

**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>G = Over \$250,000</b>
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**2024 SCHENECTADY COUNTY FINANCIAL DISCLOSURE FORM**

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

**PART A- SUPPLEMENT- PERSONAL INFORMATION**

*\*Note: For Part A "Reporting Category" Equals Annual Income Received  
(Use only if additional space is needed and only complete applicable questions)*

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: \_\_\_\_\_

\*  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 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**