

2023 SCHENECTADY COUNTY FINANCIAL DISCLOSURE FORM

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

PART A- SUPPLEMENT- PERSONAL INFORMATION

First Name: _____ Last Name: _____

Email address: _____ Phone # _____

(A-3) Please list any additional County Positions not listed on the original form.

Elected Official Board Member SUNY County Department Other.

Department/Board/ Org. _____

Position Title: _____ Reporting Category: _____

(A-3)

Elected Official Board Member SUNY County Department Other.

Department/Board/Org. _____

Position Title: _____ Reporting Category: _____

(A-4 and A-5) Please list any additional family members or dependents NOT included on the original Disclosure Form.

First Name: _____ Last Name: _____ Age _____

First Name: _____ Last Name: _____ Age _____

First Name: _____ Last Name: _____ Age _____

First Name: _____ Last Name: _____ Age _____

END OF PART A- SUPPLEMENT