STATEMENT OF FINANCIAL DISCLOSURE FOR THE COUNTY OF

BROOME PLEASE RETURN TO THE CLERK OF THE COUNTY LEGISLATURE BY **APRIL 15, 2017**

(For Calendar Year Ending December 31, 2016 – to be filed in 2017)

1.	N	lame	and	Add	ress
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Last Name, First Name, Middle Initial			
Residence Address	Telephone Number		
Department or Agency, Title			
Department or Agency Address	Telephone Number		
2. Spouse and ChildrenList: Name of your spouse (if married); and the names and age of any dependent children.			
Spouse			
Child/Age			

Note:	Category A: under \$5,	000 Category \$20,000 Category	nounts, instead report categories of amo y D: \$50,001 to \$100,000 y E: Over \$100,000 Not Applicable	ounts, using the followi	ng:
3.	by you, your spouse, and	ons irectorship, partnership, or o	ther position in any business, association, p ny. Indicate whether these businesses are i		
Nan	any manner. ne of Family Member	Position	Organization	County Departmen Nature of Inv	
		on, employment, trade, busi	ness, or profession providing more than \$1, tivities are regulated by any State or local a		oouse and
	Note: If you, your spous regard to outside employ		are not employees of Broome County, you	need not list the "Catego	ory of Amount" with
Nan	ne of Family Member	Position	Name, Address & Description of Organization	State or Local Agency	Category of Amount

d. Past Employment				
-	of any income in excess of \$	1,000 per current year f	from any prior employer including	
deferred income;income from prior con	ntributions to: a) a pension o	r retirement fund or b)	profit sharing plan:	
 severance pay; or 	Tanbattorio to: a) a pondioni o	r rottromont rand, or by	prom onaring plan,	
 payments under a bu 				
	pendent children are not em	ployees of Broome Cou	unty, you need not list the "Category o	f Amount" with
regard to outside employment.				Catego
Name and Address of Inc	ome Source	Description of Inc	come (i.e., pension, deferred, etc.)	of Amo
e. <u>Investments</u>				
List all investments by you, you	r spouse, and/or dependent	children in excess of \$8	5,000, including:	
•			greater than 5% of the value, even if n	
 Other assets, includ children. 	ing stocks, bonds, loans, ple	edged collateral, and oth	ner investments for you, your spouse,	and/or depend
	and any interest in publicly t	traded companies (unle	ess you own more than 5% of the publi	clv traded
company/ies).	y p y		,	.,
company/ies).			Description of loss stores	Catego
,				of Amo
Name of Family Member	Name and Address	of Business	Description of Investment	OI AIIIO

Name of Family Member	Name and Address of Business	Description of Investment	Category of Amoun
Maine of Fairing Member		Description of investment	
g. <u>Other Income</u>			
income, lecture fees, consultar Note: Exclude income from a	of any other income in excess of \$1,000 per year nt fees, contractual income, or other income of any trust or estate created by a relative for your benefit for dependent children are not employees of Brook	y nature, for you, your spouse and/or depe t, or that of a spouse/dependent child.	endent children
regard to outside employment.		The County, you need not list the Categor	•
Name of Family Member	Name and Address of Income Source	Nature of Income	Category of Amoun
GIFTS AND HONORARIUMS			
: Do not include gifts from a relat	xcess of \$250.00 from any one donor received dur tive. (The term "gifts" includes gifts of cash, prope	rty, personal items, travel, entertainment,	
he source of all gifts totaling in ex : Do not include gifts from a relat	xcess of \$250.00 from any one donor received dur	rty, personal items, travel, entertainment, ot reportable as income.)	

Real Estate

Source	Description	Category of Amount
DEDTS		
st debts of you, your spouse, and/or depender lative. Include the name of the creditor and ic as been guaranteed by any third person, list the ONOT LIST: Liabilities incurred by, or guarantees made an interest, if incurred or made in the ordinate. Any obligation to pay maintenance in connections.	by you, your spouse, any proprietorship, partnership or corporation in which you/ ary course of the trade, business or professional practice of you or your spouse. ection with a matrimonial action, alimony, or child support.	reportable liab
ist debts of you, your spouse, and/or depender elative. Include the name of the creditor and ic as been guaranteed by any third person, list the DO NOT LIST: Liabilities incurred by, or guarantees made an interest, if incurred or made in the ordinal	lentify any collateral pledged to secure payment of any such liability. If any such liability and the guarantor. by you, your spouse, any proprietorship, partnership or corporation in which you/ary course of the trade, business or professional practice of you or your spouse. ection with a matrimonial action, alimony, or child support. dit cards). lit cards). ace or your vacation home. ary or vacation residence. when motor vehicle.	reportable liab

County of Broome.	
NAME OF FAMILY MEMBER	CONTRACT DESCRIPTION
	b) years as an officer of any political party, political committee, or political organization. The body or any organization that is affiliated with or a subsidiary of a political party.
I HEREBY CERTIFY, UNDER PENALTY OF PERJUR COMPLETE.	RY, THAT THE INFORMATION DISCLOSED ON THIS FORM IS ACCURATE AND
Signature	