TOWN OF SMITHTOWN

BOARD OF ETHICS
Steven L. Sarisohn, Esq.
Joseph Saggese, CPA
Thomas Walsh

Smithtown Town Hall
99 West Main Street
P.O. Box 9090
Smithtown, New York 11787
631-257-6068

RE: Filing of 2020 Financial Disclosure Statement

Dear Town Employee and Member of Town Related Agency:

Pursuant to Section 30-9 of the Smithtown Code of Ethics, please fill out the enclosed Financial Disclosure Statement form. After review and acceptance by the Board of Ethics, a copy of your statement will be available for public inspection in accordance with the provisions of the Smithtown Code of Ethics and Article 18 of the NYS General Municipal Law. You may request confidentiality and/or exemption from reporting certain information pursuant to Section 30-9C of the Code of Ethics, subject to approval by the Board of Ethics.

Should any material fact change after the submission of this Financial Disclosure Statement, the Board of Ethics must be notified, in writing, within thirty (30) days. Please see the highlighted areas below:

If a question does not apply, please so indicate in the space provided by answering, "NONE." NO OTHER WORDING WILL BE ACCEPTED. DO NOT LEAVE ANY QUESTIONS UNANSWERED OR WITHOUT A RESPONSE.

*******PRINT YOUR NAME ON THE OUTSIDE OF THE ENVELOPE.*******

For confidentiality, please return in a sealed envelope to:

Town of Smithtown
Board of Ethics-c/o Town Council Office
99 West Main Street
Smithtown, New York 11787
ATTN: Donna C. Rubertone

Please be advised Financial Disclosure Statements **MUST be filed within 30 days of appointment.**
If you have any questions regarding your Financial Disclosure Statement, please call 631-257-6068.

Very truly yours,

Donna C. Rubertone

Donna C. Rubertone
Confidential Secretary - Board of Ethics

/dcr
Encl.

TOWN OF SMITHTOWN ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FOR ELECTED, NOMINATED AND APPOINTED OFFICIALS AND PERSONNEL

(FOR CALENDAR YEAR – 2020)

1. NAME_____

2. (a) Title of Position-(CURRENT POSITION YOU HOLD WITHIN TOWN OR AGENCY):

_____

(b) Department or Agency NAME: _____

(c) Town Office Address (if applicable) _____

(d) Town Office Telephone Number _____

3. **(a)** ***Marital Status:*** _____

Spouse's name: _____

WIFE'S MAIDEN NAME: _____

(b) ***List the name(s) and age(s) of all dependent child(ren) or write NONE in the space below IF IT DOES NOT APPLY.***

_____ Child/Age

_____ Child/Age

_____ Child/Age

_____ Child/Age

Answer each of the following questions with respect to the reported calendar year. If additional space is needed, attach additional pages and number the item accordingly.

NOTE: For questions requiring reporting values, list values according to the following CATAGORY only:

DO NOT LIST DOLLAR amounts

CATEGORY A: under $5,000
CATEGORY B: $5,000 – under $20,000
CATEGORY C: $20,000 – under $60,000
CATEGORY D: $60,000 – under $100,000
CATEGORY E: $100,000 – under $250,000
CATEGORY F: $250,000 & over

WRITE THE WORD *NONE* FOR EVERY QUESTION IF IT APPLIES

4. **POSITION INTERESTS**

(a) List any office, trusteeship, directorship, position of interest of any nature, whether compensated or uncompensated, held by the reporting individual, the reporting individual's spouse and/or un-emancipated (dependent) child(ren) with any firm, corporation, association, partnership or other organization which does business with, or is licensed or regulated by any agency of the Town.

NAME OF FAMILY MEMBER	POSITION	ORGANIZATION	TOWN AGENCY INVOLVED

(b) List the name, address and description of any occupation, employment, trade business or profession other than with the Town currently engaged in by the reporting individual. Indicate whether any such activity is licensed or regulated by any N.Y. State or local agency.

OCCUPATION / ACTIVITY	ORGANIZATION	ADDRESS OF ORGANIZATION

(c) If the reporting individual's spouse or un-emancipated (dependent) child(ren) is engaged in any occupation, employment, trade, business or profession which is licensed or regulated by any Town agency, or does business with any agency of the Town, list the name, address and description of such occupation, employment, trade, business or profession and the name of the Town agency involved.

