TOWN OF OYSTER BAY
ANNUAL STATEMENT OF FINANCIAL DISCLOSURE

REPORTING PERIOD: CALENDAR YEAR 2020

ALL QUESTIONS MUST BE COMPLETED.

1. NAME AND ADDRESS.

_____
Last Name First Name Middle Initial

_____
Title

_____
Department or Agency

_____
Department or Agency Address Telephone No.

_____
Residence Address Telephone No.

2. SPOUSE AND CHILDREN.

Provide the name of your spouse (if married) and the names of any dependent children: If none, place a check mark in the following box.

□ **none**.

_____ _____
Spouse Child/Age

_____ _____
Child/Age Child/Age

NOTE: FOR QUESTIONS 3 TO 6. DO NOT REPORT EXACT DOLLAR AMOUNTS. INSTEAD, REPORT CATEGORIES OF AMOUNTS, USING THE FOLLOWING:

CATEGORY A: UNDER $5,000
CATEGORY B: $5,001 TO UNDER $10,000
CATEGORY C: $10,001 TO UNDER $25,000
CATEGORY D: $25,001 TO UNDER $50,000
CATEGORY E: $50,001 TO UNDER $100,000
CATEGORY F: OVER $100,000

3. 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 and your spouse or your dependent children, if any, and indicate whether, to your knowledge, during the reporting period, these entities had any application, request, claim or interest in any proposal before a Town department, agency, board or commission, or any litigation, negotiations or matter requiring the exercise of discretion to which the Town was then a party. If none, place a check mark in the following box.

□ **none**

Name of Family Member	Position	Organization	Town Department Agency and Nature or Involvement

b. *Outside Employment*. Describe any outside occupation, employment, trade, business, or profession providing more than $1,000 per year for you, your spouse and your dependent children, if any, and indicate whether such activities were regulated by any state or local agency. If none, place a check mark in the following box.

□ **none**

Name of Family Member	Position	Name, Address, and Description of Organization	State or Local Agency	Category of Amount

c. *Future Employment*. Describe any contract, promise, or other agreement between you and anyone else with respect to your employment after leaving your Town office or position. If none, place a check mark in the following box.

□ **none**

_____

_____

_____

d. *Past Employment*. Identify the source and nature of any income in excess of $1,000 per year 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. If none, place a check mark in the following box.

□ **none**

Name and Address of Income Source	Description of Income (i.e., pension, deferred, etc.)	Category of Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

e. *Investments*. Itemize and describe all investments of you, your spouse, and your dependent children, if any, which have a value in excess of $5,000, or that constitute five percent or more of the debt or equity of any business, limited liability company, partnership, association, or corporation. Include stocks, bonds, loans, pledged collateral, and other investments. List the location of all real estate within the Town of Oyster Bay or within five hundred feet of a boundary of the Town, in which you, your spouse, or your dependent children, if any, have an interest, regardless of its value. If none, place a check mark in the following box.

□ **none**

Name of Family Member	Name and Address of Business or Real Estate	Description of Investment	Category of Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

f. *Trusts*. List each interest of you, your spouse, and your dependent children in a trust or estate or similar beneficial interest in any assets in excess of $2,000. Do not list IRS eligible retirement plans or interests in an estate or trust of a spouse, child, stepchild, dependent, parent, stepparent, sibling or stepsibling. If none, place a check mark in the following box.

□ **none**

Name of Family Member	Trustee/Executor	Description Trust/Estate	Category of Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

g. *Other Income*. List the source and describe the nature of any other income in excess of $1,000 per year from any source not described above, including fiduciary positions, teaching income, lecture fees, consultant fees, contractual income, rents or other income of any nature, or you, your spouse and your dependent children, if any. Income from real estate rents derived from real property located in the Town of Oyster Bay, or within five hundred feet of a boundary of the Town should be identified by the property address. Do not list maintenance, alimony or child support. If none, place a check mark in the following box.

□ **none**

Name of Family Member	Name and Address of Income Source	Nature of Income	Category of Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. GIFTS AND HONORARIUMS.

List the source of all gifts aggregating in excess of $250 received during the last year by you, your spouse or dependent child, excluding gifts from a Relative. The term "gifts" includes gifts of cash, property, personal items, payments to third parties on your behalf, forgiveness of debt, honorariums, and any other payments that are not reportable as income. If none, place a check mark in the following box.

