

COUNTY OF SUFFOLK



FINANCIAL DISCLOSURE STATEMENT

(Pursuant to Local Law No. 12-1978 as amended by Local Laws Nos. 5-1979, 13-1979, 11-1981, 34-1985, 9-1986, 25-1987, 44-1987, and 11-1991)

THE FINANCIAL DISCLOSURE LAW REQUIRES THAT ALL QUESTIONS BE ANSWERED. IF QUESTION IS NOT APPLICABLE, PLEASE STATE: "NOT APPLICABLE".

I, HEREBY SUBMIT THE FOLLOWING FINANCIAL DISCLOSURE STATEMENT UNDER OATH, LISTING THE ASSETS, LIABILITIES AND SOURCES OF INCOME OF MYSELF AND MY SPOUSE.

A. GENERAL INFORMATION:

Date of Statement: _____

Name: _____

Address: _____

Title: _____ Date of Appointment: _____

Department: _____ Department Telephone No.: _____

Brief Description of Duties: _____

Name of Spouse: _____

Occupation of Spouse: _____

B. Please list any office, trusteeship, directorship, position or interest of any nature, whether compensated or uncompensated, held by you or any member of your family with any firm, corporation, association, partnership or other organization which does business or has any matter pending with, or is licensed or regulated by, any County agency or department. (Indicate whether held by you or any member of your family, and what County agency or department).

C. Please list any occupation, trade, business or profession presently engaged in by you or any member of your family which does business or has any matter pending with, or is licensed or regulated by, a County agency or department. (Indicate whether engaged in by you or any member of your family, and what County agency or department).

D. **STATEMENT OF ASSETS AND LIABILITIES**

As of: _____

NOTE: WHENEVER THE CATEGORY OF ASSET OR LIABILITY IS NOT APPLICABLE TO YOU OR YOUR SPOUSE, PLEASE INDICATE BY INSERTING THE WORD "NONE" IN THE COLUMN HEADED "AMOUNT".

Please list below all assets, both tangible and intangible, in which a direct or indirect interest is held by you or your spouse, valued as of the date you took office, or January 1 of the current year, whichever is later; provided, however, that when the value cannot be determined as of that date, a separate valuation date shall be specified for the particular asset (in the appropriate schedule).

Please list below all liabilities of you and your spouse, as of the date you took office or January 1 of the current year, whichever is later.

ASSETS

CASH IN BANKS - Check Pertinent Range
(Itemize on Schedule G)

- () \$ 0 to \$ 500.00
- () \$ 501.00 to \$ 1,000.00
- () \$ 1,001.00 to \$ 5,000.00
- () \$ 5,001.00 to \$10,000.00
- () \$10,001.00 to \$25,000.00

- () \$ 25,001.00 to \$ 50,000.00
- () \$ 50,001.00 to \$ 100,000.00
- () \$100,001.00 to \$ 250,000.00
- () \$250,001.00 AND ABOVE

	<u>AMOUNT</u>
Stocks & Bonds (Itemize on Schedule A)	\$ _____
Government Obligations (Itemize on Schedule A)	\$ _____
Real Estate Interests (Itemize on Schedule B)	\$ _____
Interest in Contract with Government Instrumentalities (Itemize on Schedule C)	\$ _____
Notes Receivable (Itemize on Schedule D)	
a. Secured by Mortgage	\$ _____
b. Otherwise Secured	\$ _____
c. Unsecured	\$ _____
Accounts Receivable (Itemize on Schedule D)	\$ _____
Cash Value - Life Insurance (Net of Loans)	\$ _____
Cash Value-Pension Funds	\$ _____
Other Assets (Itemize) (Include Automobiles)	
_____	\$ _____
_____	\$ _____
Total Assets	\$ _____

