</sup> FLOOR  
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First Name ULYSSES	Initial	Last Name CURRIE
Agency Affiliation (include department and unit where applicable) MARYLAND STATE SENATE		
Current Agency Address (where you can be sent correspondence) 3 W. MILLER BUILDING, ANNAPOLIS, MD 21401		
Current Position or Office Held with State (if any) MARYLAND STATE SENATOR		
Office for which Certificate of Candidacy is being or has been filed (if any) N/A		

I hereby make oath or affirm under penalties of perjury that the contents of the attached adjusted Schedules to my Financial Disclosure Statement covering calendar year **2004** are true and correct to the best of my knowledge, information, and belief.

Signature of Person Filing:

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

Date: 9-6-12

Ethics Commission Form No. 7  
(May, 2006)

## Schedule H – Employment/Business Ownership

During the reporting period, did you receive any earned income from any entity? Please include income you earned from the State of Maryland, other than income earned from your position in the General Assembly. Also during the reporting period, did any member of your immediate family receive any income from an entity other than the State of Maryland? Please note that your dependent child's employment or business ownership does not need to be disclosed unless the place of employment or the business entity is subject to regulation or the authority of your agency or has contracts in excess of \$10,000 with your agency.

☒ Yes

☐ No (Go to Schedule I)

**If Yes; (Answer each question below. A separate Schedule H will be required for each member of the immediate family who had employment or ownership of a business entity.)**

1. If, during the reporting period, you or a member of your immediate family had employment as described above from which you or they earned income, list the relation, name, and address of the employment.

Name: Ulysses Currie

Relationship: Self

Name of Employer: Self-employed consultant

Address: 6621 Lacona Street

City/State/Zip: Forestville, MD 20747

2. If, during the reporting period, you or a member of your immediate family wholly or partially owned any business entity from which income was earned, list the relation, name and address of the business entity.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

## Schedule H – Employment/Business Ownership

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☒ Yes

☐ No (Go to Schedule I)

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1. If, during the reporting period, you or a member of your immediate family had employment as described above from which you or they earned income, list the relation, name, and address of the employment.

Name: Shirley A. Gravely-Currie

Relationship: Spouse

Name of Employer: Howard University School of Divinity

Address: 1400 Shepherd Street, N.E., Suite 295

City/State/Zip: Washington, DC 20017

2. If, during the reporting period, you or a member of your immediate family wholly or partially owned any business entity from which income was earned, list the relation, name and address of the business entity.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

**MARYLAND STATE ETHICS COMMISSION**

45 CALVERT STREET, 3<sup>RD</sup> FLOOR  
ANNAPOLIS, MD 21401  
410-260-7770

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SEP 10 2012

STATE ETHICS COMMISSION

Toll Free 1-877-669-6085

**CERTIFICATION OF FINANCIAL DISCLOSURE STATEMENT AMENDMENT**

Instructions:

1. Fill in the preliminary information requested in the box below.
2. Upon completion of any amendments, corrections, or additions to your form, sign and date the lower portion of the page and make the required oath or affirmation. Note that this Certification does not require notarization.

First Name ULYSSES	Initial	Last Name CURRIE
Agency Affiliation (include department and unit where applicable) MARYLAND STATE SENATE		
Current Agency Address (where you can be sent correspondence) 3 W. MILLER BUILDING, ANNAPOLIS, MD 21401		
Current Position or Office Held with State (if any) MARYLAND STATE SENATOR		
Office for which Certificate of Candidacy is being or has been filed (if any) N/A		

I hereby make oath or affirm under penalties of perjury that the contents of the attached adjusted Schedules to my Financial Disclosure Statement covering calendar year **2005** are true and correct to the best of my knowledge, information, and belief.

Signature of Person Filing:

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

Date: 9-16-12

## Schedule H – Employment/Business Ownership

During the reporting period, did you receive any earned income from any entity? Please include income you earned from the State of Maryland, other than income earned from your position in the General Assembly. Also during the reporting period, did any member of your immediate family receive any income from an entity other than the State of Maryland? Please note that your dependent child's employment or business ownership does not need to be disclosed unless the place of employment or the business entity is subject to regulation or the authority of your agency or has contracts in excess of \$10,000 with your agency.

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Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

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**If necessary, please use additional sheet(s) for any additional entries.**



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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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**MARYLAND STATE ETHICS COMMISSION**

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Current Agency Address (where you can be sent correspondence) 3 W. MILLER BUILDING, ANNAPOLIS, MD 21401		
Current Position or Office Held with State (if any) MARYLAND STATE SENATOR		
Office for which Certificate of Candidacy is being or has been filed (if any) N/A		

I hereby make oath or affirm under penalties of perjury that the contents of the attached adjusted Schedules to my Financial Disclosure Statement covering calendar year **2006** are true and correct to the best of my knowledge, information, and belief.

