

MARYLAND STATE ETHICS COMMISSION

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**FINANCIAL DISCLOSURE STATEMENT
FORM 1 - STATE EMPLOYEES AND ELECTED STATE OFFICIALS**

NAME:	Boyd Kevin Rutherford		
TRACKING NUMBER:	205193	VERSION:	ELECTRONIC
FILING YEAR:	2015	APPLICATION TYPE:	APP
DATE CREATED:	04/28/2016 02:54 PM	DATE SUBMITTED:	04/28/2016 03:04 PM

Do you wish to be notified if someone looks at your form? Yes

Schedule A - Real Property Interests

1. What is the address or legal description of the property?

(Enter the 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: *7116 Fountain Rock Way*
City: *Columbia* State: *MD*
Zip Code: *21046*

2. What kind of property is it?

(for example Improved: single-family house, leased, apartment, or commercial property, Unimproved: vacant lot, etc.)

Home Residence

3. Is the interest held directly by you or is it attributable to you?

Direct

4. Are you the owner or tenant?

Owner

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

Tenants In Common

6. Are there any legal conditions or encumbrances on the property?

(for example, mortgage, liens, contracts, options etc.)

Yes

6 a. What is the name of the lender, creditor, lien holder, etc?

SECU (State Employees Credit Union);

If other, please specify (if more than one, use semicolon [;] as a separator): *N/A*

7. What year was the property acquired?

1997

8. How was the property acquired? (For example, purchase, gift, will, etc.)

Purchase

9. From whom was the property acquired?

(Name of individual or entity from whom you purchased or inherited the property)

James Hillier

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)

Consideration paid or Fair Market Value: *\$200,000 to \$249,999*

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

No

Schedule B - Interests in Corporations and Partnerships

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

Name: *Eastwind Strategies, LLC*

2. Is the entity publicly traded?

No

Street Address:

(only if entity is not publicly traded)

9520 Berger Road, Suite 200

City:

Columbia

State:

MD

Zip Code:

21046

3. Is the interest held directly by you or is it attributable to you?

Direct

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

Solely

5. What is the type of interest and its dollar value or the number of shares? (example: notes, bonds, puts, calls, straddles, purchase options, etc.)

Type: *Other*

If other, please specify: *Limited Liability Corporation*

Value: *under \$1,000* or *N/A* Shares

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

No

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

No

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

No

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

1. Name and address of the principal office of the business entity ?
(include complete name and full address, including city, state and zip code)

Name: N/A
Street Address: N/A
City: N/A State: N/A
Zip Code: N/A

2. Is the interest held directly by you or is it attributable to you?

N/A

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

N/A

Dollar value of the filer's interest in the entity: N/A

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

N/A

5. Was any interest acquired during the reporting year?

N/A

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

N/A

Schedule D - Gifts

1. Who gave you the gift?

Name: *N/A*

2. What kind of gift was it?

(for example, cash, restaurant meal, theater ticket, book, etc.)

N/A

If Other, please describe. *N/A*

3. What was the value of the gift?

Dollar Amount: \$ *N/A*

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

Name: *N/A*

Schedule E - Offices, directorships, salaried employment and similar interests

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

Name: N/A
Street Address: N/A
City: N/A State: N/A
Zip Code: N/A

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

N/A

Name: N/A

3. What is the title of the office you held?

(for example, limited partner, director, treasurer, chair of the board of trustees, etc)

Title: N/A

If other, please specify: N/A

4. What year did the position (directorship, salaried employment, etc) begin?

N/A

5. With what State agency did the business entity do business?

N/A

If other, please specify: N/A

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)

N/A

Schedule F - Debts you owe

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

Name: *SECU (State Employees Credit Union)*

If other, please specify: *N/A*

2. When was the debt incurred?

2016

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

Interest Rate:

under 5 %

Terms:

Monthly

4. Select the appropriate amount to indicate amount of 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, select \$0.

\$100,000 and Over

5. How much did the principal of the debt increase or decrease during the reporting period?

Decreased

\$1,000-\$9,999

6. Was any collateral given for the debt?

Yes

6 a. Please select the type of collateral given.

Home

If other, please specify: *N/A*

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.

N/A

Name:

N/A

Transaction:

N/A

Schedule G - Family Members Employed by the State

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

N/A

Name:

N/A

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

N/A

If other, please specify: N/A

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

N/A

Schedule H - Employment/Business Ownership

1. If, during the reporting period, you or a member of your immediate family had employment from which you earned income, list the relation, name and address of the employment. You need only report the source of earned income for your dependent child if the entity employing your dependent child was subject to regulation by or did business with the agency.

Relation: N/A
Name of Employer: N/A
Street Address: N/A
City: N/A State: N/A
Zip Code: N/A

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.

N/A
Relation: N/A
Name of Business Entity: N/A
Street Address: N/A
City: N/A State: N/A
Zip Code: N/A

Schedule H - Employment/Business Ownership

1. If, during the reporting period, you or a member of your immediate family had employment from which you earned income, list the relation, name and address of the employment. You need only report the source of earned income for your dependent child if the entity employing your dependent child was subject to regulation by or did business with the agency.

Relation: *Spouse*
Name of Employer: *Business Suites of Columbia*
Street Address: *9520 Berger Road, Suite 200*
City: *Columbia* State: *MD*
Zip Code: *21046*

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.

N/A

Relation: *N/A*
Name of Business Entity: *N/A*
Street Address: *N/A*
City: *N/A* State: *N/A*
Zip Code: *N/A*

Schedule I - Other

Please provide information in the narrative form.

N/A