

Return Form by May 15, 2024

For Ethics Board Use Only

County Position(s) \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Board / Committee / Agency \_\_\_\_\_

Need Follow-Up: \_\_\_\_\_

Follow-up Completed: \_\_\_\_\_

## ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FOR THE COUNTY OF ERIE FOR CALENDAR YEAR 2023

(Include information for the period from 1-1-2023 to 12-31-2023)

For your convenience, this Financial Disclosure Form may be filled out electronically.

*The financial disclosure form must be prepared by every elected official, political party official, candidate for elected office, and each officer and employee defined in the Erie County Code of Ethics as the head or heads of any department, division, special district or other administrative unit of county government and their deputies and assistants, and their appointees and designees to any board of any organization or entity, not including advisory boards, or administrative unit of county government; and such others who hold policy making positions as annually determined by the appointing authority and set forth in a written instrument which shall be filed with the Erie County Board of Ethics. Should you have any questions, please contact the Board of Ethics.*

### **PART A**

#### **1. NAME AND ADDRESS**

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Department / Board / Committee / Agency Title

\_\_\_\_\_  
Department / Board / Committee / Agency Address

\_\_\_\_\_  
Residential Address

\_\_\_\_\_  
Email Address (Required) Daytime Phone Number (Required)

#### **2. SPOUSE AND DOMESTIC PARTNER**

*Spouse is herein defined as an individual lawfully married to another individual.*

*Domestic partner is herein defined as a person who is formally a party in a domestic relationship or similar relationship with the officer or employee, or of the other person with any registry mandated by the employer of either party or any state, municipality or foreign jurisdiction; or is formally recognized as a domestic partner -beneficiary or covered person under the other person's employment benefits for health insurance; or is dependent or mutually interdependent on the other person for support as evidenced by the totality of the circumstances indicating a mutual intent to be domestic partners including but not limited to: common ownership or joint leasing of real or personal property; common householding, shared income or shared expenses; children in common; signs of intent to marry or formally become domestic partners as described above.*

\_\_\_\_\_  
First Name Middle Initial Last Name

NAME: \_\_\_\_\_

**3. INTEREST IN CONTRACTS**

Describe any monetary interest and/or connection that you, your spouse, your domestic partner, or your dependent children, if any, have in any contract involving the County or any municipal corporation located within the County of Erie.

Name of Family Member

Contract Description (BE SPECIFIC)

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None

**4. GIFTS AND HONORARIA**

The term "gifts" includes gifts of cash, property, personal items, services, payments to third parties on your behalf, loans, forgiveness of debt, honoraria, travel, entertainment, hospitality, tickets, any financial transaction on terms not available to the general public, and/or any other payments that are not reportable as income. The term "gifts" shall not include normal hospitality under \$15 or promotional materials of nominal value received within the past year and are not received in circumstances in which it might reasonably be inferred that they were given with the intention to influence or reward you in relation to the performance of your duties.

***Gifts of a nominal value include, but are not limited to awards, plaques, memorabilia, honorary jerseys and other customary and reasonable ceremonial items publicly presented in recognition of public service or promotional items having no substantial resale value (pens, mugs, hats, t-shirts) which bear organizations name/logo/message.***

List the source of any gift of more than a nominal value received during the preceding calendar year by you, your spouse, your domestic partner, or your dependent children, if any, excluding gifts from a relative.

Gifts/Honoraria	Value	Source	Relationship to you/ spouse/dependent	Does the source receive County monies of any kind? <b>IF YES, EXPLAIN IN DETAIL</b>

None

NAME: \_\_\_\_\_

**5. POLITICAL PARTIES** (Defined in Local Law No.2 (2018) Section 3-h)

List any positions you have held within the past five (5) years as an officer of any political party.

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

None

**PART B**

Note: For applicable questions 6 through 8, do not report exact dollar amounts. Instead, report categories of amounts using the following:

Category A: Under \$5,000	Category F: \$100,001 to \$250,000
Category B: \$5,001 to \$10,000	Category G: \$250,001 to \$500,000
Category C: \$10,001 to \$25,000	Category H: \$500,001 to \$1,000,000
Category D: \$25,001 to \$50,000	Category I: Over \$1,000,001
Category E: \$50,001 to \$100,000	

**NOTE: THIS APPLIES TO THE FULL CALENDAR YEAR FROM 1-1-2023 TO 12-31-2023**

**6. FINANCIAL INTERESTS**

a. **Business Positions**. List any office, trusteeship, directorship, partnership or other position in any business, association, proprietary or not-for-profit organization held by you, your spouse, domestic partner, or dependent children, if any, and indicate whether these organizations are involved with the County of Erie in any manner.

Name of Family Member	Position	Full Name of Organization	County Involved Yes/No	If Yes, Explain in Detail. (Extra space on page #8)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

None

NAME: \_\_\_\_\_

b. **Outside Employment.** Describe any outside occupation, employment, trade, business or Profession providing more than \$1,000/year for you or your spouse, your domestic partner, or dependent children, if any, and indicate whether such activities are regulated by County of Erie.

Name of Family Member	Position	Full Name of Organization	Regulated by Erie County (Yes/No)	If Yes, Explain in Detail. (Extra space on page #8)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

None

c. **Future Employment.** Describe any contract or agreement you or your spouse, domestic partner, or dependent children have with respect to employment after leaving your County office or position.

\_\_\_\_\_

\_\_\_\_\_

None

d. **Past Employment Earnings.** Identify the source and nature of any income in excess of \$1,000 during the reporting year (2023) from any prior employer, including deferred income, contributions to a pension or retirement fund, profit sharing plan, severance pay or payments under a buy-out agreement.

Name and Address of Income Source	Description of (i.e., Pension, Deferred, etc.)	Category of Value Below
_____	_____	_____
_____	_____	_____

None

Category A: Under \$5,000	Category F: \$100,001 to \$250,000
Category B: \$5,001 to \$10,000	Category G: \$250,001 to \$500,000
Category C: \$10,001 to \$25,000	Category H: \$500,001 to \$1,000,000
Category D: \$25,001 to \$50,000	Category I: Over \$1,000,001
Category E: \$50,001 to \$100,000	

**NOTE: THIS APPLIES TO THE FULL CALENDAR YEAR FROM 1-1-2023 TO 12-31-2023**

NAME: \_\_\_\_\_

e. **Investments.** Itemize and describe all investments which exceed a value of \$5,000 (except for investments held as shares of fractional interests of an entity or enterprise, where the value of such investment does not exceed 5% of the total value of the entity or enterprise) in any business, corporation, partnership or other assets, excluding personal savings and retirement accounts, but including stocks, bonds, loans, pledged collateral and other investments, for you, your spouse, your domestic partner, or dependent children, if any.

Name of Family Member	Description of Investment or Business	Category of Value Below
_____	_____	_____
_____	_____	_____
_____	_____	_____

None

f. **Real Estate.** List the location of all real estate including your personal residence within the County of Erie in which you, your spouse, your domestic partner, or dependent children, if any, have an interest including but not limited to a Trust, LLC, or Partnership, regardless of the value of such real estate.

Name of Family Member	Address of Real Estate	Category of Value Below
_____	_____	_____
_____	_____	_____
_____	_____	_____

None

Category A: Under \$5,000	Category F: \$100,001 to \$250,000
Category B: \$5,001 to \$10,000	Category G: \$250,001 to \$500,000
Category C: \$10,001 to \$25,000	Category H: \$500,001 to \$1,000,000
Category D: \$25,001 to \$50,000	Category I: Over \$1,000,001
Category E: \$50,001 to \$100,000	

**NOTE: THIS APPLIES TO THE FULL CALENDAR YEAR FROM 1-1-2023 TO 12-31-2023**

NAME: \_\_\_\_\_

g. **Trusts.** Identify each interest in a trust or estate or similar beneficial interest in any assets in excess of \$5,000 (except for IRS eligible retirement plans or interests in an estate or trust of a relative) for you, your spouse, your domestic partner, or dependent children, if any.