Signature of Person Filing: \_\_\_\_\_

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

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

Ethics Commission Form No. 7  
(May, 2006)

During the reporting period, did you receive any earned income from any entity? Please include income you earned from the State of Maryland, other than income earned from your position in the General Assembly. Also during the reporting period, did any member of your immediate family receive any income from an entity other than the State of Maryland? Please note that your dependent child's employment or business ownership does not need to be disclosed unless the place of employment or the business entity is subject to regulation or the authority of your agency or has contracts in excess of \$10,000 with your agency.

           No (Go to Schedule I)

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City/State/Zip: Forestville, MD 20747

City/State/Zip: \_\_\_\_\_

Page 13 of 17

## Schedule H – Employment/Business Ownership

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☒ Yes

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Relationship: Spouse

Name of Employer: Howard University School of Divinity

Address: 1400 Shepherd Street, N.E., Suite 295

City/State/Zip: Washington, DC 20017

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

**MARYLAND STATE ETHICS COMMISSION**

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First Name ULYSSES	Initial	Last Name CURRIE
Agency Affiliation (include department and unit where applicable) MARYLAND STATE SENATE		
Current Agency Address (where you can be sent correspondence) 3 W. MILLER BUILDING, ANNAPOLIS, MD 21401		
Current Position or Office Held with State (if any) MARYLAND STATE SENATOR		
Office for which Certificate of Candidacy is being or has been filed (if any) N/A		

I hereby make oath or affirm under penalties of perjury that the contents of the attached adjusted Schedules to my Financial Disclosure Statement covering calendar year **2007** are true and correct to the best of my knowledge, information, and belief.

Signature of Person Filing: \_\_\_\_\_

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

Date: 9-6-12

Ethics Commission Form No. 7  
(May, 2006)

## Schedule H – Employment/Business Ownership

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Relationship: Self

Name of Employer: Self-employed consultant

Address: 6621 Lacona Street

City/State/Zip: Forestville, MD 20747

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Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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**MARYLAND STATE ETHICS COMMISSION**

45 CALVERT STREET, 3<sup>RD</sup> FLOOR  
ANNAPOLIS, MD 21401  
410-260-7770

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STATE ETHICS COMMISSION

Toll Free 1-877-669-6085

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Agency Affiliation (include department and unit where applicable) MARYLAND STATE SENATE		
Current Agency Address (where you can be sent correspondence) 3 W. MILLER BUILDING, ANNAPOLIS, MD 21401		
Current Position or Office Held with State (if any) MARYLAND STATE SENATOR		
Office for which Certificate of Candidacy is being or has been filed (if any) N/A		

I hereby make oath or affirm under penalties of perjury that the contents of the attached adjusted Schedules to my Financial Disclosure Statement covering calendar year **2008** are true and correct to the best of my knowledge, information, and belief.

Signature of Person Filing:

SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT

Date: 7-6-12

Ethics Commission Form No. 7  
(May, 2006)



## Schedule H – Employment/Business Ownership

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Relationship: \_\_\_\_\_

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Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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## Schedule H – Employment/Business Ownership

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☒ Yes

☐ No (Go to Schedule I)

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Relationship: Spouse

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Address: 1400 Shepherd Street, N.E., Suite 295

City/State/Zip: Washington, DC 20017

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

**MARYLAND STATE ETHICS COMMISSION**

45 CALVERT STREET, 3<sup>RD</sup> FLOOR  
ANNAPOLIS, MD 21401  
410-260-7770

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SEP 10 2012

STATE ETHICS COMMISSION

Toll Free 1-877-669-6085

**CERTIFICATION OF FINANCIAL DISCLOSURE STATEMENT AMENDMENT**

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First Name ULYSSES	Initial	Last Name CURRIE
Agency Affiliation (include department and unit where applicable) MARYLAND STATE SENATE		
Current Agency Address (where you can be sent correspondence) 3 W. MILLER BUILDING, ANNAPOLIS, MD 21401		
Current Position or Office Held with State (if any) MARYLAND STATE SENATOR		
Office for which Certificate of Candidacy is being or has been filed (if any) N/A		

I hereby make oath or affirm under penalties of perjury that the contents of the attached adjusted Schedules to my Financial Disclosure Statement covering calendar year **2009** are true and correct to the best of my knowledge, information, and belief.

