

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
FOR ONONDAGA COUNTY RESOURCE RECOVERY AGENCY  
FOR CALENDAR YEAR \_\_\_\_\_  
FOR ALL BOARD MEMBERS AND MANAGEMENT LEVEL EMPLOYEES\***

1. Your Name \_\_\_\_\_
2. (a) Title of Onondaga County Resource Recovery Agency Position \_\_\_\_\_
- (b) Present Business or Home Address \_\_\_\_\_  
\_\_\_\_\_
- (c) Present Business or Home Telephone Number \_\_\_\_\_

\* THIS FORM IS REQUIRED FOR THE AGENCY'S EXECUTIVE DIRECTOR, AGENCY COUNSEL, BUSINESS OFFICER, DEPARTMENT DIRECTORS AND ANY AGENCY EMPLOYEES IN AUDITING OR PURCHASING POSITIONS. IT MUST BE FILED BY MAY 15 OF THE YEAR SUCCEEDING THAT FOR WHICH IT APPLIES WITH THE **ONONDAGA COUNTY BOARD OF ETHICS, 14<sup>TH</sup> FLOOR CIVIC CENTER, SYRACUSE, NEW YORK 13202.**

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 and place of employment of any child. For purposes of completing this statement "child" is defined as a son, daughter, step-son or step-daughter under 18 years of age or a dependent as defined by the Internal Revenue Code.

<u>Name</u>	<u>Age</u>	<u>Employer</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: \$0 - \$10,000  
 Category B: \$10,001 - \$50,000  
 Category C: Over \$50,000

(b) List the location of any real property within the County or within five (5) miles of the County in which he or she, or his or her spouse or his or her dependent child, 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 he or she, or his or her spouse, or his or her dependent child, is a member, officer or employee, or in which he or she, or his or her position, and his or her spouse's position, or his or her dependent child's position, 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 he or she, or his or her spouse, or his or her dependent child, is an officer, director, or employee, or of which he or she, or his or her spouse, or his or her dependent child, legally or beneficially owns or controls more than five percent (5%) of the outstanding stock, and his or her position, and his or her spouse's position, or his or her dependent child's position, 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 from which he or she, or his or her spouse, or his or her dependent child, has derived, during the previous calendar year, gross income in excess of two thousand dollars (\$2,000).

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

(f) List each source of gifts, in excess of one thousand dollars (\$1,000), received during the reporting period for which this statement is filed by the reporting individual or such individual's spouse or dependent child 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>Family Member</u>	<u>Name and Address of Organization</u>	<u>Position</u>	<u>Reporting Category</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(g) Identify and briefly describe the source of any reimbursements for expenditures and expenditures in connection with official duties reimbursed by OCRRA for which this statement has been filed, in excess of one thousand dollars (\$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 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.

<u>Source</u>	<u>Description</u>	<u>Reporting Category</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. If a reporting Board member or management employee 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 Board member or management employee 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 Board member or management employee in his or her licensed practice. If such Board member or management employee 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 on this form is true and complete.

\_\_\_\_\_  
Name

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_.

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