NAME OF FAMILY MEMBER	OCCUPATION/AGENCY	ORGANIZATION	ADDRESS OF ORGANIZATION	TOWN AGENCY INVOLVED

(d) List any position the reporting individual holds, as an officer or committee person, of any **political party** as defined in the New York State Election Law

(e) State whether the reporting individual is licensed to practice law, is licensed by the New York State Department of State as a real estate broker or agent, or practices a profession licensed by its Department of Education, or is licensed to sell securities as that term is defined in item 5(g).

LICENSE	GOVERNING AGENCY

5. FINANCIAL INTERESTS **CATAGORIES OF AMOUNTS WILL REMAIN CONFIDENTIAL**

(a) List any financial interest in excess of $1,000 held by the reporting individual, such individual's spouse or un-emancipated (dependent) child(ren), in any contract executed by a New York State OR local agency.

NAME OF FAMILY MEMBER	AGENCY	NATURE OF INTEREST	NATURE OF RELATIONSHIP	(a)-Category of Amount

(b) List the source and dollar amount of gifts in excess of $1,000 received by the reporting Individual or such individual's spouse or un-emancipated (dependent) child(ren), excluding gifts from relatives.

NAME OF FAMILY MEMBER	NAME OF DONOR	ADDRESS OF DONOR	(b)-Category of Amount

(c) Identify the source and amount of any reimbursement for expenditures in excess of $1,000, in connection with official duties, not reimbursed by the Town. The term "REIMBURSEMENT" does not include gifts as reported under item 5(b).

SOURCE OF REIMBURSEMENT	NATURE OF REIMBURSEMENT	(c)-Category of Amount

(d) List / describe any contract, promise or other agreement between the reporting individual and any person, firm or corporation with respect to the future employment of such individual after leaving Town office or employment.

NAME OF FUTURE EMPLOYER	NATURE OF AGREEMENT	GENERAL TERMS OF AGREEMENT	(d)-Category of Amount

(e) **List the nature, source and amount of any income, <u>including salary income from the Town,</u> for the reporting individual and such individual's spouse.**

NATURE OF SOURCE	NAME OF SOURCE	ADDRESS OF SOURCE	(e)-Category of Amount

(f) **List any assignment of income for less than fair consideration, by the reporting individual and such individual's spouse.**

NAME OF ASSIGNMENT	NAME OF ASSIGNEE	ADDRESS OF ASSIGNEE	(f)-Category of Amount

(g) **List securities held in the name of the reporting individual or such individual's spouse, with a market value in excess of $1,000 or 5% of the value in any business entity. For the purpose of this item, the term "securities" shall mean bonds, mortgages, notes, obligations, warrants and stocks, investment interests in limited or general partnerships and certificates of deposit and such other evidences of indebtedness and certificates of interest as are commonly referred to as securities.**

NAME OF FAMILY MEMBER	NAME OF SECURITY	TYPE OF SECURITY	(g)-Category of Amount

(h) **List the address and acquisition date of any real property owned by the reporting individual or such individual's spouse, excluding the reporting individual's or such individual spouse's primary and/or secondary residence.**

ADDRESS OF PROPERTY	DATE OF ACQUISITION (MO & YR)	NAMES OF OWNERS	(h)-Category of Amount

(i) **List all liabilities of the reporting individual and such individual's spouse in excess of $5,000, other than those owed to a relative, those relating to a mortgage(s) for the reporting individual's or such individual's spouse's primary and/or secondary residence, alimony and/or child support, and loans made in the ordinary course of business for education, home improvements / furniture / appliances and personal automobile(s).**

NAME OF FAMILY MEMBER	NAME OF CREDITOR	ADDRESS OF CREDITOR	NATURE OF DEBT	(i)-Category of Amount

All or part of the annual statement of financial disclosure, exclusive of the categories of amounts, shall be Subject to public inspection in accordance with applicable law.

_____
Signature of Reporting Individual

Sworn to before me on this _____ day of

_____, 20__

_____
Notary Public

NOTARY STAMP: