

ANNUAL STATEMENT FOR FINANCIAL DISCLOSURE FOR
THE COUNTY OF NASSAU
FOR THE YEAR 2017

1. NAME AND ADDRESS

Last Name	Middle Initial	First Name
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Title

Department or Agency

Department or Agency Address	Telephone Number
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Residence Address	Telephone Number
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2. SPOUSE AND DEPENDENT CHILDREN

Spouse	Child/Age
Child/Age	Child/Age

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

CATEGORY A:	UNDER \$5,000
CATEGORY B:	\$5,000 TO UNDER \$20,000
CATEGORY C:	\$20,000 TO UNDER \$60,000
CATEGORY D:	\$60,000 TO UNDER \$100,000
CATEGORY E:	\$100,000 TO UNDER \$250,000
CATEGORY F:	OVER \$250,000

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 or your spouse or dependent children, if any, during the reporting year* and indicate whether these businesses have dealings with the County of Nassau in any manner.

* The "reporting year" as used throughout this form, means the calendar year, from January 1 through December 31, preceding the year in which this report is required to be filed.

Name of Family Member	Position	Organization	County Department of Agency and Nature of Involvement

- b) *Outside Employment.* Describe any outside occupation, employment, trade, business or profession providing more than \$2,500 during the reporting year for you or your spouse or dependent children, if any, and indicate whether such activities are regulated by any state or local agency.

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 County office or position.

- d) *Past Employment.* Identify the source and nature of any income you have received in excess of \$2,500 during the reporting 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.

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

- e) *Investments.* Itemize and describe all investments in excess of \$5,000 or five percent of the value in any business, corporation, partnership, or other assets including stocks, bonds, loans, pledged collateral, and other investments, held by, or for, you or your spouse during the reporting year. List the location of all real estate within the County or within five miles thereof, in which you or your spouse have an interest, regardless of its value.

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

- f) *Trusts.* Identify each interest in excess of \$2,500 held by you in a trust or estate or similar beneficial interest, if reasonably ascertainable, except for IRS eligible retirement plans or interests in an estate or trust of, or for, a relative. Do not list any IRS eligible retirement plan or deferred compensation plan.

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

- g) *Other Income.* Identify the source and nature of any income in excess of \$1,000 per year from any source not described above, including teaching income, lecture fees, honoraria, consulting fees, contractual income, or other income of any nature, received by you or your spouse.

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

4. GIFTS AND HONORARIA

List the source of all gifts in excess of \$1,000 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, honoraria, and any other payments that are not reportable as income. Do not list campaign contributions.

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

5. THIRD-PARTY REIMBURSEMENTS

Identify and describe the source of any third-party reimbursement for travel-related expenditures in excess of \$1,000 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, conferences, or fact-finding events that relate to your official duties. Do not list campaign contributions.

Source	Description	Category of Amount

6. DEBTS

Describe all your debts and those of your spouse in excess of \$5,000. Do not include: debts to relatives, debts incurred in the ordinary course of your trade, business or professional practice or that of your spouse; obligations to pay maintenance in a matrimonial action, alimony or child support payments; revolving charge accounts under \$5,000; any loans issued in the ordinary course of business by a financial institution to finance education 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 appliance.

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

7. INTERESTS IN CONTRACTS

Describe any interest of you, your spouse, or your dependent children have in any contract involving the County or any village, town or municipality located within the County.

Name of Family
Member

Contact Description

8. POLITICAL PARTIES

List any position you held within the past 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.

Signature

Date