

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

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: Kevin G. Grove

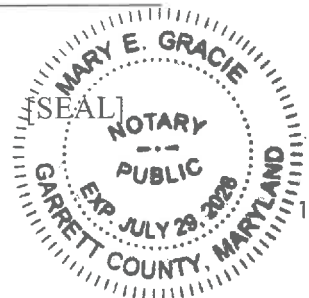
Signature of Person Filing: [Signature] Date: March 18, 2025

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

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
196 McCallah St Frostburg Md 21532			

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
None		

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.

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