

SCHEDULE 3
POSITIONS WITH BUSINESS ENTITIES DOING BUSINESS WITH CITY

NOTE: For more than one business entity or more than one position holder, make additional copies of this Schedule.

1. IDENTITY OF BUSINESS ENTITY

Name: _____
Address of Principal Office: _____

2. HOLDER OF POSITION

Name: _____
Relationship to Statement Maker:
 ___ Self ___ Spouse ___ Child ___ Parent ___ Sibling
Address: _____

3. NATURE OF POSITION

Title: _____
Date Started: _____
General Duties: _____

4. AGENCIES WITH WHICH BUSINESS ENTITY DOES BUSINESS

Identify each agency of the City with which business entity does business and, as to each, the nature of that business (specifying, at a minimum, whether the business entity (i) is involved in sales or contracts with the agency; (ii) is regulated by the agency; or (iii) is a lobbyist with respect to matters before the agency):

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for each significant gift or series of gifts from the same person or entity. If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the significant gift was given.

Name: _____
Address: _____

2. RECIPIENT OF GIFT

Name: _____

Relationship to Statement Maker:

Self Family member or other person, at your direction

Address: _____

3. NATURE OF GIFT

Describe gift: _____

Retail value when received: \$ _____

4. TRAVEL EXPENSES

If the gift entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by Person Identified in Section 1: \$ _____

SCHEDULE 5
DEBTS TO PERSONS DOING BUSINESS WITH CITY

NOTE: For more than one person doing business with the City,
make additional copies of this Schedule.

1. IDENTITY OF CREDITOR

Name: _____
Address of Principal Office: _____

2. DEBTOR

Name: _____
Relationship to Statement Maker:
 ___ Self ___ Spouse* ___ Child* ___ Parent* ___ Sibling*

Address: _____

*Describe your involvement in transaction: _____

3. DESCRIPTION OF DEBT

Date Incurred: _____

Terms of Payment:

\$ _____ per
 ___ Month ___ Quarter ___ Year
 ___ Other (explain): _____

for _____ (number)
 ___ Months ___ Quarters ___ Years
 ___ Other (explain): _____

4. SECURITY FOR DEBT

None

Real Property (address): _____

Personal Property (describe): _____

Other (explain): _____

5. PRINCIPAL BALANCE

At start of reporting period: \$ _____

At end of reporting period: \$ _____

SCHEDULE 6
FAMILY MEMBERS EMPLOYED BY CITY

1. SPOUSE

Name: _____

Address: _____

Name of Agency: _____

Title and Nature of Position: _____

2. CHILD

Name: _____

Address: _____

Name of Agency: _____

Title and Nature of Position: _____

3. PARENT

Name: _____

Address: _____

Name of Agency: _____

Title and Nature of Position: _____

4. SIBLING

Name: _____

Address: _____

Name of Agency: _____

Title and Nature of Position: _____

**SCHEDULE 7
OTHER SOURCES OF EARNED INCOME**

1. STATEMENT MAKER

Name of Statement Maker: _____

Business Entity's Name and Address: _____

Title and Nature of Position: _____

2. SPOUSE

Name of Spouse: _____

Business Entity's Name and Address: _____

Title and Nature of Position: _____

3. CHILD

Name of Child: _____

Business Entity's Name and Address: _____

Title and Nature of Position: _____

4. CHILD

Name of Child: _____

Business Entity's Name and Address: _____

Title and Nature of Position: _____

5. CHILD

Name of Child: _____

Business Entity's Name and Address: _____

Title and Nature of Position: _____



Sheila Dixon
President,
Baltimore City Council

Received
2-6-06

100 N. Holliday Street, Room 400 • Baltimore, Maryland 21202
410-396-4804 • Fax 410-539-0647

February 6, 2006

Baltimore City Ethics Board
626 City Hall
100 N. Holliday Street
Baltimore, MD 21202

Dear Mr. Aisenstark:

Due to a change since the filing of my 2004 Financial Disclosure Statement I am submitting an amended Schedule 3.

Sincerely,

Sheila Dixon
President
Baltimore City Council

SD:bit

Revised
2-6-06

SCHEDULE 3
POSITIONS WITH BUSINESS ENTITIES DOING BUSINESS WITH CITY

NOTE: For more than one business entity or more than one position holder,
make additional copies of this Schedule.