Signature of Person Filing:

**SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT**

Date:

8-6-12

## Schedule H – Employment/Business Ownership

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☒ Yes

☐ No (Go to Schedule I)

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Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

**MARYLAND STATE ETHICS COMMISSION**

45 Calvert Street, 3<sup>rd</sup> Floor  
Annapolis, Maryland 21401  
(410) 260-7770  
Toll Free 1-877-669-6085

**RECEIVED**

JAN 27 2012

**MEMBER OF GENERAL ASSEMBLY  
FINANCIAL DISCLOSURE STATEMENT – FORM #19**

1. Fill in the preliminary information requested in the box below. Be sure to identify correctly the reporting period.
2. Upon completion of your financial disclosure statement, 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.

*I Would Like To Be Notified If Someone Looks At My Form* ☒

Regular Reporting Period: January 1 through December 31, **2011**

or

Termination Report: January 1 through \_\_\_\_\_, 2012

**PLEASE PRINT OR TYPE**

FIRST NAME <i>Ulysses</i>	INITIAL	LAST NAME <i>Currie</i>
CURRENT OFFICE ADDRESS (WHERE YOU CAN BE SENT CORRESPONDENCE) <i>6621 Lacona Street, Forestville, MD 20747</i>		
MEMBER OF THE GENERAL ASSEMBLY		
OFFICE FOR WHICH CERTIFICATE OF CANDIDACY IS BEING OR HAS BEEN FILED, IF ANY		
E-MAIL ADDRESS <i>ulysses.currie@senate.state.md.us</i>		

This financial disclosure statement describes all interests and related transactions and matters required to be disclosed by State Government Article, Title 15, Subtitle 6 of the Maryland Public Ethics Law with respect to the period indicated and pertaining to the person filing the statement. The statement consists of this cover sheet, the checklist, and Schedules A through L.

I acknowledge that any information required under §15-513(b) of the Ethics Law that becomes reportable after the statement is filed, shall be reported immediately to the Joint Committee on Legislative Ethics as required by law.

I hereby make oath or affirm under the penalties of perjury that the contents of this financial disclosure statement, including the Schedules attached hereto, are complete, true and correct to the best of my knowledge, information and belief.

(SEAL)

Signature of Person Filing:

Date:

Sworn to before me this 24 day of

Signature of Notary Public:

Printed/Typed Name of Notary Public:

My Commission Expires:

**SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT**

**SIGNATURE APPEARS ON  
ORIGINAL AGREEMENT**

**NOTE: Members of the General Assembly are required to file two signed original statements. One to be filed with the State Ethics Commission and one to be filed with the Joint Committee on Legislative Ethics.**

**Instructions:**

Check the proper block to Questions A through I. Do not leave any questions unanswered. If you are required to check "Yes" to any question be sure to complete the corresponding Schedule.

**Caution:** *Please read all instructions on accompanying instruction sheet, including all definitions, before completing this form.*

- A. I held interests during reporting period in real property located in or outside Maryland. (If "Yes," complete Schedule A.)
- B. I held interests during reporting period in corporations, partnerships and similar entities. (If "Yes," complete Schedule B.)
- C. I held interests in a non-corporate business entity which did business with the State, other than a partnership. (If "Yes," complete Schedule C.)
- D. I received gifts during reporting period from persons doing business with the State, regulated by the State, or registered or required to register as lobbyists. (If "Yes," complete Schedule D.)
- E. I or a member of my immediate family was a partner or held an office, directorship, or salaried employment during reporting period in or with a business entity doing business with the State. (If "Yes," complete Schedule E.)
- F. I or a member of my immediate family owed debts (excluding retail credit accounts) during reporting period to persons doing business with the State. (If "Yes," complete Schedule F.)
- G. A member of my immediate family was employed by the State of Maryland during reporting period. (If "Yes," complete Schedule G.)
- H. I or a member of my immediate family received a salary or was sole or partial owner of a business entity from which earned income was received, during the reporting period. (If "Yes," complete Schedule H.)
- Note: Read the instructions to Schedules I, J and K carefully prior to answering the questions regarding these schedules.**
- I. I represented a person for compensation before a State or local government agency other than in a judicial or quasi-judicial proceeding.
- J. I represented a State or local government agency for compensation, or had a contractual relationship with the State or local government in the State or conducted a transaction with the State or local government in the State for monetary compensation.
- K. I, my spouse or dependent children together or separately have either 10% or more of the capital stock or stock worth \$25,000 or more in a corporation subject to regulation by a State agency or any interest in a partnership, limited liability partnership or limited liability company subject to regulation by a State agency.
- L. Is additional information set forth on Schedule L? (If "Yes," complete Schedule L.)

