

**LOCAL MAP AMENDMENT APPLICATION
DISCLOSURE STATEMENT**
(Revised February 7, 2019)

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, Tri Pointe Homes DC Metro, Inc.
**(NAME OF APPLICANT FOR LOCAL MAP 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. A person who knowingly and willfully violates this part is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$ 1,000.

For convenience, several definitions in State law are contained on the next page.

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

7th day of May, 2024



NOTARY PUBLIC

My Commission Expires: 8/21/2024



MARGO M BALL
NOTARY PUBLIC
Montgomery County
State of Maryland
My Commission Expires
August 21, 2024

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Subject to the penalties of perjury, I, Iron Point DSC MOCO Holdings, LLC
**(NAME OF APPLICANT FOR LOCAL MAP 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.



Nitin Sathe, Vice President

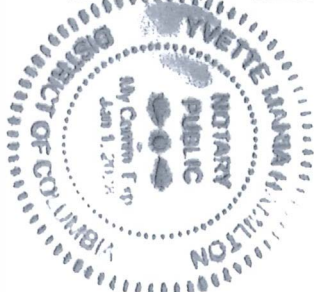
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Subscribed and sworn to me, a Notary Public for District of Columbia ~~Montgomery County, Maryland~~, this

25th day of April, 2024.



NOTARY PUBLIC

My Commission Expires: January 1, 2028

**Exhibit 4
H-156**

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(Revised February 7, 2019)

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Subject to the penalties of perjury, I, MOCO DSC INVESTMENTS LLC
(NAME OF APPLICANT FOR LOCAL MAP 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:

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(If more space is required, use the back of this form.)

2. I HAVE NOT made a contribution requiring disclosure.

[Signature]
SIGNATURE OF DECLARANT

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For convenience, several definitions in State law are contained on the next page.

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

26th day of April, 2024

[Signature]
NOTARY PUBLIC
My Commission Expires:

