

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
FOR THE COUNTY OF CHAUTAUQUA**

**YOU MUST ANSWER ALL QUESTIONS
(If you have no information to enter, check “No” or “None”)**

If you need additional space for any answers, please attach a separate sheet.

1. NAME AND ADDRESS.

Full Name (including middle initial)

Title

County Department or Board Name

County Department Address

2. SPOUSE. Provide the name of your spouse (if married) and include his or her middle initial.

NO SPOUSE (Check if appropriate)

Spouse

3. CHILDREN. Provide the names and ages of any dependent children, including middle initials for all. A dependent child is a child who may be listed on your federal tax return as a dependent during the year in which the disclosure form is completed.

NO DEPENDENT CHILDREN (Check if appropriate)

Child/Age

Child/Age

Child/Age

Child/Age

(If you have more than four (4) children, please provide their names and ages on a separate sheet.)

NAME: _____

4. EMPLOYMENT

a. Non-County-Government Employment. Describe any non-county government occupation, employment, trade, business or profession providing more than \$1,000.00 of income in the previous calendar year for you (and/or your spouse and/or dependent children).

NONE (Check if appropriate)

Name of Family Member	Position	Name, Address & Description of Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Future Employment. Describe any contract, promise or other agreement between you and any third party, with respect to your employment after leaving your County office or position. Include the name and address of the other party, and describe the nature of the future employment.

NONE (Check if appropriate)

c. Past Employment. Identify the source and nature of any income currently received, or received in the previous twelve (12) months, in excess of \$1,000.00 per calendar year from any prior employer, including deferred income, contributions to a pension or retirement fund, profit sharing plan, severance pay, or payments under a buy-out agreement.

NONE (Check if appropriate)

Name & Address of Income Sources	Description of Income (i.e., pension, deferred, etc.)
_____	_____
_____	_____
_____	_____
_____	_____

NAME: _____

5. BUSINESS POSITIONS. List any office, trusteeship, directorship, partnership, or other position in any business, municipality, association, proprietary, or not-for-profit organization for you (and/or your spouse and/or dependent children), which has not been listed above, and indicate whether these businesses are involved with the County of Chautauqua in any manner. This includes volunteer, unpaid positions on boards.

NONE (Check if appropriate)

Name of Family Member	Position	Organization	County Department or Agency and Nature of Involvement
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. ASSETS AND INVESTMENTS

a. Investments. Itemize and describe all investments in excess of \$5,000.00 or five percent (5%) of the value in: any business, corporation, or partnership (including those controlled by you, your spouse and dependent children); and other assets including stocks, bonds, loans, pledged collateral, and other investments (for you and/or your spouse and/or dependent children). You do not need to list checking or savings accounts, or a State of New York retirement plan.

NONE (Check if appropriate)

Name of Family Member	Name & Address of Business	Description of Investment
_____	_____	_____
_____	_____	_____

b. Real Estate. List the location of all real estate within the County or within five (5) miles of the County in which you (and/or your spouse and/or dependent children) have an interest or had an interest in the previous calendar year, regardless of its value. You do not need to list property listed on the deed of your primary residence.

NONE (Check if appropriate)

Name of Family Member	Location of Real Estate	Description of Investment
_____	_____	_____
_____	_____	_____

NAME: _____

c. Trusts. Identify each interest in a trust or estate or similar beneficial interest in any assets in excess of \$2,000.00, except for IRS eligible retirement plans or interests in an estate or trust of a Related person, as such term is defined in the County's Code of Ethics, for you (and/or your spouse and/or dependent children).

NONE (Check if appropriate)

Name of Family Member	Trustee/Executor	Description of Trust/Estate
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. OTHER INCOME. Identify the source and nature of any other income in excess of \$1,000.00 per calendar year from any source not described above, including teaching income, lecture fees, consultant fees, contractual income, or other income of any nature, for you (and/or your spouse and/or dependent children). This should include any income for which you have received an IRS form 1099 showing income in excess of \$1,000.00 during the preceding year.