<u>LIABILITIES</u>	<u>AMOUNT</u>
Notes Payable to Banks (Unsecured)	\$ _____
Notes Payable-Unsecured Other than to banks	\$ _____
Notes Payable - Secured by Other than real estate	\$ _____
Mortgages or Liens on Real Estate	\$ _____
Accounts Payable	\$ _____
Taxes	\$ _____
Any Other Indebtedness Due Within One Year	\$ _____
Any Other Indebtedness Due Beyond One Year	\$ _____
Total Liabilities	\$ _____
(List Creditors on Schedule E)	

Total Net Worth (Assets minus Liabilities)

\$ _____

E. Please list below **all sources of income for you and your spouse for the twelve (12) months** immediately preceding the filing of this Financial Disclosure Statement. If you have not been employed by the County for the prior twelve (12) months, then please list below all sources of income for you and your spouse for that portion of the twelve (12) months immediately preceding the filing of this disclosure statement, measured from the date you commenced employment with the County of Suffolk or January 1st of the current year, whichever occurred first, to the present date. Please also provide the amounts of each such source of income if it is in excess of \$1,000.00. **Include your present employer (the County), job title and salary.**

1. All Compensated Continuing Employment of whatever nature; include present Employer (County) and job title	Public Official or Employee \$ _____	Spouse \$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
2. All Directorships and other Fiduciary Positions for Which Compensation Has or Will be Claimed:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
3. All Contractual Arrangements Producing or Expected to Produce Income:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
4. All Honorariums, Lecture Fees & other Miscellaneous Sources of Income:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

SCHEDULE A

STOCKS & BONDS

Please list below the number, type and approximate market value of stocks and bonds held by you or your spouse, including the name of the company or government agency issuing such stocks and bonds. Whenever such interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust shall be listed only if the public official has knowledge of what stocks and bonds are so held. Please indicate percentage of ownership if more than five (5%) per cent if the stock of a corporation is held.

No.	Type	Company or Government Agency	Approximate Market Value of your Interest*	Valuation Date	Percentage of Ownership
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____

*If current value is unascertainable without a formal appraisal, state acquisition price and date.

SCHEDULE B

REAL ESTATE INTERESTS

Please indicate below the location, general nature, acquisition date and approximate market value of any real property in which any direct, indirect, vested or contingent interest is held by you or your spouse, along with the names of all individuals or entities who share a direct interest or indirect interest therein, if known to you or your spouse.

Location	General Nature*	Acquisition Date	Individuals or Entities Sharing Interest	Percentage of your Interest	Approximate Market Value of your Interest**	Valuation Date
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____

*Please specify if commercial, industrial, residential, farm or vacant.

**If current value is unascertainable without formal appraisal, state acquisition price and date.

SCHEDULE C

INTEREST IN CONTRACTS WITH GOVERNMENT INSTRUMENTALITIES

Please list any direct or indirect interest, whether vested or contingent, of you or your spouse, in any contract made or executed by a Government instrumentality, excluding personnel employment contracts - State, County, Municipal or other public agency of New York.

<u>Government Instrumentality</u>	<u>Description of Interest & Nature of Contract</u>	<u>Approx. Value of Interest</u>	<u>Valuation Date</u>
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE D

NOTES & ACCOUNTS RECEIVABLE

Please list below all notes and accounts receivable held by you or your spouse.

<u>Name of Debtor</u>	<u>Type of Obligation, Date Due, & Nature of Security, if Any</u>	<u>Amount</u>
		\$
		\$
		\$
		\$

SCHEDULE E

LIABILITIES

Please list below all liabilities (*) of you and your spouse, including the name of the creditor.

<u>Name of Creditor</u>	<u>Type of Obligation, Date Due & ature of Security, if any.</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Miscellaneous Gross Liabilities, Individually less than \$1,000.00:

*Include credit card liabilities to gasoline companies, department stores, credit card companies. Only list separate liabilities in excess of \$1,000.00.

SCHEDULE F

ANY ADDITIONAL INFORMATION FOR WHICH SPACE IS INADEQUATE

SCHEDULE G

Please list the number, type (e.g., C.D., checking, money market), name of bank holding the accounts, pertinent amount from schedule of ranges contained in the above "Statement of Assets and Liabilities", valuation date, and nature of ownership interest (joint, trust, individual) for each bank account held by you or your spouse for all cash in banks.

