

*For Ethics Board Use Only:*

<i>Received (Date) :</i>	<i>Reviewed by:</i>	<i>LAST NAME:</i>
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## **2023 SCHENECTADY COUNTY FINANCIAL DISCLOSURE FORM**

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

**Please read the Detailed Filing Instructions by clicking the link below before completing your form for submission**

**<https://www.schenectadycountyny.gov/ethics>**



**DEADLINE: APRIL 30, 2024**

**Please email completed form to Steven McCutcheon, Deputy County Auditor at [ethics@schenectadycountyny.gov](mailto:ethics@schenectadycountyny.gov).**

**FINANCIAL REPORTING CATEGORIES:**

<b>A = \$0 (None)</b>	<b>B = Under &lt; \$5000</b>	<b>C = \$5,001 to \$20,000</b>	<b>D = \$20,001 to \$60,000</b>	<b>E= \$60,001 to \$100,000</b>	<b>F= \$100,001 to \$250,000</b>	<b>Over \$250,000</b>
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**PART A: PERSONAL INFORMATION**

**(A-1) Your Name and Residential Address:**

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

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

Email Address \_\_\_\_\_

Best Phone Number \_\_\_\_\_  Work  Home  Mobile

**(A-2) Your Primary County Position:**

Elected Official  Board Member  SUNY  County Department  Other

Department/Board/ Org. \_\_\_\_\_

Position Title: \_\_\_\_\_ Reporting Category: \_\_\_\_\_

**(A-3) Do you have a Secondary County Position?  YES  NO (if yes, please list below)**

Elected Official  Board Member  SUNY  County Department  Other.

Department/Board/ Org. \_\_\_\_\_

Position Title: \_\_\_\_\_ Reporting Category: \_\_\_\_\_

**(A-4) Do you have a spouse or domestic partner? (See Definitions)  YES  NO (If yes, please list)**

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

**(A-5) Do you have any dependent children? (See Definitions)  YES  NO (If yes, please list)**

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

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

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

**If additional space is needed for any of the questions above, please attach PART A - Supplement**

**FINANCIAL REPORTING CATEGORIES:**

<b>A = \$0 (None)</b>	<b>B = Under &lt; \$5000</b>	<b>C = \$5,001 to \$20,000</b>	<b>D = \$20,001 to \$60,000</b>	<b>E= \$60,001 to \$100,000</b>	<b>F= \$100,001 to \$250,000</b>	<b>Over \$250,000</b>
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**PART B: OUTSIDE EMPLOYMENT AND OTHER POSITIONS**

**(B-1)** Did YOU receive income greater than \$1,000 during the reporting period, from any outside (*non- County*) occupation, employment, trade, business, or profession? INCLUDE any deferred income from payments under a buy-out agreement.

YES  NO If YES, Reporting Category \_\_\_\_\_

Entity Name & Address: \_\_\_\_\_

Does this organization/entity have a contractual, regulatory, or other business relationship with Schenectady County?

YES  NO If YES, please describe:

**(B-2)** Did any FAMILY MEMBER receive income greater than \$1,000 during the reporting period, from any occupation, employment, trade, business, or profession which had a contractual, regulatory, or other business relationship with Schenectady County?

YES  NO IF YES: Reporting Category \_\_\_\_\_ Name of Family Member \_\_\_\_\_

Please describe income and relationship to the County.

**(B-3)** Do you have any contract or agreement for future employment upon leaving your County office or position?

YES  NO If YES, Reporting Category \_\_\_\_\_

Name & Address of Org/Entity: \_\_\_\_\_

Please describe your future employment agreement and any relationship to the County.

**FINANCIAL REPORTING CATEGORIES:**

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**(B-4)** Did YOU hold any (paid or unpaid) office, trusteeship, directorship, partnership, or other position in any business, association, proprietary, government, not-for-profit or other organization/ entity **that has a financial, contractual, or regulatory relationship with Schenectady County?**

**YES    NO    If YES, Reporting Category \_\_\_\_\_**

Position Held \_\_\_\_\_ Entity Name \_\_\_\_\_

Entity Address \_\_\_\_\_

Please describe the specific nature of this position and relationship to the County.

**(B-5)** Did any FAMILY MEMBER hold any (paid or unpaid) office, trusteeship, directorship, partnership, or other position in any business, association, proprietary, government, not-for-profit, or other organization/entity **that has a financial, contractual, or regulatory relationship with Schenectady County?**

**YES**     **NO**    **If YES, Reporting Category \_\_\_\_\_**

Name of Family Member \_\_\_\_\_ Position Held \_\_\_\_\_

Organization Name \_\_\_\_\_ Org Address \_\_\_\_\_

Please describe the specific nature of this position and relationship to the County.

**FINANCIAL REPORTING CATEGORIES:**

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**(B-6)** Were YOU a member or officer of any political committee or organization in 2023?

