



**Town of Cheektowaga**  
**ANNUAL STATEMENT of**  
**FINANCIAL DISCLOSURE**  
**For Calendar Year: 2022**

**FAILURE TO COMPLETE AND SUBMIT THIS FORM BY MAY 15, 2023 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, 2023 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: \_\_\_\_\_