	YES	NO
A.	✓	
B.		✓
C.		✓
D.		✓
E.	✓	
F.	✓	
G.		✓
H.	✓	
I.		✓
J.		✓
K.		✓
L.		✓

## Form 19 – Legislators

### Schedule A – Real Property Interests

Do you have any interest (**as an owner or a tenant**, including interests in time shares) in real property in Maryland or in any other state or country?

☒ Yes  
☐ No (Go to Schedule B)

**If Yes; (Answer each question below. A separate Schedule A will be required for each property you need to disclose.)**

1. What is the address or legal description of the property? (Give Street Address, if you know it. If the property is your primary residence, you may enter the lot and block legal description instead, if you wish)

Street Address 6621 Lacona Street  
City/State/Zip Forestville, Md 20747

2. What kind of property is it? single family home - personal residence

Improved (indicate whether property is residential or commercial property, etc.): residential

Unimproved (vacant lot): \_\_\_\_\_

3. Is the interest held directly by you or is it attributable to you? (See Paragraph D of Instructions for definition of "Attributable.")

Direct ☒ Attributable \_\_\_\_\_

4. Are you the owner or tenant?

Owner ☒ Tenant \_\_\_\_\_

5. Do you hold the interest solely or is it jointly held with another?

Solely \_\_\_\_\_ Jointly \_\_\_\_\_ Tenants by the Entirety ☒

If held jointly, or by tenants by the entirety, the name(s) of the other joint owner(s): Shirley A. Gravely-Currie

6. Are there any legal conditions or encumbrances on the property? (Example: mortgages, liens, contracts, options, etc.)

☒ Yes  
☐ No

**If yes**, what is/are the name(s) of the lender(s), creditor(s), lien holder(s), etc? Industrial Bank of Washington

7. What date was the property acquired? 12/20/90

8. How was the property acquired? (Example: purchase, gift, inheritance, etc.)

Purchase

9. From whom was the property acquired? (Name of individual or entity from whom you purchased or inherited the property or who gifted the property to you.)

Steny & Judy Hoyer

10. What consideration was given when the property was acquired? (Dollar amount paid or, if you received the property as a gift or inherited it, the fair market value at the time you acquired your interest in the property) \$ 181,700

11. Have you transferred any interest in this property during the reporting period?

☐ Yes  
☒ No

**If Yes;**

11.A. What percentage of interest did you transfer:      %

11.B. What consideration did you receive for the interest:     

11.C. To whom did you transfer the interest:     

**If you have any additional interests in real property in Maryland, any other state or any other country, please use additional sheet(s), if necessary, and respond to each above question for each such entry.**

NONE



## Schedule B – Interests in Corporations and Partnerships

Did you have any interest in any corporations, partnerships, limited liability partnerships (LLP) or limited liability companies (LLC) during the reporting period whether or not the entity did business with the State?

☐ Yes  
☒ No (Go to Schedule C)

**If Yes; (Answer each question below. A separate Schedule B will be required for each interest you need to disclose.)**

1. What is the name of the entity? Include the complete name of the entity, do not identify solely by trading symbol: \_\_\_\_\_

2. Does the stock of the corporation trade on a stock exchange?

☐ Yes  
☐ No

If "no," the legal address of the entity's principal office.

\_\_\_\_\_

3. Is the interest held directly by you or is it attributable to you? (See Paragraph D of Instructions for definition of "Attributable.")

Directly: \_\_\_\_\_ Attributable: \_\_\_\_\_

4. Do you hold the interest in your name alone, or is it held jointly?

In your name alone: \_\_\_\_\_ Jointly: \_\_\_\_\_

If jointly, the percentage of your interest: \_\_\_\_\_%

5. What is the nature of your interest and its dollar value or the number of shares? (Example: stock, notes, bonds, puts, calls, straddles, purchase options, etc.) If in a non-publicly traded entity or LLP or LLC, report the percentage of ownership.

Type: \_\_\_\_\_

Dollar Value of Shares: \_\_\_\_\_ or Number of Shares: \_\_\_\_\_

percentage of ownership: \_\_\_\_\_%

6. Are there any legal conditions or encumbrances that apply to your interest in the entity? (Example: mortgages, liens, contracts, options, etc.)

