

201\_\_\_ ONONDAGA COUNTY ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
 REPORTING PERIOD – CALENDAR YEAR 201\_\_\_  
 LEVEL I OFFICERS/EMPLOYEES

1. Your Name: \_\_\_\_\_

2. (a) Title of Onondaga County Position: \_\_\_\_\_

(b) County Department, County Agency, or other County Government Affiliation:

\_\_\_\_\_  
 (c) Present Business or Home Address: \_\_\_\_\_

(d) Present Business or Home Telephone Number: \_\_\_\_\_

(e) Email Address: \_\_\_\_\_

3. (a) Your Present Marital Status: If married, please give spouse’s full name, including maiden name where applicable:

\_\_\_\_\_  
 \_\_\_\_\_

(b) List the names and ages of any child. For purposes of completing this statement “child” is defined as a son, daughter, stepson or stepdaughter under 18 years of age, or a dependent as defined by the Internal Revenue Code:

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____

4. (a) “Reporting Category.” For the purpose of completing the statement of financial disclosure, no exact dollar amounts are to be included. Rather, whenever a value or amount is required to be reported herein, such value or amount shall be reported as being within one (1) of the following categories:

- Category A: Under \$5,000
- Category B: \$5,000 – Under \$20,000
- Category C: \$20,000 – Under \$60,000
- Category D: \$60,000 – Under \$100,000
- Category E: \$100,000 – Under \$250,000
- Category F: \$250,000 or over

The Reporting Period is Calendar Year 2017.

(b) List the location of any real property within the County or within five miles of the County in which the undersigned, the undersigned’s spouse and/or dependents has an ownership or other financial interest:

<u>Family Member</u>	<u>Location</u>	<u>Reporting Category</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c) List the name of any partnership, unincorporated association, or other unincorporated business, of which the undersigned, the undersigned's spouse and/or dependents has a proprietary interest, or is a member, officer or employee. Identify position(s) held by the undersigned, the undersigned's spouse and/or dependents, if any, with the partnership, association, or business:

<u>Family Member</u>	<u>Name and Address of Organization</u>	<u>Position</u>	<u>Reporting Category</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(d) List the name of any corporation of which the undersigned, the undersigned's spouse and/or dependents, is an officer, director, or employee; or of which the undersigned, the undersigned's spouse and/or dependents, legally or beneficially owns or controls more than five percent of the outstanding stock. Identify the positions(s) held by the undersigned, the undersigned's spouse and/or dependents, if any, with the corporation:

<u>Family Member</u>	<u>Name and Address of Organization</u>	<u>Position</u>	<u>Reporting Category</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) List the name and description of any outside employment or self-employment from which the undersigned, the undersigned's spouse and/or dependents, has derived, during the Reporting Period, gross income in excess of two thousand dollars (\$2,000):

<u>Family Member</u>	<u>Name and Address of Employer</u> <u>If Self-Employed, Identify the Customer(s),</u> <u>Client(s) and Other Payor(s) (unless excepted by</u> <u>Paragraph 6 of this Form)</u>	<u>Position</u>	<u>Reporting Category</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(f) List each source of gifts, excluding campaign contributions, in excess of \$1,000, received during the reporting period for which this statement is filed, by the reporting individual or such individual's spouse or dependent from the same donor (excluding gifts from a relative). Include the name and address of the donor. The term "gifts" does not include reimbursements, which term is defined in item (g) herein. Indicate the value and nature of each such gift:

<u>Recipient/ Family Member</u>	<u>Source Name and Address</u>	<u>Nature of Gift</u>	<u>Reporting Category</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(g) Identify and briefly describe the source of any reimbursements for expenditures, excluding campaign expenditures and expenditures in connection with official duties reimbursed by the political subdivision, for which this statement has been filed, in excess of \$1,000 from each such source. For purposes of this item, the term "reimbursements" shall mean any travel-related expenses provided by non-governmental sources and for activities related to the reporting of individual's official duties such as, speaking engagements, conferences, or fact-finding events. The term "reimbursements" does not include gifts reported under item (f) herein:

Source	Description	Reporting Category
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. If a reporting officer, employee or appointed official is not able, after reasonable efforts, to obtain some or all of the information required by paragraph four of this section, which relates to his or her spouse or household member, he or she shall so state, as part of the annual disclosure statement.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. If a reporting officer, employee or appointed official practices law, is licensed by the Department of State as a real estate broker or agent, or practices a profession licensed by the Department of Education, his or her annual disclosure statement shall include a general description of the principal subject areas of matter undertaken by such officer, employee or appointed official in his or her licensed practice. If such officer, employee or appointed official practices with a partnership, unincorporated association or corporation, and is a partner or shareholder of the firm or corporation, his or her annual disclosure statement shall include a general description of the principal subject areas of matters undertaken by such firm or corporation. The disclosure required by this section shall not include the names of individual clients, customers or patients.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify under penalty of perjury that the information disclosed herein is true and complete.

\_\_\_\_\_  
Name

Sworn to before me this \_\_\_\_  
Day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public