

For Ethics Board Use Only:  
Reviewed by: \_\_\_\_\_  
Date Reviewed: \_\_\_\_\_  
Need Follow-Up: \_\_\_\_\_

**ANNUAL STATEMENT OF DISCLOSURE FOR THE TOWN OF CORNING  
FOR CALENDAR YEAR 2019**

Please print and answer all questions completely.

Current Town of Corning Position(s) \_\_\_\_\_ None \_\_\_\_\_  
Current TOC Board(s) and/or Committee(s) \_\_\_\_\_ None \_\_\_\_\_  
Position Seeking \_\_\_\_\_

**Part A 1. Name & Address**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Residential Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of spouse or partner \_\_\_\_\_

Dependent Child/Children/Age(s)\* \_\_\_\_\_ NONE  
\_\_\_\_\_  
\_\_\_\_\_

\*Dependent child is defined as a son, daughter or stepchild under 18, unmarried and living in your household (Names of minor children will not be disclosed in FOIL Requests)

**Employment:** Describe any outside occupation, employment, trade, business or profession providing more than \$1,000/year for you or your spouse or dependent children, if any.

Current Employer(s) \_\_\_\_\_  
\_\_\_\_\_

Job Title \_\_\_\_\_

Employer Address \_\_\_\_\_

Spouse or Partner Employer(s) \_\_\_\_\_  
\_\_\_\_\_

Dependent Child/Children Employer \_\_\_\_\_  
\_\_\_\_\_

Describe any Self Employment: \_\_\_\_\_

If you are licensed to practice any profession by the state of New York, and you practice that profession, list the type of profession (e.g., lawyer, real estate broker, etc.)

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**Real Property:** List the locations of all real estate, including your personal residence, in which you, your spouse, partner or dependent children, if any, have an interest, regardless of the value of such real estate.

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**Business Positions:** List any office, trusteeship, directorship, partnership or other position in any corporation, business, association, proprietary or not-for-profit organization held by you, or your spouse or dependent children, if any, and indicate whether these organizations are involved with the Town of Corning in any manner. \_\_\_\_\_ NONE

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**Interest in Contracts:** Describe any monetary interest and/or connection that you, your spouse or your dependent children have in any contract involving the Town of Corning. \_\_\_\_\_ NONE

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Have you received and reviewed the Town of Corning Ethics Law? \_\_\_\_\_ Yes \_\_\_\_\_ No

By signing this form, you agree to abide by the Ethics Law of the Town of Corning.

\_\_\_\_\_ SIGNATURE \_\_\_\_\_ 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.)*

**RETURN FORM TO:** TOC Board of Ethics, 20 South Maple St, Corning NY 14830 by March 15, 2019. *(Failure to file a complete and timely disclosure form may result in a fine. Please keep a copy of this completed form for your files.)*