☐ No

☐ Yes; **If yes**, name of entity holding the encumbrance: \_\_\_\_\_

7. Did you acquire an interest in the entity during the reporting period?

☐ Yes  
☐ No

**If Yes:**

7A. In what month was the interest acquired? \_\_\_\_\_

7B. How was the interest in the entity acquired? (Example: purchase, gift, will, etc.): \_\_\_\_\_

7C. From whom did you acquire the interest in the entity? (If you purchased it from a brokerage, the name of the brokerage): \_\_\_\_\_

7D. What consideration was given when the interest was acquired? (Dollar amount paid, or if you received the property as a gift or inherited it, the fair market value at the time you acquired your interest in the property): \_\_\_\_\_

8. Have you transferred any interest in this entity during the reporting period?

\_\_\_\_ Yes

\_\_\_\_ No

**If Yes:**

8A. What portion of the interest was transferred? \_\_\_\_\_

8B. What consideration did you receive for the interest in the entity? (Dollar amount paid, or if you received the property as a gift or inherited it, the fair market value and terms at the time you transferred your interest in the property): \_\_\_\_\_

8C. To whom did you transfer your interest in the entity? \_\_\_\_\_

**If you have additional interests in corporations or partnerships, please use additional sheet(s) if necessary, and answer each of the above questions for each additional entry.**

**Schedule C – Interests in Non-Corporate Business Entities Doing Business with the State**

Do you have an interest in any non-corporate business entity (a sole proprietorship) that did business with the State during the reporting period?

☐ Yes  
☒ No (Go to Schedule D)

**If Yes:** (Answer each question below. A separate Schedule C will be required for each business entity to be disclosed.)

1. Name and Address of the Principal office of the business entity?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

2. Is the interest held directly by you or is it attributable to you? (See Paragraph D of Instructions for definition of "Attributable.")

Direct: \_\_\_\_\_ Attributable: \_\_\_\_\_

3. Do you hold the interest solely or is it jointly held with another?

Solely: \_\_\_\_\_ Jointly: \_\_\_\_\_

3.A. If jointly, the percentage of your joint interest: \_\_\_\_\_%

3.B. Dollar value of your interest in the entity: \$\_\_\_\_\_; or  
percentage of your interest in the entity: \_\_\_\_\_%

4. Are there any legal conditions or encumbrances that apply to your interest in the entity?  
(Example: mortgages, liens, contracts, options, etc.)

☐ Yes, If yes give name of creditor: \_\_\_\_\_  
☐ No

5. Was any interest acquired during the reporting year?

☐ Yes  
☐ No

**If Yes:**

5A. What month was the interest acquired? \_\_\_\_\_

5B. How was the interest in the entity acquired? (Example: purchase, gift, will, etc.)  
\_\_\_\_\_

5C. From whom did you acquire the interest? \_\_\_\_\_

5D. What consideration was given when the interest was acquired? (Dollar amount paid or if you received the property as a gift or inherited it, the fair market value at the time you acquired your interest in the property) \_\_\_\_\_

6. Did you transfer any of your interest during the reporting period?

☐ Yes

☐ No

**If yes:**

6A. What percentage of interest, if less than all, was transferred? \_\_\_\_\_%

6B. What consideration did you receive for the interest in the entity? (Dollar amount paid or if you received the property as a gift or inherited it, the fair market value and terms at the time you transferred your interest in the property): \_\_\_\_\_

6C. To whom did you transfer your interest in the entity? \_\_\_\_\_

**If you have additional interests in sole proprietorship(s) that did business with the State during the reporting year, please use additional sheet(s) if necessary, and answer each of the above questions for each additional entry.**

## Schedule D – Gifts

During the reporting period, did you receive any gift(s), directly or indirectly, in excess of a value of \$20 or a series of gifts from the same donor with a cumulative value of \$100 or more from a person or entity who: 1) did business with the State; 2) engaged in an activity that was regulated or controlled by the State; or 3) was a regulated lobbyist? Gifts received from a member of the official's or employee's immediate family, another child, or a parent of the individual, do not need to be disclosed.

☒ Yes  
☐ No (Go to Schedule E)

**If Yes; (Answer each question below. A separate Schedule D will be required for each gift.)**

1. Who gave you the gift?

---

2. What was the nature of the gift? (Example: book, restaurant meal, theater tickets, book, etc.)

---

3. What was the value of the gift?

---

4. If the gift was given to someone else at your direction, list the identity of the recipient of the gift.

---

**Please use additional sheet(s), if necessary, for any additional entries.**

## Schedule E – Officers, Directorships, Salaried Employment and Similar Interests

During the reporting period, did you or any member of your immediate family (spouse or dependent child) have any salaried employment or hold any office or directorship with an entity that did business with the State?

☒ Yes  
☐ No (Go to Schedule F)

**If Yes; (Answer each question below. A separate Schedule E will be required for each disclosure.)**

1. What is the name and address of the business entity?

Name: Mt Ephraim Community Non-Profit Development Corp.

