

# 2023 SCHENECTADY COUNTY FINANCIAL DISCLOSURE FORM

(For the Period January 1, 2023, to December 31, 2023)

## **PART D- SUPPLEMENT- REIMBURSEMENTS AND OTHER INCOME**

(Use only if additional space is needed)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone # \_\_\_\_\_

**(D-1)** List any additional gifts (not included on the original Form) of more than \$75 received by YOU or any FAMILY MEMBER which was related to your position with Schenectady County? A “Gift” INCLUDES money, services, travel, lodging, meals, refreshments, entertainment, discount, loans, forbearance or promise, having a monetary value. DO NOT INCLUDE campaign contributions.

Name of Person Receiving Gift (yourself/ family member ) \_\_\_\_\_

Source (Person or Entity): \_\_\_\_\_ **Actual \$ Value** \_\_\_\_\_

Please describe the gift received and provide an explanation:

**(D-1)** List any additional gifts (not included on the original Form) of more than \$75 received by YOU or any FAMILY MEMBER which was related to your position with Schenectady County? A “Gift” INCLUDES money, services, travel, lodging, meals, refreshments, entertainment, discount, loans, forbearance or promise, having a monetary value. DO NOT INCLUDE campaign contributions.

Name of Person Receiving Gift (yourself/ family member): \_\_\_\_\_

Source (Person or Entity): \_\_\_\_\_ **Actual \$ Value** \_\_\_\_\_

Please describe the gift received and provide an explanation:

PART D- SUPPLEMENT Continued

**(D-2)** List any third-party payments, reimbursement **or** other benefit received by YOU or any FAMILY MEMBER for expenditures related to the official duties of your Schenectady County position? THIS INCLUDES travel (e.g., mileage, car rental, lodging, airline) provided by any person or entity other than the County for speaking engagements, conferences, seminars, trade shows, or other similar events. DO NOT INCLUDE Gifts (reportable under Question D-1).

Name of Person Receiving Benefit (yourself/ family member): \_\_\_\_\_

Source (Person or Entity): \_\_\_\_\_ **Actual \$ Value** \_\_\_\_\_

Please describe the reimbursement/ benefit and provide an explanation:

**(D-2)** List any third-party payments, reimbursement **or** other benefit received by YOU or any FAMILY MEMBER for expenditures related to the official duties of your Schenectady County position? THIS INCLUDES travel (e.g., mileage, car rental, lodging, airline) provided by any person or entity other than the County for speaking engagements, conferences, seminars, trade shows, or other similar events. DO NOT INCLUDE Gifts (reportable under Question D-1)

Name of Person Receiving Benefit (yourself/ family member): \_\_\_\_\_

Source (Person or Entity): \_\_\_\_\_ **Actual \$ Value** \_\_\_\_\_

Please describe the reimbursement/ benefit and provide an explanation.

**END OF PART D SUPPLEMENT**