



**Town of Cheektowaga
ANNUAL STATEMENT of
FINANCIAL DISCLOSURE
For Calendar Year: 2021**

**FAILURE TO COMPLETE AND SUBMIT THIS FORM BY MAY 15, 2022 WILL RESULT IN
THE BOARD OF ETHICS RECOMMENDING YOUR REMOVAL FROM YOUR POSITION
FOR NON-COMPLIANCE**

This form must be returned on or before May 15, 2022 to the following:

Town of Cheektowaga Board of Ethics Committee
c/o Town Clerk's Office
3301 Broadway Street, Cheektowaga, NY 14227

1. Name _____
Address: _____
Phone Number: _____

2. A. Title of position: _____
B. Department, agency or other governmental agency or entity:

3. Address and SBL No. of all real property within the Town of Cheektowaga in which you or your spouse or other family member of your household has an ownership or other financial interest.
Address & S.B.L. Number: _____
Primary: _____
Other: _____

4. List all outside employment/Company name & address:

5. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee or in which you or your spouse has a proprietary interest, giving your position and/or your spouse's position, if any, with the partnership association or business:

Position: _____

Organization: _____

Address of Organization: _____

Position: _____

Organization: _____

Address of Organization: _____

Position: _____

Organization: _____

Address of Organization: _____

6. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than 5% of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership.

Name of Corporation or Limited Partnership: _____

Address: _____

Position: _____

Name of Corporation or Limited Partnership: _____

Address: _____

Position: _____

7. State the self-employment and the general nature thereof from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00:

Signature of reporting individual:

Signature

(Print Name)

Date: _____