Address: 610 Largo Rd

City/State/Zip: Upper Marlboro, MD 20774

2. Who was the individual who held the position or interest listed above? (Example: yourself, spouse, dependent child)

Self: ☒ Spouse: ☐ Dependent child: ☐

2A. Name of spouse or dependent child: \_\_\_\_\_

3. What is the title of the office you, your spouse or dependent child held? (Example: limited partner, director, treasurer, chair of the board of trustees, etc.) Board Member

4. What year did the position begin? 2000

5. With what State Agency(ies) did the business entity do business? \_\_\_\_\_

Dept Health Mental Hygiene

6. What was the nature of the business? (Example: regulated by your agency, registered under the lobbying law, or involved with sales and contracts with the State)

Involved with funding for medical and day care services for elderly.

**If necessary, please use additional sheet(s) for any additional entries.**

## Schedule E – Officers, Directorships, Salaried Employment and Similar Interests

During the reporting period, did you or any member of your immediate family (spouse or dependent child) have any salaried employment or hold any office or directorship with an entity that did business with the State?

☒ Yes  
☐ No (Go to Schedule F)

**If Yes; (Answer each question below. A separate Schedule E will be required for each disclosure.)**

1. What is the name and address of the business entity?

Name: Howard University

Address: 1400 Shephard St SE

City/State/Zip: Washington, DC 20017

2. Who was the individual who held the position or interest listed above? (Example: yourself, spouse, dependent child)

Self: \_\_\_\_\_ Spouse: ☒ \_\_\_\_\_ Dependent child: \_\_\_\_\_

2A. Name of spouse or dependent child: Shirley Gravely-Currie

3. What is the title of the office you, your spouse or dependent child held? (Example: limited partner, director, treasurer, chair of the board of trustees, etc.) employee

4. What year did the position begin? 2008

5. With what State Agency(ies) did the business entity do business? \_\_\_\_\_

Dept Health Mental Hygiene and Md Higher Education Commission

6. What was the nature of the business? (Example: regulated by your agency, registered under the lobbying law, or involved with sales and contracts with the State)

Regulated by these agencies and involved with education and scholarship issues

**If necessary, please use additional sheet(s) for any additional entries.**

Example: Howard University has an affiliated hospital which accepts Maryland Medicaid patients

## Schedule E – Officers, Directorships, Salaried Employment and Similar Interests

During the reporting period, did you or any member of your immediate family (spouse or dependent child) have any salaried employment or hold any office or directorship with an entity that did business with the State?

☒ Yes  
☐ No (Go to Schedule F)

**If Yes; (Answer each question below. A separate Schedule E will be required for each disclosure.)**

1. What is the name and address of the business entity?

Name: Washington Hospital Center

Address: 100 Irving St N.E.

City/State/Zip: Washington, DC 20017

2. Who was the individual who held the position or interest listed above? (Example: yourself, spouse, dependent child)

Self: \_\_\_\_\_ Spouse: ☒ \_\_\_\_\_ Dependent child: \_\_\_\_\_

2A. Name of spouse or dependent child: Shirley Gravely-Currie

3. What is the title of the office you, your spouse or dependent child held? (Example: limited partner, director, treasurer, chair of the board of trustees, etc.) On call Chaplain

4. What year did the position begin? 2009

5. With what State Agency(ies) did the business entity do business? Various

including Dept Health mental Hygiene

6. What was the nature of the business? (Example: regulated by your agency, registered under the lobbying law, or involved with sales and contracts with the State)

Washington Hospital Center may have patients insured through Medicaid

**If necessary, please use additional sheet(s) for any additional entries.**



## Schedule E – Officers, Directorships, Salaried Employment and Similar Interests

During the reporting period, did you or any member of your immediate family (spouse or dependent child) have any salaried employment or hold any office or directorship with an entity that did business with the State?

☒ Yes  
☐ No (Go to Schedule F)

**If Yes; (Answer each question below. A separate Schedule E will be required for each disclosure.)**

1. What is the name and address of the business entity?

Name: Smith Center for Healing

Address: 1632 U Street NW

City/State/Zip: Washington, D.C. 20009

2. Who was the individual who held the position or interest listed above? (Example: yourself, spouse, dependent child)

Self: \_\_\_\_\_ Spouse: ☒ \_\_\_\_\_ Dependent child: \_\_\_\_\_

2A. Name of spouse or dependent child: Shirley Gravely-Currie

3. What is the title of the office you, your spouse or dependent child held? (Example: limited partner, director, treasurer, chair of the board of trustees, etc.) Navigator

4. What year did the position begin? 2009

5. With what State Agency(ies) did the business entity do business? \_\_\_\_\_

Possibly Dept Health Mental Hygiene

6. What was the nature of the business? (Example: regulated by your agency, registered under the lobbying law, or involved with sales and contracts with the State)

im certain See below

**If necessary, please use additional sheet(s) for any additional entries.**

Disclosing out of an abundance of  
caution. This entity is not listed  
on state's website as doing  
business or being regulated by Maryland.

