

County Position(s) \_\_\_\_\_

Board(s) and/or Committee(s) \_\_\_\_\_

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FOR THE  
COUNTY OF ERIE  
FOR CALENDAR YEAR 2013**

(Include information for the period from 1-1-2013 to 12-31-2013)

**Fill in all questions completely. Leave NO blanks**

Part A

1. Name & Address

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department or Agency

\_\_\_\_\_  
Department or Agency Address

\_\_\_\_\_  
Residential Address

2. Spouse & Children

Marital Status: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

\_\_\_\_\_  
Dependent child/Age\*

\_\_\_\_\_  
Dependent child/Age

\_\_\_\_\_  
Dependent child/Age

\_\_\_\_\_  
Dependent child/Age

\_\_\_\_\_ **NONE**

\* Dependent child is defined as a son, daughter or stepchild **under 18, unmarried and living in your household.**

1.

NAME: \_\_\_\_\_

3. Interest in Contracts

Describe any monetary interest and/or connection that you, your spouse or your dependent children have in any contract involving the County or any municipal corporation located within the County of Erie.

Name of Family Member

Contract Description

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\_\_\_\_\_ **NONE**

4. Gifts and Honoraria

The term “gifts” includes gifts of cash, property, personal items, services, payments to third parties on your behalf, loans, forgiveness of debt, honoraria, travel, entertainment, hospitality, tickets, any financial transaction on terms not available to the general public, and/or any other payments that are not reportable as income. The term “gifts” shall not include normal hospitality or promotional materials received within the past year if such hospitality or materials which when aggregated by source, do not exceed \$75.00 in value and are not received in circumstances in which it might reasonably be inferred that they were given with the intention to influence or reward you in relation to the performance of your duties.

List the source of any gift over \$75 or gifts totaling more than \$75 received during the preceding calendar year by you, your spouse or dependent child, excluding gifts from a relative.

Gifts/Honoraria (and value)

Source

_____	_____
_____	_____
_____	_____

\_\_\_\_\_ **NONE**

NAME: \_\_\_\_\_

5. Political Parties

List any positions you have held within the past five (5) years as an officer of any political party.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_NONE

Part B

Note: For applicable questions 6 through 8, do not report exact dollar amounts. Instead, report categories of amounts using the following:

<b>Category A: Under \$5,000</b>	<b>Category D: \$25,001 to \$50,000</b>
<b>Category B: \$5,001 to \$10,000</b>	<b>Category E: \$50,001 to \$100,000</b>
<b>Category C: \$10,001 to \$25,000</b>	<b>Category F: Over \$100,000</b>

6. 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, or your spouse or dependent children, if any, and indicate whether these organizations are involved with the County of Erie in any manner.

Name of Family Member	Position	Full Name of Organization	County Involved Yes/No
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_NONE

NAME: \_\_\_\_\_

- b. Outside Employment. Describe any outside occupation, employment, trade, business or profession providing more than \$1,000/year for you or your spouse or dependent children, if any, and indicate whether such activities are regulated by County of Erie.

Name of Family Member	Position	Organization	Regulated by County of Erie Yes/No
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ **NONE**

- c. Future Employment. Describe any contract or agreement you or anyone else in your family has with respect to employment after leaving your County office or position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **NONE**

- d. Past Employment earnings. Identify the source and nature of any income in excess of \$1,000 during the reporting 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.

Name and Address of income source	Description of (i.e. Pension, Deferred, etc.)	Category of amount
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ **NONE**

<b>Category A: Under \$5,000</b>	<b>Category D: \$25,001 to \$50,000</b>
<b>Category B: \$5,001 to \$10,000</b>	<b>Category E: \$50,001 to \$100,000</b>
<b>Category C: \$10,001 to \$25,000</b>	<b>Category F: Over \$100,000</b>

Name: \_\_\_\_\_

e. Investments. Itemize and describe all investments which exceed a value of \$5,000 (except for investments held as shares of fractional interests of an entity or enterprise, where the value of such investment does not exceed 5% of the total value of the entity or enterprise) in any business, corporation, partnership or other assets, excluding personal savings and retirement accounts, but including stocks, bonds, loans, pledged collateral and other investments, for you or your spouse or dependent children, if any.

Name and Address Of Family Member	Description of investment or business	Category of amount
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ **NONE**

f. Real Estate. List the location of all real estate, including your personal residence, within the County of Erie in which you, your spouse or dependent children, if any, have an interest, regardless of the value of such real estate.

Name of Family Member	Address of Real Estate	Category of amount
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ **NONE**

<b>Category A: Under \$5,000</b>	<b>Category D: \$25,001 to \$50,000</b>
<b>Category B: \$5,001 to \$10,000</b>	<b>Category E: \$50,001 to \$100,000</b>
<b>Category C: \$10,001 to \$25,000</b>	<b>Category F: Over \$100,000</b>

NAME: \_\_\_\_\_

- g. Trusts. Identify each interest in a trust or estate or similar beneficial interest in any assets in excess of \$2,000 (except for IRS eligible retirement plans or interests in an estate or trust of a relative) for you and your spouse and dependent children.

Name of Family Member	Trustee	Description Trust	Category of Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____ <b>NONE</b>			

- h. Other Income. Identify the source and nature of any income in excess of \$1,000/year from any source not described above, including teaching income, lecture fees, consultant fees, contractual income or other income of any nature, for you or your spouse or your dependent children, if any.

Name of Family Member	Name, Address Income Source	Nature of Income	Category of Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____ <b>NONE</b>			

<b>Category A: Under \$5,000</b>	<b>Category D: \$25,001 to \$50,000</b>
<b>Category B: \$5,001 to \$10,000</b>	<b>Category E: \$50,001 to \$100,000</b>
<b>Category C: \$10,001 to \$25,000</b>	<b>Category F: Over \$100,000</b>

NAME: \_\_\_\_\_

7. Third-Party Travel Reimbursements

Identify and describe the source of any third-party payment or reimbursement for County of Erie 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, seminars, trade shows or fact-finding events that relate to your official duties.

Source	Description	Category of Amount
_____	_____	_____
_____	_____	_____
_____ <b>NONE</b>		

8. Debts

Describe all debts of you, your spouse, and dependent children in excess of \$5,000 (**other than** debts owed to relatives, mortgages on your primary residence and retail accommodations such as charge accounts, lines of credit and credit cards, extended in the normal course of business, which are ordinarily available to the general public by financial institutions and/or merchants and which are not extended in circumstances in which it might be reasonably inferred that they were extended with the intention to influence or reward you in relation to the performance of your duties):

Name of Family Member	Name of Creditor	Category of Amount
_____	_____	_____
_____	_____	_____
_____ <b>NONE</b>		

<b>Category A: Under \$5,000</b>	<b>Category D: \$25,001 to \$50,000</b>
<b>Category B: \$5,001 to \$10,000</b>	<b>Category E: \$50,001 to \$100,000</b>
<b>Category C: \$10,001 to \$25,000</b>	<b>Category F: Over \$100,000</b>

NAME: \_\_\_\_\_

**Sworn and subscribed by me**

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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**SIGNATURE**

*(NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC; YOU ARE SIMPLY SWEARING THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.)*

**RETURN FORM BY MAY 15, 2014 TO:**    *Ethics Committee  
95 Franklin St.  
Buffalo, NY 14202*

***FAILURE TO FILE A COMPLETE AND TIMELY DISCLOSURE FORM MAY RESULT IN A FINE.***