

**Annual Statement of Financial Disclosure Town of Amherst**

**For Calendar Year 2025**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_

2. a. Title of Town Position: \_\_\_\_\_

b. Department, Agency or other Governmental Entity

\_\_\_\_\_

\_\_\_\_\_

Before continuing, please review the Town of Amherst Vendor Listing. It can be found on the Town of Amherst website.

3 For the purposes of this Town of Amherst Ethics Disclosure Form, a “Material Amount” of business with the Town is \$600.00 or more of income in a calendar year. For the year ended 2024, did you or your immediate family, do a material amount of business with the Town of Amherst? Note that this \$600 limit does not include employment with the Town of Amherst.

YES \_\_\_\_\_ NO \_\_\_\_\_

If your answer is NO, you are not required to fill in the remainder of this form. Please sign the bottom of the form on page 4.

4 Does your business, or a business in which you have an interest, appear before a Board or Committee upon which you serve?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please describe the nature, source of and amount of such benefits, compensation or other consideration.

<u>Nature</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. List the address and SBL (located immediately above your name and address on the tax bill) of all real property in which you, your spouse or other family member of your household has an ownership or other financial interest. If you own more than three properties, please add an additional sheet.

<u>Name of Owner</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

6. List the name and address of any partnership, unincorporated association, corporation, business, not for profit entity or employer of any sort, of which you or your spouse is a member, officer or employee, or from which you or your spouse derive income of any nature, giving your position and/or your spouse's position, if any, with such entity.

<u>Self/Spouse</u>	<u>Position</u>	<u>Organization and Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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7. List the name and address of any corporation, partnership, unincorporated association, or business, of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights.

Self/Spouse

Organization and Address

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8. State any self-employment, and the general nature thereof, from which you or your spouse has derived gross income in excess of two thousand dollars (\$2,000) during the previous calendar year.

Self/Spouse

General Nature

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9. Political Parties (Defined in Erie County Local Law No.2 (2018) Section 3-h)  
List any positions you have held within the past five (5) years as an officer of any political party.

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10. Do you receive any benefits, compensation or other consideration that are derived directly or indirectly from your employment or association with the Town of Amherst, other than your remuneration from the Town?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please describe the nature, source of and amount of such benefits, compensation or other consideration.

Nature

Source

Amount

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11. If you are unable, after reasonable effort, to obtain any of the information required herein, so state and explain.

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By my signature I acknowledge that I have:

Read and understood the Town of Amherst Code of Ethics;

I understand that there are sanctions for a failure to file, up to and including a loss of employment;

I have read the Town of Amherst Vendor Listing and I acknowledge that I do not own, operate or manage any entity on the Vendor Listing.

\_\_\_\_\_  
Signature of Reporting Individual

\_\_\_\_\_  
Date

(NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC; YOU ARE SIMPLY SWEARING THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.)

DRAFT - For Discussion Purposes Only