□ **none**

Name of Family Member	Name and Address of Donor	Category of Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. THIRD-PARTY REIMBURSEMENTS.

List and describe the source of any third-party reimbursement for travel-related expenditures in excess of $250 for any matter that relates to your official duties. The term "reimbursement" includes any travel-related expenses provided by anyone other than the Town of Oyster Bay for speaking engagements, conferences, or fact-finding events that relate to your official duties. If none, place a check mark in the following box.

□ **none**

Source	Description	Category of Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. DEBTS.

List all debts of you, your spouse, and your dependent children in excess of $5,000. Do not list any obligation to pay maintenance, alimony or child support. Do not list any loan issued in the ordinary course of business by a financial institution to finance educational costs, the cost of home purchase or improvements for a primary or secondary residence, or purchase of a personally owned motor vehicle, household furniture or appliances, or clothing. If none, place a check mark in the following box.

□ **none**

Name of Family Member	Name and Address of Creditor	Category of Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. INTEREST IN CONTRACTS.

Describe any interest of you, your spouse, or your dependent children in any contract involving the Town of Oyster Bay or any municipality located within the Town. If none, place a check mark in the following box.

□ **none**

Name of Family Member	Contract Description
_____	_____
_____	_____
_____	_____

8. POLITICAL PARTIES.

List any position you held within the last five years as an officer of any political party, political committee, or political organization. The term "political organization" includes any independent body or any organization that is affiliated with or a subsidiary of a political party. If none, place a check mark in the following box.

□ **none**

_____

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9. CLIENTS AND CUSTOMERS DOING BUSINESS WITH THE TOWN.

Identify any client or customer that both: (i) you know that you, your outside employer, firm, limited liability company, partnership, association, or corporation in which you are the owner of more than five percent of the outstanding shares of corporate stock, derived income in excess of five thousand dollars ($5,000), and (ii) you know that during the reporting period, had any application, request, claim or interest in any proposal before a Town department, agency, board or commission, or any litigation, negotiations or matter requiring the exercise of discretion to which the Town was then a party.

Do not identify any client or customer that received medical, pharmaceutical or dental services, or mental health services.

Do not identify any client or customer that received residential real estate services, other than services rendered in connection with a land use application.

Do not identify any client or customer represented in connection with an investigation or prosecution by law enforcement authorities, bankruptcy, family court, estate planning, or domestic relations matters.

Do not identify any client or customer represented pursuant to an insurance policy, but identify the source of compensation paid to you or the firm.

Do not disclose information prohibited from disclosure by federal or state law, such as information governed by the Family Court Act or the identity of any minor client or customer.

You may seek an exemption from the Board of Ethics in connection with the disclosure of identifying client or customer information.

If none, place a check mark in the following box.

□ **none**

Client or Customer	Town Application Claim, Request or Proposal	Amount of Income by Category
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. DISCLOSURE BY LICENSED PROFESSIONALS AND LOBBYISTS.

a. If you were licensed to practice law, worked as a licensed real estate broker or agent, practiced a profession licensed by the New York State Education Department, or worked as a member or employee of a firm required by law to register as a lobbyist, give a general description of the principal subject areas of matters that you handled during the reporting period, the compensated services that you performed, and whether you personally provided services directly to clients. If none, place a check mark in the following box.

□ **none**

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b. If you were licensed to practice law, worked as a licensed real estate broker or agent, practiced a profession licensed by the New York State Education Department, or worked as a member or employee of a firm required by law to register as a lobbyist, and are a partner or shareholder in the firm or corporation that engaged in such activities, give a general description of the principal subject areas of matters that the firm or corporation handled during the reporting period. If none, place a check mark in the following box.

□ **none**

_____

_____

_____

_____

I have received and read a copy of the Town of Oyster Bay Code of Ethics.

_____ _____

Signature Date

DO YOU HAVE QUESTIONS ABOUT THE CODE OF ETHICS? For a confidential advisory opinion, contact the Board of Ethics at the following address, or as provided on the Town's web site:

SECRETARY TO THE TOWN OF OYSTER BAY BOARD OF ETHICS
TOWN HALL NORTH
54 Audrey Avenue
Oyster Bay, NY 11771
(516) 624-6860
email: boardofethics@oysterbay-ny.gov