

# 2024 SCHENECTADY COUNTY FINANCIAL DISCLOSURE FORM

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

## **PART D SUPPLEMENT: REIMBURSEMENTS AND OTHER INCOME**

*\*Note: For Part D Include Actual Dollar Amounts or Value Received (Not Reporting Category)*  
(Use only if additional space is needed and only complete applicable questions.)

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

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**(D-1)** List any additional “gift” (not included on the original Form) of more than \$75 received by YOU or any FAMILY MEMBER 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.

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

Source (Person or Entity): \_\_\_\_\_ **Actual Dollar Value:** \_\_\_\_\_

Please describe the gift received and provide an explanation:

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

Source (Person or Entity): \_\_\_\_\_ **Actual Dollar Value:** \_\_\_\_\_

Please describe the gift received and provide an explanation:

**PART D- SUPPLEMENT Continued**

**(D-2)** List any third-party payments, reimbursement **or** other benefit received by YOU or any FAMILY MEMBER 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 Question D-1).

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

Source (Person or Entity): \_\_\_\_\_ **Actual Dollar Value:** \_\_\_\_\_

Please describe the reimbursement/ benefit and provide an explanation:

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

Source (Person or Entity): \_\_\_\_\_ **Actual Dollar Value:** \_\_\_\_\_

Please describe the reimbursement/ benefit and provide an explanation.

**END OF PART D SUPPLEMENT**