YES  NO **If YES, Reporting Category** \_\_\_\_\_

Name of Organizations/ Committee (1) \_\_\_\_\_

Position Held: \_\_\_\_\_

Name of Organization/ Committee (2) \_\_\_\_\_

Position/s Held: \_\_\_\_\_

**(B-7)** Was any FAMILY MEMBER an officer or member of a political committee or organization in 2023?

YES  NO **If YES, Reporting Category** \_\_\_\_\_ Name of Family Member \_\_\_\_\_

Name of Organizations/ Committee (1) \_\_\_\_\_

Position Held: \_\_\_\_\_

Name of Organization/ Committee (2) \_\_\_\_\_

Position/s Held: \_\_\_\_\_

**(B-8)** Do you have any additional present or future employment or position to report for YOUSELF or any FAMILY MEMBER that is not listed above?

YES  NO **If YES, please attach PART B - Supplement**

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**END OF SECTION B**

**FINANCIAL REPORTING CATEGORIES:**

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**PART C: FINANCIAL ASSETS AND LIABILITIES**

**(C-1)** Do YOU have individual or combined investments more than five percent (5%) of the total value, in any business, corporation, LLC, partnership, or other entity? THIS INCLUDES stocks, bonds, loans, pledge collateral, or other investments. DO NOT INCLUDE investments in retirement accounts.

YES  NO If YES, Reporting Category \_\_\_\_\_

Entity Name: \_\_\_\_\_ Reporting Category \_\_\_\_\_

Entity Address: \_\_\_\_\_ % of Ownership Interest \_\_\_\_\_

Does this entity have a contractual, regulatory other business relationship with Schenectady County?

YES  NO Please describe the entity's relationship to Schenectady County.

**(C-2)** Does any FAMILY MEMBER have individual or combined investments more than five percent (5%) of the total value, in any business, corporation, LLC, partnership, or other entity? THIS INCLUDES stocks, bonds, loans, pledge collateral, or other investments. DO NOT INCLUDE investments in retirement accounts.  YES  NO

Name of Family Member \_\_\_\_\_ Reporting Category \_\_\_\_\_ % Ownership \_\_\_\_\_

Entity Name & Address: \_\_\_\_\_

Does this entity have a contractual, regulatory other business relationship with Schenectady County?

YES  NO Please describe the entity's relationship to Schenectady County.

**(C-3)** Do you have additional 5% investments to report for YOURSELF or any FAMILY MEMBER?

YES  NO **If YES please attach PART C- Supplement**

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**(C-4)** Do YOU own, or have an interest in any property or real estate, **excluding your personal residence**, in Schenectady County? THIS INCLUDES any interest or holdings through a Corporation, Trust, LLC, Partnership, or other entity.

YES    NO   **If YES, Reporting Category** \_\_\_\_\_ **Joint with Spouse?**    YES    NO

Property Address: \_\_\_\_\_

Additional Property (2): \_\_\_\_\_ Reporting Category \_\_\_\_\_

Additional Property (3) : \_\_\_\_\_ Reporting Category \_\_\_\_\_

**(C-5)** Does any FAMILY MEMBER own, or have an interest in any property or real estate, in Schenectady County other than their personal residence or joint holdings listed above? THIS INCLUDES any interest or holdings through a Corporation, Trust, LLC, Partnership, or other entity. Do NOT include joint property or real estate listed above.

YES    NO   **If YES, Reporting Category** \_\_\_\_\_ **Name of Family Member** \_\_\_\_\_

Property Address: \_\_\_\_\_

Additional Property (2): \_\_\_\_\_ Reporting Category \_\_\_\_\_

Additional Property (3) : \_\_\_\_\_ Reporting Category \_\_\_\_\_

**(C-6)** Do you have any additional properties or real estate to report for YOURSELF or any FAMILY MEMBER?

YES    NO   **If YES please attach PART C- Supplement**

**(C-7)** Do YOU have a monetary interest or other connection to any **contract** involving Schenectady County or municipal corporation located within the County? DO NOT INCLUDE employment or benefits contracts (e.g., union, health care).

YES    NO   **If YES, Reporting Category** \_\_\_\_\_

Contractor Name & Address \_\_\_\_\_

Please describe your financial interest in the contract, and any interaction with your County position.

**FINANCIAL REPORTING CATEGORIES:**

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**(C-8)** Does any FAMILY MEMBER have a monetary interest or other connection to any contract involving Schenectady County or municipal corporation located within the County? **DO NOT INCLUDE** employment or benefits contracts (e.g., union, health care).

**YES**    **NO**   **If YES, Reporting Category** \_\_\_\_\_ **Name of Family Member** \_\_\_\_\_

Contractor Name & Address \_\_\_\_\_

Please describe your family member's financial interest in the contract and any interaction with YOUR County position.

