



Town of Cheektowaga

**ANNUAL STATEMENT of
FINANCIAL DISCLOSURE**

YEAR: 2017

****ALL QUESTIONS MUST BE ANSWERED****

THIS FORM MUST BE RETURNED on or before ****May 15, 2017**** to the following:

(a self-addressed/postage-paid envelope is enclosed for use in returning this form)

Town of Cheektowaga Board of Ethics Committee
c/o Town Clerk's Office
3301 Broadway Street
Cheektowaga, NY 14227

PART A:

1. NAME AND ADDRESS

| | | |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

Title

| | | |
|------------|--------------------|---------------|
| Department | Department Address | Telephone No. |
|------------|--------------------|---------------|

| | |
|--------------|---------------|
| Home Address | Telephone No. |
|--------------|---------------|

2. SPOUSE AND CHILDREN

Provide the name of your spouse (if married), children and all other adult members of your household: *(ANSWER N/A IF NOT APPLICABLE)*

| | | |
|--------------|-------|------------|
| Spouse | _____ | |
| Child | _____ | Age: _____ |
| Child | _____ | Age: _____ |
| Child | _____ | Age: _____ |
| Adult Member | _____ | |
| Adult Member | _____ | |

3. INTEREST IN CONTRACTS

Describe any interest that you, your spouse, your children or adult members of your household have in any contract involving the Town or any municipality located within the Town of Cheektowaga (i.e., Sloan, Depew):

(ANSWER N/A IF NOT APPLICABLE)

Name:

Name of Family Member or Adult Member of Household:

Contract Description:

4. **POLITICAL PARTIES**

List any position you have held within the last five (5) years in 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: *(ANSWER N/A IF NOT APPLICABLE)*

PART B:

Note: For questions 5 thru 8, do not report exact dollar amounts. Instead, report categories of amounts using the following:

- | | |
|----------------------------------|-----------------------------------|
| Category A: Under \$5,000 | Category E: \$50,001 to \$75,000 |
| Category B: \$5,001 to \$10,000 | Category F: \$75,001 to \$100,000 |
| Category C: \$10,001 to \$25,000 | Category G: Over \$100,000 |
| Category D: \$25,001 to \$50,000 | |

5. **FINANCIAL INTERESTS**

A. Business Positions

List any office, trusteeship, directorship, partnership or other position in any business, association, proprietary or not-for-profit organization held by you, and/or your spouse and/or your children and/or any adult members of your household. Please indicate if the organization in which you or your family or adult household member holds such position, transacts business with the Town of Cheektowaga and describe the nature of same. *(ANSWER N/A IF NOT APPLICABLE)*

| Name of Person Involved | Title of Position | Organization | Type of Business Transactions |
|-------------------------|-------------------|--------------|-------------------------------|
| | | | |
| | | | |
| | | | |

B. If the reporting individual practices law, is licensed by the Department of State as a real estate broker or agent or practices a profession licensed by the Department of Education, give a general description of the principal subject areas of matters undertaken by such individual. Additionally, if such an individual practices with a firm or corporation and is a partner or shareholder of the firm or corporation, give a general description of principal subject areas of matters undertaken by such firm or corporation. Do not list the names of the individual clients, customers or patients: *(ANSWER N/A IF NOT APPLICABLE)*

C. Outside Employment/Other Income. Describe any outside occupation, employment, trade, business or profession providing more than \$1,000/year for you, your spouse and/or other adult member of your household, if any, and indicate whether such activities are regulated by any state or local agency. Also identify the source and nature of any other income in excess of \$1,000/year from any source not described above, including teaching income, lecture fees, consultant fees, contractual income, commissions, or other income of any nature, for you, your spouse and/or any adult member of your household:

| Name of Person | Position | Name, Address and Description of Organization | State or Local Agency |
|----------------|----------|---|-----------------------|
| | | | |
| | | | |
| | | | |

