



AFFIDAVIT AND DISCLOSURE OF CONTRIBUTION

For Petitions to Amend the Zoning Regulations, Zoning Maps and Preliminary Develop Plans of Howard County

Zoning Matter: _____

AFFIDAVIT AS TO CONTRIBUTIONS TO CANDIDATES AND BUSINESS ENGAGEMENTS WITH ELECTED OFFICIALS

**As required by the Maryland Public Ethics Law Annotated Code of Maryland, General
Provisions Article Sections 5-852 through 5-854**

ALL BOLDED TERMS ARE DEFINED BY SECTION 5-852 MARK EACH PARAGRAPH AS
APPLICABLE

1. I, CLOUDLEAP LLC, the **Applicant** filing an **Application** in the above zoning matter, to the best of my information, knowledge, and belief HAVE / HAVE NOT made a **Contribution** or contributions having a cumulative value of \$500 or more to the treasurer of a **Candidate** or the treasurer of a **Political Committee** during the 48-month period before the **Application** was filed; and I AM / AM NOT currently **Engaging in Business** with an **Elected Official**.
2. I, the **Applicant** or a **Party of Record** in the above referenced zoning matter, acknowledge and affirm that, if I or my **Family Member** has made a **Contribution** or contributions having a cumulative total of \$500 or more during the 48-month period before the **Application** was filed or during the pendency of the **Application**, I will file a disclosure providing the name of the **Candidate or Elected Official** to whose treasurer or **Political Committee** the **Contribution** was made, the amount, and the date of the **Contribution**; and that a **Contribution** made between the filing and the disposition of the **Application** will be disclosed within 5 business days after the **Contribution**.

3. I, the **Applicant**, acknowledge and affirm that, if I begin **Engaging in Business** with an **Elected Official** between the filing and the disposition of the **Application**, I will file this Affidavit at the time of **Engaging in Business** with the **Elected Official**.

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY and upon personal knowledge that the contents of this Affidavit are true.

MARY GHOLAMI

(Print Full Name)

MARY GHOLAMI

(Sign full name & indicate legal capacity, if applicable)

9/9/25

Date