1. IDENTITY OF BUSINESS ENTITY

Name: Utech, LLC
Address of Principal Office: 111 S. Calvert Street, 27th Floor
Baltimore, Maryland 21202

2. HOLDER OF POSITION

Name: Janice Dixon
Relationship to Statement Maker:
 Self Spouse Child Parent Sibling
Address: _____

3. NATURE OF POSITION

Title: Operations Manager
Date Started: 02/04
General Duties: payroll/invoicing

4. AGENCIES WITH WHICH BUSINESS ENTITY DOES BUSINESS

Identify each agency of the City with which business entity does business and, as to each, the nature of that business (specifying, at a minimum, whether the business entity (i) is involved in sales or contracts with the agency; (ii) is regulated by the agency; or (ii) is a lobbyist with respect to matters before the agency):



Sheila Dixon
President,
Baltimore City Council

100 N. Holliday Street, Room 400 • Baltimore, Maryland 21202
410-396-4804 • Fax 410-539-0647



March 8, 2006

Baltimore City Ethics Board
626 City Hall
100 N. Holliday Street
Baltimore, Maryland 21202

Dear Mr. Aisenstark:

Please find an amended 2004 Financial Disclosure Statement (Schedules 3 and 7).

Sincerely,

Sheila Dixon
President
Baltimore City Council

Enclosure

SD:za



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Name: Utech, LLC
Address of Principal Office: 111 S. Calvert Street, 27th Floor
Baltimore, Maryland 21202

2. HOLDER OF POSITION

Name: Janice Dixon
Relationship to Statement Maker:
 Self Spouse Child Parent Sibling

Address: 106 D Cross Keys Road
Baltimore, Maryland 21210

REVISED
-8-06

3. NATURE OF POSITION

Title: Operations Manager
Date Started: 02/04
General Duties: payroll/invoicing

4. AGENCIES WITH WHICH BUSINESS ENTITY DOES BUSINESS

Identify each agency of the City with which business entity does business and, as to each, the nature of that business (specifying, at a minimum, whether the business entity (i) is involved in sales or contracts with the agency; (ii) is regulated by the agency; or (iii) is a lobbyist with respect to matters before the agency):

Mayor's Office of Information and Technology

REVISED
8-06

SCHEDULE 7
OTHER SOURCES OF EARNED INCOME



1. STATEMENT MAKER

Name of Statement Maker: _____

Business Entity's Name and Address: _____

Title and Nature of Position: _____

2. SPOUSE

Name of Spouse: Thomas Hampton

Business Entity's Name and Address: Baltimore City Community College
2901 Liberty Heights Avenue
Baltimore, Maryland 21215

Title and Nature of Position: Chief of Staff to President

3. CHILD

Name of Child: Jasmine Hampton

Business Entity's Name and Address: National Aquarium in Baltimore
501 East Pratt Street
Baltimore, Maryland 21202

Title and Nature of Position: Visitor Services (ambassador)

4. CHILD

Name of Child: _____

Business Entity's Name and Address: _____

Title and Nature of Position: _____

WISED
8-06

WISED
3-06

FINANCIAL DISCLOSURE SIGNATURE SHEET

NAME Heather Hanan/Baltimore Business Journal

ADDRESS 111 Market Place, Balto. 21202

ORGANIZATION BBJ

TELEPHONE 410.454.0517

DATE 8/24/05

NAME ON FORM INSPECTED: Bodie of All city council + Mayor

Doug DONOVAN
Balt. Sun
410-332-6465
2/3/05

FINANCIAL DISCLOSURE SIGNATURE SHEET

NAME SPECIAL AGENT ERWIN A. BURTRICK
ADDRESS 300 E. JOPPA RD., SUITE 410, TOWSON, MD 21286
ORGANIZATION OFFICE OF THE STATE PROSECUTOR
TELEPHONE 410-321-4067
DATE 3-20-06
NAME ON FORM INSPECTED: SHEILA ANN DIXON

NAME Jessica Klonsky

ADDRESS 2211 40th St NW Washington DC 20005

ORGANIZATION _____

TELEPHONE 202 679 1460

DATE 4/28/07

NAME ON FORM INSPECTED: Sheila Ann Dixon

NAME Eric Ohlsen

ADDRESS 2920 Pine Spring Road, Falls Church, Va

ORGANIZATION Nesbitt Research Group

TELEPHONE 202-246-1224

DATE 6/4/07

NAME ON FORM INSPECTED: Sheila Dixon