## Schedule F – Debts You Owe

During the reporting period, did you owe a debt (excluding a retail credit account) to a financial entity that did business with the State? **[NOTE: If, on Schedule A, B or C you listed a financial entity that did business with the State as the holder of your mortgage or other encumbrance, you must complete Schedule F with regard to that indebtedness.]**

☒ Yes  
☐ No (Go to Schedule G)

**If Yes; (Answer each question below. A separate Schedule F will be required for each debt to be disclosed.)**

1. To whom did you owe the debt? (Do not include consumer credit debts)

Industrial Bank of Washington, serviced by Dovenmuehle Mortgage, Inc

2. When was the debt incurred? 8-25-2010

3. What are the interest rate and terms of payment of the debt?

Interest Rate 4.766%

Terms (monthly, bimonthly, annually, etc): 1887.69 PITI

4. What was the amount of the debt as of the end of the reporting period. If debt existed during the reporting period but was paid in full at the end of the period, put \$0.

\$ 251,045.07

5. Did the principal of the debt increase \_\_\_\_\_ or decrease ☒ during the reporting period, and by how much? \$ 954.93

6. Was any security given for the debt?

☒ Yes  
☐ No

If Yes; Please state what type of security was given (home, car, boat, etc):

residence home

7. If this is a transaction in which you were involved, but which resulted in a debt being owed by your spouse or dependent child, identify your spouse or child and describe the transaction. Shirley Gravely-Currie, Spouse

First trust Mortgage

**If necessary, please use additional sheet(s) for any additional entries.**

## **Schedule G – Family Members Employed by the State**

During the reporting period, were any members of your immediate family (spouse or dependent children) employed by the State in any capacity?

☐ Yes

☒ No (Go to Schedule H)

**If Yes; (Answer each question below. A separate Schedule G will be required for each member of the immediate family who is employed by the State.)**

1. What is the relation and name of the immediate family member employed by the State?

\_\_\_\_\_

2. What is the name of the agency that employed the member of your immediate family?

\_\_\_\_\_

3. What was the title of your immediate family member's position in the State agency during the reporting period? \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

## Schedule H - Employment/Business Ownership

During the reporting period, did you or any member of your immediate family, receive any earned income from an entity other than the State of Maryland? Please note that your dependent child's employment or business ownership does not need to be disclosed unless the place of employment or the business entity is subject to regulation or the authority of your agency or has contracts in excess of \$10,000 with your agency.

☒ Yes

☐ No (Go to Schedule I)

**If Yes; (Answer each question below. A separate Schedule H will be required for each member of the immediate family who had employment or ownership of a business entity.)**

1. If, during the reporting period, you or a member of your immediate family had employment from which you or they earned income, list the relation, name, and address of the employment.

Name: Shirley Gravely-Currie

Relationship: Spouse

Name of Employer: Washington Hospital Center

Address: 100 Irving St. N.E.

City/State/Zip: Washington, D.C. 20017

2. If, during the reporting period, you or a member of your immediate family wholly or partially owned any business entity from which income was earned, list the relation, name and address of the business entity.

Name: No

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

## Schedule H – Employment/Business Ownership

During the reporting period, did you or any member of your immediate family, receive any earned income from an entity other than the State of Maryland? Please note that your dependent child's employment or business ownership does not need to be disclosed unless the place of employment or the business entity is subject to regulation or the authority of your agency or has contracts in excess of \$10,000 with your agency.

☒ Yes  
☐ No (Go to Schedule I)

**If Yes; (Answer each question below. A separate Schedule H will be required for each member of the immediate family who had employment or ownership of a business entity.)**

1. If, during the reporting period, you or a member of your immediate family had employment from which you or they earned income, list the relation, name, and address of the employment.

Name: Shirley Gravely-Currie

Relationship: Spouse

Name of Employer: Smith Farm Center for

Address: Healing and the Arts  
1632 U. Street N.W.

City/State/Zip: Washington, DC 20009

2. If, during the reporting period, you or a member of your immediate family wholly or partially owned any business entity from which income was earned, list the relation, name and address of the business entity.

