

**CONFLICTS OF INTEREST - ANNUAL DISCLOSURE FORM**

\_\_\_\_\_ **SCHOOL DISTRICT (the "District")**

Please complete and return this completed form to the District Clerk of the District by August 1 of each fiscal year.

**School Year 20** \_\_\_\_\_ **- 20** \_\_\_\_\_

**1. Name, Address, Office / Title:**

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

District Officer or District Employee Title: \_\_\_\_\_

**2. Spouse and Dependent Children: NO SPOUSE (circle if appropriate)**

Provide the name of your spouse (if married) and/or the names and ages of any dependent children:

Spouse \_\_\_\_\_ Child/Age \_\_\_\_\_

Child/Age \_\_\_\_\_ Child/Age \_\_\_\_\_

**3. Financial Interests.**

a. **Business Positions.** List any office, trusteeship, directorship, partnership or other position in any business, association, proprietary, or for profit organization for you (and/or your spouse and/or dependent children), and indicate whether any of these businesses are involved with the District in any manner.

**NONE** (circle if appropriate)

Name of Family Member	Position	Name of Business	Work with District
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. **Employment.** Describe any occupation, employment, trade, business or profession providing more than \$1,000.00 per year for you (and/or your spouse and/or dependent children), and indicate whether such work is in any way connected to the District.

**NONE** (circle if appropriate)

Name of Family Member	Position	Organization	Connection to District
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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NAME: \_\_\_\_\_

c. **Past Employment.** Identify the source and nature of any income in excess of \$1,000.00 per year from any prior employer, including deferred income, and Address of Income Source to a pension or retirement fund, profit sharing plan, severance pay, or payments under a buy-out agreement, and indicate whether such work was in any way connected to the District.

NONE (circle if appropriate)

Name and Address of Source of Income	Description of Income (i.e. pension, deferred, etc.)
_____	_____
_____	_____
_____	_____
_____	_____

d. **Investments.** Itemize and describe all investments in excess of \$5,000.00 or five percent (5%) of the value in any business, corporation, partnership, or other assets including stocks, bonds, loans, pledged collateral, and other investments, for you (and/or your spouse and/or dependent children).

NONE (circle if appropriate)

Name and Address of Family Member	Name/Address of Business	Description of Investment
_____	_____	_____
_____	_____	_____
_____	_____	_____

e. **Other Income.** Identify the source and nature of any other income in excess of \$1,000.00 per year from any source not described above, including teaching income, lecture fees, consultant fees, contractual income, or other income of any nature, for you (and/or your spouse and/ or dependent children).

NONE (circle if appropriate)

Name and Address of Family Member	Name and Address of Income Source	Nature of Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME: \_\_\_\_\_

4. **Gifts and Honorariums.** List the source of all gifts aggregating in excess of \$75.00 received during the last year by you (and/or spouse and/or dependent children) excluding gifts from a relative. The term "gifts" includes gifts of cash, meals, event tickets, property, personal items, payments to third parties on your behalf, forgiveness of debt, honorariums, or any other payments that are not reportable income.

NONE (circle if appropriate)

Name and Address of Family Member

Name and Address of Donor

_____	_____
_____	_____
_____	_____

5. **Third-Party Honorariums.** Identify and describe the source of any third-party disbursement for travel-related expenditures in excess of \$250.00 for any matter that relates to you official duties. The term "reimbursement" includes any travel-related expenses provided by anyone other than the District to speaking engagements, conferences, or fact finding events that relate to your School District duties.

NONE (circle if appropriate)

Source

Description

_____	_____
_____	_____
_____	_____

6. **Interest in Contracts.** Describe any interest you (and/or spouse and/or dependent children) have in any contracts involving the District or any New York State Boards of Cooperative Educational Services (BOCES).

NONE (circle if appropriate)

Name of Family Member

Contract Description

_____	_____
_____	_____
_____	_____

NAME: \_\_\_\_\_

**7. Certification:**

I hereby certify, under penalty of perjury, that the information disclosed on this form is true and complete to the best of my knowledge.

I have received a copy and read the District's Board of Education Policy "Code of Ethics." I hereby acknowledge my continuing responsibility to disclose any conflicts of interest or potential conflict of interest and/or reclude myself from any act or action as required by New York State Law and the School District Code of Ethics. I certify that I will undertake and carry out this responsibility to the best of my ability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return this completed form to the District Clerk by August 1 of each fiscal year.