CASH IN BANKS - Check Pertinent Range

- () \$ 0.00 to \$ 500.00
- () \$ 501.00 to \$ 1,000.00
- () \$ 1,001.00 to \$ 5,000.00
- () \$ 5,001.00 to \$ 10,000.00
- () \$ 10,001.00 to \$ 25,000.00
- () \$ 25,001.00 to \$ 50,000.00
- () \$ 50,001.00 to \$ 100,000.00
- () \$ 100,001.00 to \$ 250,000.00
- () \$ 250,001.00 AND ABOVE

No. Of Accts	Type - C.D., Checking, Money Market	Bank Name	Pertinent Range	Valuation Date	Nature of Ownership Interest (Joint, Trust, Individual)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ATTESTATION

I hereby certify that I have read the foregoing nine-page Statement and the two-page Addendum hereto and that, to the best of my knowledge and belief, it is true, correct and complete and that I have not and will not transfer any asset, interest or property for the purpose of concealing it from disclosure while retaining an equitable interest therein.

(signature)

STATE OF NEW YORK : COUNTY OF SUFFOLK ss:

Sworn to before me this _____ day of _____, 2_____

Notary Public

ADDENDUM TO FINANCIAL DISCLOSURE STATEMENT

F.

CONFIDENTIALITY

- (1) Any person who submits a written request to the Board shall be provided with a copy of this disclosure statement if such person provides the following:
 - (a) His name and address.
 - (b) The name and address of a person or organization, if any, on whose behalf he is requesting the statement.
 - (c) A simple form of identification to verify that he has given his accurate name and address.
 - (d) The reason for inspecting or copying the statement.
 - (e) Payment of a reasonable fee, sufficient to cover the reasonable cost of reproduction and/or mailing of that statement, excluding the salary of any employee involved in such reproduction or mailing.
- (2) Any employee who files a statement shall receive a list of the names and addresses of the persons or organizations inspecting or receiving a copy of this statement and the names and addresses of the persons or organization, if any, on whose behalf such statements are requested.
- (3) Any employee who files a statement may request of the Board that a particular matter be withheld from the public on the ground that it is highly personal to the employee. Such a request shall be in writing on such form as the Board shall prescribe and shall specify the highly personal nature of the information. The Board shall determine whether such material is of such a personal nature and whether its disclosure to the public would advance the public interest in such a manner as to outweigh any personal embarrassment that might accrue to some individual other than the employee. If the Board determines that the potential personal embarrassment, not financial or economic, outweighs the public interest, then the Board shall withhold the statement from public disclosure.
- (4) It shall be unlawful for any person to inspect or obtain a statement for:
 - (a) Any unlawful purpose.
 - (b) Any commercial purpose.
 - (c) Determining or establishing the credit rating of an individual.
 - (d) For use, directly or indirectly, in the solicitation of money for any political, charitable, or other purpose.

- (5) A civil action may be brought by the Board against any person who inspects or obtains a report for any purpose prohibited in paragraph (4) of this subsection for the purpose of enjoining a violation and/or imposing a civil fine of \$250.00 per violation.
- (6) The Board shall file with the Clerk of the County Legislature and with the Office of the County Executive on or before the 31st day of December of each year, a list of employees subject to the filing requirements of this law together with an indication as to who has complied with the filing requirement.

**REQUEST FOR NON DISCLOSURE OF CERTAIN PORTION(S) OF THE
FINANCIAL DISCLOSURE STATEMENT**

I, (WE) hereby request that: _____
(Identify by page number & paragraph)

Not be disclosed to the public for the following reason(s):

DATE: _____ Signature _____

DECISION OF THE COMMISSION

Approved: _____ Disapproved: _____

SUFFOLK COUNTY ETHICS COMMISSION

Date: _____ By: _____
Chairman