

**FLOATING ZONE PLAN AMENDMENT APPLICATION  
DISCLOSURE STATEMENT**  
(Revised October 14, 2014)

State law requires that each and any Applicant for a local zoning map amendment, or Party of Record, who has made a contribution to a candidate for County Executive or County Council of \$500.00 or more, calculated cumulatively for the four-year election cycle either before the filing of the application or during the four-year cycle within which the application is pendent, must disclose the name of the candidate to whose treasurer, political committee, or slate the contribution was made, the amount and the date of the contribution.

A Disclosure Statement must be filed when the application is filed or within two weeks after entering the proceeding by a Party of Record and be updated within 5 business days of any contribution made after the filing of the initial disclosure and before final disposition of the application by the District Council. If more than one contribution is made, please specify in the space provided below each contribution and to whom it was made. If more than one applicant is involved in a single application, each applicant must file this statement.

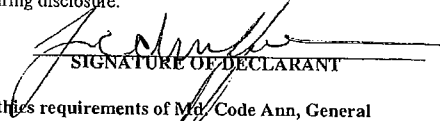
Subject to the penalties of perjury, I, Ralph J. Duffie, Inc.  
(NAME OF APPLICANT FOR FLOATING ZONE PLAN AMENDMENT OR PARTY OF RECORD)

HEREBY AFFIRM that the contents of this statement are true to the best of my knowledge, information and belief, and that: (SELECT EITHER 1 OR 2 BELOW AND CHECK APPROPRIATE STATEMENT)

1. I HAVE made a contribution of \_\_\_\_\_  
(FILL IN AMOUNT OF CONTRIBUTION IF \$500 OR MORE, OR STATE N/A IF NOT APPLICABLE)  
on \_\_\_\_\_  
(FILL IN DATE (MONTH, DAY AND YEAR) OF CONTRIBUTIONS),  
to the following candidate's treasurer, political committee, or slate:

\_\_\_\_\_  
(FILL IN NAME OR NAMES OF CANDIDATE, OR STATE N/A IF INAPPLICABLE)(If more space is required, use the back of this form.)

2. I HAVE NOT made a contribution requiring disclosure.

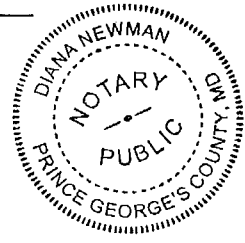
  
SIGNATURE OF DECLARANT

This Statement is filed in compliance with the public ethics requirements of Md. Code Ann., General Provisions, §§5-842 through 5-845; 2014 Md. Laws Ch. 94. Any violations of these provisions is a misdemeanor, and upon conviction, is subject to a fine of not more than \$1,000.

Subscribed and sworn to me, a Notary Public for Montgomery County, Maryland, this

29<sup>th</sup> day of August, 2023

Diana Newman  
NOTARY PUBLIC  
My Commission Expires: 4/18/26



For your convenience, some definitions are included on the reverse side of this form.

Md. Code Ann., Gen. Prov. §5-842

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Subject to the penalties of perjury, I, Grady Family LLC  
(NAME OF APPLICANT FOR FLOATING ZONE PLAN  
AMENDMENT OR PARTY OF RECORD)

HEREBY AFFIRM that the contents of this statement are true to the best of my knowledge, information and belief, and that: (SELECT EITHER 1 OR 2 BELOW AND CHECK APPROPRIATE STATEMENT)

1. I HAVE made a contribution of \_\_\_\_\_  
(FILL IN AMOUNT OF CONTRIBUTION IF \$500 OR MORE, OR STATE N/A IF NOT APPLICABLE)  
on \_\_\_\_\_  
(FILL IN DATE (MONTH, DAY AND YEAR) OF CONTRIBUTIONS),  
to the following candidate's treasurer, political committee, or slate:

\_\_\_\_\_  
(FILL IN NAME OR NAMES OF CANDIDATE, OR STATE N/A IF INAPPLICABLE)(If more space is required, use the back of this form.)

2. I HAVE NOT made a contribution requiring disclosure.

  
SIGNATURE OF DECLARANT

*AUTHORIZED REPRESENTATIVE*

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Subscribed and sworn to me, a Notary Public for Montgomery County, Maryland, this

15<sup>th</sup> day of August, 2023

  
NOTARY PUBLIC

My Commission Expires:

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Md. Code Ann., Gen. Prov. §5-842



**FLOATING ZONE PLAN AMENDMENT APPLICATION  
DISCLOSURE STATEMENT**

(Revised October 14, 2014)

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Subject to the penalties of perjury, I, Elaine Milestone Trust f/b/o Scott Milestone  
(NAME OF APPLICANT FOR FLOATING ZONE PLAN  
AMENDMENT OR PARTY OF RECORD)

HEREBY AFFIRM that the contents of this statement are true to the best of my knowledge, information and belief, and that: (SELECT EITHER 1 OR 2 BELOW AND CHECK APPROPRIATE STATEMENT)

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on \_\_\_\_\_  
(FILL IN DATE (MONTH, DAY AND YEAR) OF CONTRIBUTIONS),  
to the following candidate's treasurer, political committee, or slate:

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(FILL IN NAME OR NAMES OF CANDIDATE, OR STATE N/A IF INAPPLICABLE)(If more space is required, use the back of this form.)

