

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
FOR ONONDAGA COUNTY FOR CALENDAR YEAR 201___ FOR
LEVEL II OFFICERS, EMPLOYEES, AND APPOINTED OFFICIALS

Your Name: _____

(a) Title of Onondaga County Position: _____

(b) County Department, County Agency, or other County Government Affiliation:

(c) Present Business or Home Address:

(d) Present Business or Home Telephone Number: _____

(e) Email Address: _____

Please verify the following statement:

I have received and read a copy of the Local Law No. 13 of 1990 of the County of Onondaga establishing a Code of Ethics, creating a Board of Ethics, and requiring financial disclosure. As defined under that law, I know of no conflict of interest* which exists concerning my position with the County except for

As my circumstances change, I will duly notify the Board of Ethics for the County of Onondaga forthwith.

Name

Sworn to before me this _____

day of _____, 201__.

Notary Public

**"Interest" means a direct or indirect pecuniary or material benefit accruing to a County officer, employee of appointed official, his or her spouse, or child, whether as the result of a contract with the County or otherwise. For the purpose of this chapter, a County officer, employee or appointed official shall be deemed to have an interest in the contract of (1) his/her spouse and children, except a contract of employment with the County (ii) a firm, partnership or association of which such officer, employee of appointed official, or his/her spouse or child, is a member of employee; (iii) a corporation of which such officer, employee or appointed official, or his/her spouse or child, is an officer or director; and (iv) a corporation of which more than 5% of the outstanding capital stock is owned by an officer, employee or appointed official, or his/her spouse or child.