

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
COUNTY OF OTSEGO  
LEVEL A**

(ELECTED COUNTY OFFICIALS AND FULL-TIME DEPARTMENT HEADS  
SEE OFFICIAL LIST FOR SPECIFIC REFERENCE)

FOR 20\_\_\_\_

1. Name and Home Address.

\_\_\_\_\_  
Name/Title

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

\_\_\_\_\_  
Department or Agency of Employment

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
County Address

\_\_\_\_\_  
County Telephone

2. Spouse and Children.

Provide the name of your spouse (if married) and the names of any dependent children.

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Child/Age

\_\_\_\_\_  
Child/Age

\_\_\_\_\_  
Child/Age

3. Financial Interests.

- a. "Reporting Category" for the purpose of completing the financial disclosure reports. No exact dollar amounts are to be included in the completion of the statements of financial disclosure; rather all amounts are to be indicated using the following categories:

- "A". \$0 - \$5,000
- "B". \$5,001 - \$10,000
- "C". \$10,001 - \$25,000
- "D". \$25,001 - \$50,000
- "E". \$50,001 - \$100,000
- "F". Over \$100,001

b. Business Positions. List any office, trusteeship, directorship, partnership, or other position in any business, association, proprietary, or not-for-profit organization for you, your spouse, and your dependent children, if any, and indicate whether these businesses are involved with the County of Otsego in any manner.

Family Member	Position	Organization	County Dept. or Agency & Nature of Involvement
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c. Outside Employment. Describe any outside occupation, employment, trade, business, or profession held by you, your spouse, and your dependent children, if any, and indicate whether such activities are regulated by any state or local agency.

Family Member	Position	Organization	County Dept. or Agency & Nature of Involvement
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. Other Income. Identify the source and nature of any other income 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, and your dependent children, if any.

Family Member	Name & Address of Income Source	Nature of Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- e. Investments. Itemize and describe all investments or capital stock above a 5% share of ownership in any business, corporation or partnership, for you, your spouse, and your dependent children, if any. Security listed on an exchange need not be listed unless your ownership exceeds 5% as well. List the location of all real estate within the county, or within five (5) miles of the county, in which you, your spouse, or your dependent children, have an interest through those holdings listed above.

Family Member	Name & Address of Business	Description of Investment	Reporting Category
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Third-Party Reimbursements.

Identify 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 county for speaking engagements, conference, or fact finding events that relate to your official duties.

Source	Description
_____	_____
_____	_____
_____	_____
_____	_____

5. Interest in Contracts.

Describe any interest of you, your spouse, or your dependent children, if any, in any contract involving the county.

Family Member	Contract Description	Reporting Category
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Political Parties.

List any positions you held within the last five (5) 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.

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I hereby certify, under penalty of perjury, that the information disclosed on this form is true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date