2. I HAVE NOT made a contribution requiring disclosure.

  
SIGNATURE OF DECLARANT

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Subscribed and sworn to me, a Notary Public for Montgomery County, Maryland, this

23<sup>RD</sup> day of August, 2023

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

  
MAHADEO S. WYAL  
NOTARY PUBLIC STATE OF MARYLAND  
My Commission Expires August 1, 2026

For your convenience, some definitions are included on the reverse side of this form.

Md. Code Ann., Gen. Prov. §5-842

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Subject to the penalties of perjury, I, Dawn L. Cooke Irrevocable Trust  
(NAME OF APPLICANT FOR FLOATING ZONE PLAN AMENDMENT OR PARTY OF RECORD)

HEREBY AFFIRM that the contents of this statement are true to the best of my knowledge, information and belief, and that: (SELECT EITHER 1 OR 2 BELOW AND CHECK APPROPRIATE STATEMENT)

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(FILL IN AMOUNT OF CONTRIBUTION IF \$500 OR MORE, OR STATE N/A IF NOT APPLICABLE)  
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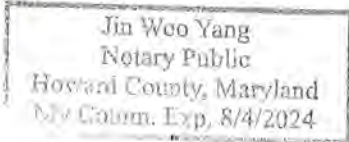
2. I HAVE NOT made a contribution requiring disclosure.  
Jean B. Van Luyk  
SIGNATURE OF DECLARANT

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Subscribed and sworn to me, a Notary Public for Montgomery County, Maryland, this

17<sup>th</sup> day of August, 2023

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: 8/4/2024



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Subject to the penalties of perjury, I, Ann Leahy Revocable Trust dtd 11/14/1994  
(NAME OF APPLICANT FOR FLOATING ZONE PLAN  
AMENDMENT OR PARTY OF RECORD)

HEREBY AFFIRM that the contents of this statement are true to the best of my knowledge, information and belief, and that: (SELECT EITHER 1 OR 2 BELOW AND CHECK APPROPRIATE STATEMENT)

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\_\_\_\_\_  
(FILL IN NAME OR NAMES OF CANDIDATE, OR STATE N/A IF INAPPLICABLE)(If more space is required, use the back of this form.)

2. I HAVE NOT made a contribution requiring disclosure.

Ann L. Leahy  
SIGNATURE OF DECLARANT

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Subscribed and sworn to me, a Notary Public for Montgomery County, Maryland, this

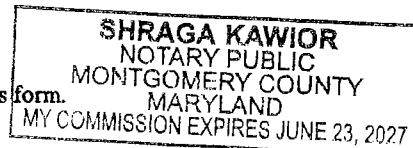
20<sup>th</sup> day of August, 2023.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

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Md. Code Ann., Gen. Prov. §5-842



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Subject to the penalties of perjury, I, Louis Pohoryles  
(NAME OF APPLICANT FOR FLOATING ZONE PLAN  
AMENDMENT OR PARTY OF RECORD)

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to the following candidate's treasurer, political committee, or slate:

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(FILL IN NAME OR NAMES OF CANDIDATE, OR STATE N/A IF INAPPLICABLE)(If more  
space is required, use the back of this form.)

2. I HAVE NOT made a contribution requiring disclosure.

Louis Pohoryles  
SIGNATURE OF DECLARANT

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Subscribed and sworn to me, a Notary Public for Montgomery County, Maryland, this

16<sup>th</sup> day of Aug, 2023

NOTARY PUBLIC  
My Commission Expires:

GODLIVE KABALIISA  
Notary Public - State of Maryland  
Montgomery County  
My Commission Expires Feb 21, 2024

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Subject to the penalties of perjury, I, Elyce Vanden Broecke  
(NAME OF APPLICANT FOR FLOATING ZONE PLAN  
AMENDMENT OR PARTY OF RECORD)

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\_\_\_\_\_  
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2. I HAVE NOT made a contribution requiring disclosure.

Elyce Vanden Broecke  
SIGNATURE OF DECLARANT

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Subscribed and sworn to me, a Notary Public for Montgomery County, Maryland, this

17<sup>th</sup> day of August, 2023

[Signature]  
NOTARY PUBLIC

My Commission Expires: 12/09/2032

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Md. Code Ann., Gen. Prov. §5-842

**DONNA FORBES**  
Notary Public - State of South Carolina  
My Commission Expires December 09, 2032