

Schedule I – Financial or Contractual Relationships with Governmental or Quasi-Governmental Entities

1. During the reporting period, did you or any member of your immediate family, have any financial or contractual relationship with (i) the University of Maryland Medical System, (ii) a governmental entity of the State of Maryland or of a local government in the State, or (iii) a quasi-governmental entity of the State of Maryland or local government in the State?

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No. Go to the next schedule.

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Yes. Answer the questions below.

If yes: If you need to disclose more than one relationship, please do so by completing one Schedule I for each additional relationship. Please see the notice below for additional instructions on this matter.

2. First and last name of the family member that has the financial or contractual relationship:

3. Name of entity that has the contractual or financial relationship:

4. Address of the entity (Street address, city, state and zip code):

Address: _____

City/State/Zip: _____

5. Briefly describe the nature of the financial or contractual relationship. If the relationship included earning income or a monetary payment provide the estimated amount earned/paid during the reporting period.

NOTICE:

Do you or a member of your immediate family have more than one financial or contractual relationship with one of the entities listed in question 1 above during the reporting period?

If yes, please disclose it by completing an additional copy of this schedule for each additional relationship. Include each additional schedule as part of your FDS submission. Additional blank copies of this schedule and detailed FDS Form Instructions can be obtained from:

<https://www.mncppc.org/fds/>.