**(C-9)** Do you have any additional contracts to report for YOURSELF or any FAMILY MEMBER?

**YES**    **NO**   **If YES, please attach PART C - Supplement**

**(C-10)** Do YOU have outstanding debts more than \$5,000 with any single creditor/ guarantor? **INCLUDE:** Credit card and revolving charges/ loans, mortgages on real estate other than your primary residence, liens filed on property or real estate. **DO NOT INCLUDE:** Mortgage on your primary residence, student loans, loans from relatives, auto loans, or other liabilities incurred in the ordinary course of your trade, business, or professional practice.

**YES**    **NO**   If yes, complete the information below:

**Name of Creditor/Guarantor (1):** \_\_\_\_\_ **Reporting Category** \_\_\_\_\_

Creditor/Guarantor Address \_\_\_\_\_

Description of Debt /Loan \_\_\_\_\_ **Joint with Spouse?**    **YES**    **NO**

**Name of Creditor/Guarantor (2):** \_\_\_\_\_ **Reporting Category** \_\_\_\_\_

Creditor/Guarantor Address \_\_\_\_\_

Description of Debt /Loans \_\_\_\_\_ **Joint with Spouse?**    **YES**    **NO**

**Name of Creditor/Guarantor (3):** \_\_\_\_\_ **Reporting Category** \_\_\_\_\_

Creditor/Guarantor Address \_\_\_\_\_

Description of Debt /Loans \_\_\_\_\_ **Joint with Spouse?**    **YES**    **NO**



**FINANCIAL REPORTING CATEGORIES:**

<b>A = \$0 (None)</b>	<b>B = Under &lt; \$5000</b>	<b>C = \$5,001 to \$20,000</b>	<b>D = \$20,001 to \$60,000</b>	<b>E= \$60,001 to \$100,000</b>	<b>F= \$100,001 to \$250,000</b>	<b>Over \$250,000</b>
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Name of Creditor/Guarantor (4): \_\_\_\_\_ Reporting Category \_\_\_\_\_

Creditor/Guarantor Address \_\_\_\_\_

Description of Debt /Loans \_\_\_\_\_ **Joint with Spouse?**  YES  NO

**(C-11)** Do any of your FAMILY MEMBERS have outstanding debts of more than \$5,000 with any single creditor (see guidance above). DO NOT INCLUDE joint debts listed in Question (C-10).

YES  NO If yes, complete the information below:

**\*Name of Family Member** \_\_\_\_\_

Name of Creditor/Guarantor: \_\_\_\_\_ **Reporting Category** \_\_\_\_\_

Creditor/Guarantor Address \_\_\_\_\_

Description of Debt /Loans \_\_\_\_\_

**\* Name of Family Member** \_\_\_\_\_

Name of Creditor/Guarantor : \_\_\_\_\_ **Reporting Category** \_\_\_\_\_

Creditor/Guarantor Address \_\_\_\_\_

Description of Debt /Loans \_\_\_\_\_

**\*Name of Family Member** \_\_\_\_\_

Name of Creditor/Guarantor : \_\_\_\_\_ **Reporting Category** \_\_\_\_\_

Creditor/Guarantor Address \_\_\_\_\_

Description of Debt /Loans \_\_\_\_\_

**(C-12)** Do you have any additional Debts/ Creditors to report for YOURSELF or any FAMILY MEMBER?

YES  NO **If YES, please attach Part C – Supplement**

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**END OF SECTION C**

**FINANCIAL REPORTING CATEGORIES:**

<b>A = \$0 (None)</b>	<b>B = Under &lt; \$5000</b>	<b>C = \$5,001 to \$20,000</b>	<b>D = \$20,001 to \$60,000</b>	<b>E= \$60,001 to \$100,000</b>	<b>F= \$100,001 to \$250,000</b>	<b>Over \$250,000</b>
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**PART D: REIMBURSEMENTS AND OTHER INCOME**

**(D-1)** Did YOU or any FAMILY MEMBER receive a GIFT more than \$75 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.

YES  NO If YES, complete the information below:

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

Please describe the gift received and provide an explanation:

**(D-2)** Did YOU OR ANY FAMILY MEMBER receive a third-party payment, **reimbursement or other benefit** 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 Section D)

YES  NO If yes, complete the information below:

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

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

Please describe the reimbursement/ benefit and provide an explanation:

**(D-3)** Do you have any additional gifts, reimbursements, or benefits to report for YOURSELF or any FAMILY MEMBER?

YES  NO If YES, attach **PART D - Supplement**

**END OF PART D**

**FINANCIAL REPORTING CATEGORIES:**

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**PART E: SIGNATURE & ATTESTATION**

**IMPORTANT**

If submitting electronically, I understand and agree that typing my name below or submitting an image of my handwritten signature carries the same legal force and effect as my handwritten original signature.

By signing my name below, I understand that I am certifying, under penalty of perjury, that I personally completed this Financial Disclosure Form, that I reviewed its entire contents, and that I am affirming the truth of the information contained therein.

***FILER SIGNATURE*** \_\_\_\_\_

***DATE SIGNED*** \_\_\_\_\_

**PLEASE RETAIN A COPY OF THIS DOCUMENT AND PROOF OF SUBMISSION FOR YOUR RECORDS.**