D. Investments. Itemize and describe all investments which exceed a value of \$5,000 excluding personal savings accounts, retirement accounts, term life insurance, U.S. Government Treasury bonds, bills and notes, but including stocks, bonds, loans, pledged collateral and other investments, for you, your spouse and/or adult members of your household, if any:

(ANSWER N/A IF NOT APPLICABLE)

| Name of Person | Description of Investment | Name and Address of Business | Category of Amount |
|----------------|---------------------------|------------------------------|--------------------|
| | | | |
| | | | |
| | | | |

E. Real Estate. List the location of all real estate, excluding your personal residence, within the Town of Cheektowaga (including real estate located within the Village of Depew and/or the Village of Sloan) in which you, your spouse, children and/or adult members of your household have an interest, regardless of its value:

(ANSWER N/A IF NOT APPLICABLE)

| Name of Person | Description of Investment | Name and Address of Real Estate | Category of Amount |
|----------------|---------------------------|---------------------------------|--------------------|
| | | | |
| | | | |
| | | | |

F. List below all notes and accounts receivable, other than from goods or services sold, held by the reporting individual at the close of the taxable year last occurring prior to the date of filing and other debts owed to such individual at the close of the table year last occurring prior to the date of filing, in excess of \$1,000 including the name of the debtor, type of obligation, date due and the nature of the collateral securing payment of each, if any, excluding securities reported in item 5(a) hereinabove. Debts, notes and accounts receivable owed to the individual by a spouse, parent, sibling, child or adult member of your household need not be reported: *(ANSWER N/A IF NOT APPLICABLE)*

Name of Debtor

Type of Obligation, Date Due, and Nature of collateral, if any

6. THIRD-PARTY REIMBURSEMENTS

Identify and describe the source of any third-party payment or reimbursement for Town of Cheektowaga travel-related expenditures in excess of \$250 for any matter that relates to your official duties. The term "reimbursement" includes any travel-related expenses provided by anyone other than the Town for speaking engagements, conferences or fact-finding events that relate to your official duties:

(ANSWER N/A IF NOT APPLICABLE)

7. GIFTS AND HONORARIUMS

List the source of all gifts aggregating in excess of \$25 received during the last year by you, your spouse, child, and/or adult member of your household excluding gifts from a spouse, parent, sibling, child or adult member of your household and excluding gifts made to a duly formed political committee established in your name for the purpose of election to public office. The term "gifts" includes gifts of cash, property, personal items, payment to third parties on your behalf, forgiveness of debt, services, travel, entertainment, hospitality, honorariums and any other payments that are not reportable as income: *(ANSWER N/A IF NOT APPLICABLE)*

| NAME OF PERSON | NAME AND ADDRESS OF DONOR | AMOUNT |
|----------------|---------------------------|--------|
| | | |
| | | |
| | | |

8. LIABILITIES

List any liability over \$5,000 owed at any time during the reporting period, other than a loan from a financial institution or business entity granted on terms made available to the general public. *Do not include* any liability, such as a mortgage, a student loan, or a credit card account from a financial institution or business entity granted on terms made available to the general public, loans secured by automobiles, household furniture, or appliances, or liabilities that you owe to your spouse, parent, sibling, child, grandchild and/or adult member of your household.

(ANSWER N/A IF NOT APPLICABLE)

9. RELATIVES WORKING FOR THE TOWN

Please list any relatives, blood or through marriage, that are employees of the Town of Cheektowaga. These include mother, father, brother, sister, husband, wife, son, daughter, step-son, step-daughter, mother-in-law, father-in-law, brother-in-law, sister-in-law, niece, nephew, aunt, uncle, cousin. Also, list the name of the department they work in: *(IF DOESN'T APPLY, INDICATE N/A)*

| <u>Relative Name</u> | <u>Relationship</u> | <u>Department</u> |
|----------------------|---------------------|-------------------|
|----------------------|---------------------|-------------------|

I hereby affirm under penalty of perjury that the foregoing statements are true to the best of my knowledge.

DATED: _____, 2017

SIGNATURE