

For Ethics Board Use Only:

<i>Received (Date):</i>	<i>Reviewed by:</i>	<i>LAST NAME:</i>
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2024 SCHENECTADY COUNTY FINANCIAL DISCLOSURE FORM

(For the Period January 1, 2024, to December 31, 2024)

Before completing your form for submission,
please read the detailed filing instructions by clicking the link below:

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



DEADLINE: APRIL 15, 2025

Please email completed forms to Steven McCutcheon, Deputy County Auditor at:

ethics@schenectadycountyny.gov

FINANCIAL REPORTING CATEGORIES

A = \$0 (None)	B = Under < \$5,000	C = \$5,001 to \$20,000	D = \$20,001 to \$60,000	E = \$60,001 to \$100,000	F = \$100,001 to \$250,000	G = Over \$250,000
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PART A: PERSONAL INFORMATION

**Note: For Part A "Reporting Category" Equals Annual Income Received*

(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.)

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: _____

First Name: _____ Last Name: _____ Age: _____

If additional space is needed for any of the questions above, please attach (click) [PART A – Supplement](#)

END OF PART A

FINANCIAL REPORTING CATEGORIES

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PART B: OUTSIDE EMPLOYMENT AND OTHER POSITIONS

**Note: For Part B "Reporting Category" Equals Annual Income Received*

(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, please list:**

Entity Name & Address (1): _____ **Reporting Category:** _____

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

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

Entity Name & Address (2): _____ **Reporting Category:** _____

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

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

Entity Name & Address (3): _____ **Reporting Category:** _____

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, please list:**

Name of Family Member (1): _____ **Reporting Category** _____

Entity Name & Address: _____

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(B-2) Continued

Please describe source of income and entity's relationship to the County.

Name of Family Member (2): _____ **Reporting Category** _____

Entity Name & Address: _____

Please describe source of income and entity's 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, please list:**

Name & Address of Org/Entity: _____ **Reporting Category** _____

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

(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 (not already reported in Question A-3 or B-1)?**

YES NO **If YES, please list:**

Position Held (1): _____ **Reporting Category** _____

Entity Name & Address: _____

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

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(B-4) Continued

Position Held (2): _____ **Reporting Category** _____

Entity Name & Address: _____

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

Position Held (3): _____ **Reporting Category** _____

Entity Name & Address: _____

Please describe the specific nature of this position and the entity's 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 (not already reported in Question B-2)?

YES NO **If Yes, please list:**

Name of Family Member (1): _____

Position Held _____ **Reporting Category** _____

Entity Name & Address: _____

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

Name of Family Member (2): _____

Position Held _____ **Reporting Category** _____

Entity Name & Address: _____

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(B-5) Continued

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

(B-6) Were YOU a member or officer of any **political** committee or organization in 2024?

YES NO **If YES, please list:**

Name of Organization/Committee (1) _____ Reporting Category _____

Position(s) Held: _____

Name of Organization/Committee (2) _____ Reporting Category _____

Position(s) Held: _____

Name of Organization/Committee (3) _____ Reporting Category _____

Position(s) Held: _____

(B-7) Was any FAMILY MEMBER an officer or member of a political committee or organization in 2024?

YES NO **If YES, please list:**

Name of Family Member (1) _____

Name of Organization/Committee _____ Reporting Category _____

Position(s) Held: _____

Name of Family Member (2) _____

Name of Organization/Committee _____ Reporting Category _____

Position(s) Held: _____

****Do you have any additional present or future employment or position to report for YOURSELF or any FAMILY MEMBER that is not listed above?**

YES NO **If YES, please attach (click) [PART B – Supplement](#)**

END OF PART B

FINANCIAL REPORTING CATEGORIES

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PART C: FINANCIAL ASSETS AND LIABILITIES

**Note: For Part C "Reporting Category" Equals the Value of Your Asset or Liability*

(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, please list:

Entity Name (1): _____ 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 the County.

Entity Name (2): _____ 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 the 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 Reporting Category _____

Name of Family Member: _____ % Ownership _____

Entity Name & Address: _____

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(C-2) Continued

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

YES NO Please describe the entity’s relationship to the County.

(C-3) 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, please list:

Property Address (1): _____

Reporting Category _____ Joint with Spouse? YES NO

Property Address (2): _____

Reporting Category _____ Joint with Spouse? YES NO

Property Address (3): _____

Reporting Category _____ Joint with Spouse? YES NO

Property Address (4): _____

Reporting Category _____ Joint with Spouse? YES NO

(C-4) 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, please list:

Name of Family Member (1): _____ Reporting Category: _____

Property Address: _____

Name of Family Member (2): _____ Reporting Category: _____

Property Address: _____

Name of Family Member (3): _____ Reporting Category: _____

Property Address: _____

**** Do you have any additional properties or real estate to report for YOURSELF or any FAMILY MEMBER?**

YES NO If YES, please attach (click) [PART C – Supplement](#)

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(C-5) 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.

(C-6) 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.

****Do you have any additional contracts to report for YOURSELF or any FAMILY MEMBER?**

YES NO **If YES, please attach (click) [PART C – Supplement](#)**

(C-7) 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, or 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, please list:

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 /Loan _____ Joint with Spouse? YES NO

FINANCIAL REPORTING CATEGORIES

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(C-7) Continued

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

Creditor/Guarantor Address _____

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

Name of Creditor/Guarantor (4): _____ **Reporting Category** _____

Creditor/Guarantor Address _____

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

(C-8) 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 already listed in *Question C-7*.

YES NO **If YES, please list:**

Name of Family Member (1): _____

Name of Creditor/Guarantor: _____ **Reporting Category:** _____

Creditor/Guarantor Address: _____

Description of Debt /Loans: _____

Name of Family Member (2): _____

Name of Creditor/Guarantor: _____ **Reporting Category:** _____

Creditor/Guarantor Address: _____

Description of Debt /Loans: _____

Name of Family Member (3): _____

Name of Creditor/Guarantor: _____ **Reporting Category:** _____

Creditor/Guarantor Address: _____

Description of Debt /Loans: _____

*** Do you have any additional Debts to report for YOURSELF or any FAMILY MEMBER?**

YES NO **If YES, please attach (click) [PART C – Supplement](#)**

END OF PART C

FINANCIAL REPORTING CATEGORIES

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PART D: REIMBURSEMENTS AND OTHER INCOME

**Note: For Part D Include Actual Dollar Amounts or Value Received (Not Reporting Category)*

(D-1) Did YOU or any FAMILY MEMBER receive a “gift” more than \$75 related to your position with Schenectady County? A “gift” INCLUDES money, services, travel, lodging, meals, refreshments, entertainment, discounts, loans, forbearance or promises, having a monetary value. DO NOT INCLUDE campaign contribution.

YES NO If YES, please list:

Source (Person or Entity): _____ Actual Dollar 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 (already reported under Question D-1).

YES NO If YES, please list:

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

Source (Person or Entity): _____ Actual Dollar Value _____

Please describe the reimbursement/ benefit and provide an explanation:

****Do you have any additional gifts, reimbursements, or benefits to report for YOURSELF or any FAMILY MEMBER?**

YES NO **If YES, attach (click) [PART D – Supplement](#)**

END OF PART D

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.