Name: NONE

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

## Schedule H - Employment/Business Ownership

During the reporting period, did you or any member of your immediate family, receive any earned income from an entity other than the State of Maryland? Please note that your dependent child's employment or business ownership does not need to be disclosed unless the place of employment or the business entity is subject to regulation or the authority of your agency or has contracts in excess of \$10,000 with your agency.

☒ Yes

☐ No (Go to Schedule I)

**If Yes; (Answer each question below. A separate Schedule H will be required for each member of the immediate family who had employment or ownership of a business entity.)**

1. If, during the reporting period, you or a member of your immediate family had employment from which you or they earned income, list the relation, name, and address of the employment.

Name: Shirley-Gravely-Currie

Relationship: Spouse

Name of Employer: Howard University

Address: 1400 Shepherd St. S.E.

City/State/Zip: Washington, DC 20017

2. If, during the reporting period, you or a member of your immediate family wholly or partially owned any business entity from which income was earned, list the relation, name and address of the business entity.

Name: NONE

Relationship: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

**Schedule I – Disclosure of Interest – Representation Before a State or Local Agency**

Did you represent a person for compensation before a State or local government agency other than in a judicial or quasi-judicial proceeding?

☐ Yes  
☒ No (Go to Schedule J)

**If Yes; (Answer each question below. A separate Schedule I will be required for each interest to be disclosed.)**

1. I am representing or represented for compensation.

Name: \_\_\_\_\_

As an: \_\_\_\_\_

Before: \_\_\_\_\_

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

For the following consideration:

\_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

**Schedule J: Disclosure of Interest: Financial Relationship with the State or a Local Government**

Did you represent a State or local government agency for compensation, or have a contractual relationship with the State or local government in the State or conducted a transaction with the State or local government in the State for monetary compensation?

☐ Yes  
☒ No (Go to Schedule K)

**If Yes; (Answer each question below. A separate Schedule J will be required for each interest to be disclosed.)**

1. I have entered into a financial relationship with:

Name of Government Agency: \_\_\_\_\_

to \_\_\_\_\_ (Position of  
Employment, Services Performed, or Details of Transaction Entered Into)

for the following consideration: \*\*\$ \_\_\_\_\_

\*\* NOTE: A legislator is prohibited by law from being directly involved in negotiations, discussions, or other contacts with a government entity as to a procurement contract in which the legislator has a financial interest.

**If necessary, please use additional sheet(s) for any additional entries.**



**Schedule K – Disclosure of Interest: Interest in a Business Regulated by a State Agency**

Did you, your spouse or dependent children together or separately have either 10% or more of the capital stock or stock worth \$25,000 or more in a corporation subject to regulation by a State agency or any interest in a partnership, limited liability partnership or limited liability company subject to regulation by a State agency?

☐ Yes  
☒ No (Go to Schedule L)

**If Yes; (Answer each question below. A separate Schedule K will be required for each interest to be disclosed.)**

I hereby report that I and/or Name of Immediate Family Member:

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

My \_\_\_\_\_ (spouse, self, dependent child) together or separately own a reportable interest in: \_\_\_\_\_

This Business Entity is subject to regulation by:

\_\_\_\_\_

**If necessary, please use additional sheet(s) for any additional entries.**

## **Schedule L – Other**

Is there any additional information you would like to include?

### **STANDARDS OF CONDUCT**

The Maryland Public Ethics Law includes standards of conduct applicable to financial disclosure filers and other State employees. The standards address disqualification from participation, prohibited secondary employment, prohibited ownership interests, misuse of position, prohibited solicitation and acceptance of gifts, misuse of confidential information, post-employment limitations, prohibited dealings with the State, and procurement specifications assistance restrictions. The Law provides for exceptions and exemptions under certain circumstances.

Filers wanting more detailed information about these requirements should contact the offices of the Joint Committee on Legislative Ethics.

### **PRIVACY NOTICE**

The Public Ethics Law (State Government Article, Title 15), Annotated Code of Maryland) requires the collection of this information, which will be used primarily for public disclosure and to determine compliance with the Law. The information may be disclosed to any requesting person, including officials of State, local or federal government, who records their name and address, and this record will be provided to the filer upon request. The subject has the right to review, correct and amend the record as set forth in the Public Ethics Law, Md. Code Ann., State Gov't § 10-625 (Supp. 2004). Failure to file or to report information required by Public Ethics Law §15-607 can subject you to civil and administrative penalties including termination or other disciplinary action, suspension of pay, a late filing fee up to \$250, and a civil fine of up to \$5,000 per day. Willful and false filing is subject to criminal penalty for perjury pursuant to Criminal Law Article §9-101, Annotated Code of Maryland.