NONE (Check if appropriate)

Name of Family Member	Name & Address of Income Source	Nature of Investment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. GIFTS AND HONORARIUMS. List the source of all gifts aggregating in excess of \$250.00 received during the last calendar year by you (and/or your spouse and/or dependent children) excluding gifts from a Related person (as defined in the Code of Ethics). The term "gifts" includes gifts of cash, property, personal items, payments to third-parties on your behalf, forgiveness of debt, honorariums, services, travel, entertainment, hospitality, thing or promise, non-employment donations to a retirement plan, discounts not available to members of the public, and any other payments or items that are not reportable as income. Gifts received from a Related person acting as an agent for a third party must be disclosed.

NAME: _____

Gifts and Honorariums, continued

NONE (Check if appropriate)

Name of Family Member

Name & Address of Donor

9. THIRD-PARTY REIMBURSEMENTS. Identify and describe the source of any third-party reimbursement for travel-related expenditures in excess of \$250.00 for any matter that relates to your official duties. The term "reimbursement" includes any travel-related expenses provided by anyone other than the County for speaking engagements, conferences, or fact finding events that relate to your official duties. Report all reimbursement aggregating \$250.00 or more, whether paid by one or more individuals or entities.

NONE (Check if appropriate)

Source

Description

10. LOANS. Describe all loans to you (and/or your spouse and/or dependent children) in excess of \$5,000.00 where the creditor is not a federally insured bank or savings and loan institution, or a Related person (as defined in the Code of Ethics).

NONE (Check if appropriate)

Name of Family Member

Name & Address of Creditor

11. POLITICAL PARTIES. List any position you held within the last five (5) calendar years as an officer of any political party, political committee, or political organization. The term "political organization" includes any independent body or any organization that is affiliated with or a subsidiary of a political party.

NONE (Check if appropriate)

NAME: _____

STATEMENT OF FINANCIAL DISCLOSURE FOR

12. INTEREST IN CONTRACTS. Describe any interest you (and/or your spouse, minor children, or dependents) have in any actual or proposed contract involving the County or any town, village, or city within the County. "Interest" means a direct or indirect pecuniary or material benefit accruing to you (and/or your spouse, minor children or dependents) as the result of a contract with the County. Besides any direct contractual relationships with the County, you (and/or your spouse, minor children or dependents) shall be deemed to have an interest in a contract between the County and: (a) a firm, partnership or association of which you or such family member is a member or employee; (b) a corporation of which you or such family member is an officer, director, or employee, but shall not include a contract of employment with the County; and (c) a corporation any stock of which is owned or controlled directly or indirectly by you or such family member. The disclosure made herein is intended to fulfill the requirements of Section 803 of General Municipal Law.

NONE (Check if appropriate)

Name of Family Member	Contract Description
_____	_____
_____	_____
_____	_____

CERTIFICATION:

I hereby certify under penalty of perjury that the information disclosed on this form is true and complete to the best of my knowledge. A reporting individual who knowingly and willfully fails to file an annual statement of financial disclosure or who knowingly and willingly with intent to deceive makes a false statement or gives information which the individual knows to be false on this statement of financial disclosure may be subject to civil and/or criminal penalties as allowed by law.

I hereby acknowledge my continuing responsibility to disclose any conflicts of interest or potential conflicts of interest and/or recuse myself from any act or action as required by Chautauqua County's Code of Ethics. I certify that I will undertake and carry out this responsibility to the best of my ability.

Signature

Date

THE DEADLINE FOR FILING IS

Please return the originally signed, completed form to:
the County Executive's Office, Gerace Office Building, 3 N. Erie St., Mayville, NY 14757.

In the event of a material change to the information reported on this form,
an amended form must be filed within thirty (30) days of such change.

FOR OFFICE USE ONLY

Reason for Filing:

New Appointment
(Required to file within 30 days of taking office)

Annual Filing
(Required to file by April 30th of each year)

Making Amendment(s)
(Required to file within 30 days of any material change)