

SCHENECTADY COUNTY BOARD OF ETHICS

County Auditor’s Office, 6th floor, County Office Building – 620 State Street - Schenectady, NY 12305
(518) 388-4369

ethics@schenectadycounty.com

WEB: [Schenectady County Board of Ethics](#)

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FOR THE YEAR ENDING 2022

Deadline: May 1st, 2023

Please refer to "Instructions for Filing" for definitions and guidance. Please answer all questions: If the question does not apply, check "None". You may use additional paper if necessary. File the completed form by scanning and emailing it with your signature. If necessary, you may mail or drop off to the above address. **All information will be kept confidential.**

No exact dollar amounts are to be listed anywhere on this form. Use the following "Reporting Categories letters".

"A"	\$0 -	No Compensation	"D"	\$15,001 -	\$ 50,000	"G"	Over \$200,001
"B"	\$1 -	\$ 7,500	"E"	\$50,001 -	\$100,000		
"C"	\$7,501 -	\$15,000	"F"	\$100,001 -	\$200,000		

Circle One: County Employee County Legislature Ethics Metroplex SCCC Employees SCCC Trustees Library Trustees Land Bank

Name _____ Office Phone _____

Home Address _____ Mobile Phone _____

Email: _____

Ethics Law allows sanctions for failure to file, including, but not limited to, a civil penalty not to exceed \$10,000, prosecution for a Class "A" misdemeanor, and public disclosure. In addition, the County may impose disciplinary action, as otherwise provided by law. I hereby certify under penalty of perjury that the information disclosed on this form is true and complete.

Signature _____

Date _____

Reporting Category

1a). Your Primary Position/Employment:	
Department/ Agency/Authority _____	_____
Title & Phone & Business Address _____	

1b). Your secondary Position/Employment:
(Any office, trusteeship, directorship, partnership, not-for profit, employment, profession)

NONE

Organization _____

Title & Business Address _____

Is there any involvement with the County in any manner? Yes No
If yes, please explain _____

1c). Your Spouse's Primary Position/Employment:	
Spouse's Name: _____	
NONE Retired Disabled Other _____	
Department/ Agency/Authority _____	_____
Title & Business Address _____	
Is there any involvement with the County in any manner? Yes No If yes, please explain _____	

Reporting Category

1d). Your Spouse's Secondary Position/Employment:
(Any office, trusteeship, directorship, partnership, not-for profit, employment, profession)

NONE

Organization _____

Title & Business Address _____

Is there any involvement with the County in any manner? Yes No

If yes, please explain _____

2a). Please list your dependent children as filed on your 1040 IRS form:

NONE Circle the minors who are under age and/or not employed: a, b, c, d

Name	Age	Name	Age
a). _____		c). _____	
b). _____		d). _____	

2b). Your **Dependent Child's** Primary Position/Employment:

Organization _____

Title & Business Address _____

Is there any County involvement in any manner? Yes No

If yes, please explain _____

Reporting Category

3a).	<p>Identify any other source of Income & Investment for Yourself: (Retirement, pension, child support, consultant fees, teaching fees, investments or capital stock above a 5% share, gifts in excess of \$250. (excluding gifts from relatives), and third party reimbursements for travel related expenditures.)</p> <p>NONE</p> <p>Source _____</p> <p>Description _____</p>	
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3b). Identify any other source of Income & Investment for your **Spouse:**
 (Retirement, pension, child support, consultant fees, teaching fees, investments or capital stock above a 5% share, gifts in excess of \$250. (excluding gifts from relatives), and third party reimbursements for travel related expenditures.)

NONE

Source _____

Description _____

3c). Identify any other source of Income & Investment for your **Dependent Child:**
 (Retirement, pension, child support, consultant fees, teaching fees, investments or capital stock above a 5% share, gifts in excess of \$250. (excluding gifts from relatives), and third party reimbursements for travel related expenditures.)

NONE

Source _____

Description _____

Reporting Category

4a). Real Estate Holdings within the County or within 5 miles of the County that you hold:

NONE { } I rent { } Property located outside a 5 mile range of County { }

Address					
Description	Residence	Rental	Business	Other	

Joint Holdings with Spouse { }

4b). Real Estate Holdings within the County or within 5 miles of the County that your **Spouse** holds:

NONE { } I rent { } Property located outside a 5 mile range of County { }

Address					
Description	Residence	Rental	Business	Other	

4c). Real Estate Holdings within the County or within 5 miles of the County that your **Dependent Child** holds:

NONE { } I rent { } Property located outside a 5 mile range { }

Address					
Description	Residence	Rental	Business	Other	

5a). Describe all of your debts in excess of \$5,000. each. (Mortgages, personal, car & student loans, credit cards, etc.)

NONE over \$5,000. { }

Reporting Category

5b). Describe all of your **spouse's** debts in excess of \$5,000. each. (Mortgages, personal, car & student loans, credit cards, etc.)

NONE over \$5,000. { }

_____	_____
_____	_____

5c). Describe all of your **dependent child's** debts in excess of \$5,000. each. (Mortgages, personal, car & student loans, credit cards, etc.)

NONE over \$5,000. { }

_____	_____
_____	_____

6a). Political Parties. (List any position held within the last five 5 years as an officer of any party, committee or organization of a political party.)

Yourself _____ None

6b). **Spouse** _____ None

6c). **Dependent Child** _____ None

Thank you.