2023 SCHENECTADY COUNTY FINANCIAL DISCLOSURE FORM

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

PART B- SUPPLEMENT : OUTSIDE EMPLOYMENT/ ADDITIONAL POSITIONS

(Use only if additional space is needed- and only complete applicable questions)

| First Name: | Last Name: |
|--|---|
| Email address: | Phone # |
| | OU received (not included on the original Form) greater than \$1,000 - <i>County</i>) occupation, employment, trade, business, or profession? buy-out agreement. |
| *Entity Name &Address: | Reporting Category |
| Does this organization/entity have a contractual, regu | ulatory, or other business relationship with Schenectady County? |
| YES NO If YES , please describe: | |
| | |
| | |
| | |
| | |
| *Entity Name &Address: | Reporting Category |
| Does this organization/entity have a contractual, regu | ulatory, or other business relationship with Schenectady County? |
| YES NO If YES , please describe: | |
| | |
| | |

FINANCIAL REPORTING CATEGORIES:

| A = \$0 | B = Under | C = \$5,001 | D = \$20,001 | E= \$60,001 | F= \$100,001 | Over |
|---------|-----------|-------------|--------------|--------------|--------------|-----------|
| (None) | < \$5000 | to \$20,000 | to \$60,000 | to \$100,000 | to \$250,000 | \$250,000 |

(B-1) Continued

| *Entity Na | me &Address: | |
|------------|--------------|--|
| | | |
| | | |
| | | |

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

Reporting Category

YES NO If **YES**, please describe:

(B-2) List any ADDITIONAL income (not included on original form) received by any FAMILY MEMBER 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?

*Name of Family Member_____

Reporting Category _____ Please describe income and relationship to the County below.

* Name of Family Member _____

Reporting Category _____ Please describe income and relationship to the County below.

| FINANCIAL R | REPORTING | CATEGORIES: |
|--------------------|-----------|-------------|
|--------------------|-----------|-------------|

| A = \$0 | B = Under | C = \$5,001 | D = \$20,001 | E= \$60,001 | F= \$100,001 | Over |
|---------|-----------|-------------|--------------|--------------|--------------|-----------|
| (None) | < \$5000 | to \$20,000 | to \$60,000 | to \$100,000 | to \$250,000 | \$250,000 |

(B-2) Continued

*Name of Family Member ______

Reporting Category _____ Please describe income and relationship to the County below.

(B-3) List any contract or agreement YOU have for future employment (not included on original form).

*Name & Address of Org/Entity: _____

| Reporting Category | Please describe yo | our future employment agreemen | nt and any relationship | p to the County. |
|--------------------|--------------------|--------------------------------|-------------------------|------------------|
|--------------------|--------------------|--------------------------------|-------------------------|------------------|

(B-4) List any additional positions, offices, trusteeships, directorships, partnerships, or other positions YOU held in any business,

| · 1 | 1 970 | ernment, not-for-profit or other organization/ entity that has a financial, contractual, or h Schenectady County? |
|-----------------|------------------|--|
| 8 1 | • | Entity Name |
| Entity Addres | S | |
| Please describe | e the specific r | nature of this position and relationship to the County. |
| YES | ΝΟ | If YES please describe: |

FINANCIAL REPORTING CATEGORIES:

| A = \$0 | B = Under | C = \$5,001 | D = \$20,001 | E= \$60,001 | F= \$100,001 | Over |
|----------------------|-------------------|--------------------|-----------------------|-------------------|--------------|-----------|
| (None) | < \$5000 | to \$20,000 | to \$60,000 | to \$100,000 | to \$250,000 | \$250,000 |
| | | | | | | |
| B-4) Continue | ed | | | | | |
| | | | | | | |
| *Position H | eld | | Entity | Name | | |
| | | | | | | |
| Entity Addr | ess | | | | | |
| Please descr | ribe the specific | nature of this pos | sition and relationsh | ip to the County. | | |
| YES | S 🗌 NO | If YES pleas | e describe: | | | |
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(B-5) List any additional offices, trusteeships, directorships, partnerships, or other positions held by any FAMILY MEMBER in any business, association, proprietary, government, not-for-profit, or other organization/entity that has a financial, contractual, or regulatory relationship with Schenectady County?

| *Name of Family Member | Position Held | |
|--|--------------------------------------|--|
| Organization Name | Org Address | |
| Please describe the specific nature of this positi | tion and relationship to the County. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| *Name of Family Member | Position Held | |
| Organization Name | Org Address | |
| Please describe the specific nature of this posit | | |
| | | |
| | | |

FINANCIAL REPORTING CATEGORIES:

| A = \$0 | B = Under | C = \$5,001 | D = \$20,001 | E= \$60,001 | F= \$100,001 | Over |
|---------|-----------|-------------|--------------|--------------|--------------|-----------|
| (None) | < \$5000 | to \$20,000 | to \$60,000 | to \$100,000 | to \$250,000 | \$250,000 |
| | • | • | • | • | • | |

(B-6) List any additional political committee or organizations YOU were a member of in 2023 (not included on original form)

| *Name of Organizations/ Committee | |
|--|--|
| Position Held: | Reporting Category |
| *Name of Organization/ Committee | |
| Position/s Held: | Reporting Category |
| (B-7) List any additional political committee or or included on original form) *Name of Family Member Name of Organizations/ Committee Position Held: | ganizations any FAMILY MEMBERS were a member of in 2023 (not |
| *Name of Family Member Name of Organization/ Committee | |
| Position/s Held: | Reporting Category |

END OF PART B SUPPLEMENT