Name of Family Member	Trustee	Description Trust	Category of Value Below
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

None

h. **Other Income.** Identify the source and nature of any income in excess of \$1,000/year from any source not described above, including teaching income, lecture fees, consultant fees, contractual income or other income of any nature, for you, your spouse, your domestic partner, or dependent children, if any.

Name of Family Member	Name, Address of Income Source	Nature of Income	Category of Value Below
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

None

Category A: Under \$5,000	Category F: \$100,001 to \$250,000
Category B: \$5,001 to \$10,000	Category G: \$250,001 to \$500,000
Category C: \$10,001 to \$25,000	Category H: \$500,001 to \$1,000,000
Category D: \$25,001 to \$50,000	Category I: Over \$1,000,001
Category E: \$50,001 to \$100,000	

**NOTE: THIS APPLIES TO THE FULL CALENDAR YEAR FROM 1-1-2023 TO 12-31-2023**

NAME: \_\_\_\_\_

**7. THIRD-PARTY TRAVEL REIMBURSEMENTS**

Identify and describe the source of any third-party payment or reimbursement for County of Erie travel- related expenditures (e.g., mileage, car rental, lodging, airline, etc.) for any matter that relates to your official duties. The term “payment” and “reimbursement” includes any travel-related expenses provided, either directly or indirectly, by anyone other than the County for speaking engagements, conferences, seminars, trade shows or fact-finding events, regardless of the method or timing of the payments. Describe in detail whether such payments were made directly to you or to the County and by whom.

Source	Detailed Description	Dollar Amount
_____	_____	_____
_____	_____	_____

None

**8. DEBTS (As of December 31, 2023)**

Describe all debts of you, your spouse, your domestic partner, or dependent children, if any, in excess of \$5,000 (**OTHER THAN** debts owed to relatives, student loans, mortgages on your primary residence and retail accounts such as charge accounts, lines of credit and credit cards, extended in the normal course of business, which are ordinarily available to the general public by financial institutions and/or merchants and which are not extended in circumstances in which it might be reasonably inferred that they were extended with the intention to influence or reward you in relation to the performance of your duties):

Name of Family Member	Name of Creditor	Category of Value Below
_____	_____	_____
_____	_____	_____
_____	_____	_____

None

Category A: Under \$5,000	Category F: \$100,001 to \$250,000
Category B: \$5,001 to \$10,000	Category G: \$250,001 to \$500,000
Category C: \$10,001 to \$25,000	Category H: \$500,001 to \$1,000,000
Category D: \$25,001 to \$50,000	Category I: Over \$1,000,001
Category E: \$50,001 to \$100,000	

**NOTE: THIS APPLIES TO THE FULL CALENDAR YEAR FROM 1-1-2023 TO 12-31-2023**

NAME: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*(NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC; YOU ARE SIMPLY SWEARING THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.)*

**DEADLINE FOR SUBMISSION: MAY 15, 2024**

For Printed Forms – Return to:  
Erie County Board of Ethics  
95 Franklin St., Room 604  
Buffalo, NY 14202  
Attn: Barbara Piazza

For Scanned Forms – Send to:  
Ethics@erie.gov

**YOU MUST COMPLETE AND RETURN YOUR DISCLOSURE FORM BY MAY 15, 2024.  
FAILURE TO DO SO CAN RESULT IN A FINE OF UP TO \$20,000.**

PLEASE KEEP A COPY OF THIS COMPLETED FORM FOR YOUR FILES IN CASE OF FURTHER INQUIRIES.

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**Additional Information; Specify the page and question number.**

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