

DUTCHESS COUNTY INDUSTRIAL DEVELOPMENT AGENCY

2014 FINANCIAL DISCLOSURE STATEMENT

The Code of Ethics of the Dutchess County Industrial Development Agency (the "DCIDA") requires Members of the Board, Officers and employees of the DCIDA to file this statement prior to May 15 next following. Please answer all questions completely. Indicate not applicable (N/A) where appropriate. Attach additional pages if necessary. The filing of this statement does not affect other reporting requirements.

1. Reporting Individual

Name: _____

Title of Office or Position Held: _____

Address: _____

Current Office Telephone Number (including extension): _____

If you are currently an officer or employee required to file a Financial Disclosure Statement and a candidate for an elective office subject to disclosure, indicate the title of office:

To the best of your knowledge and belief, do you, your spouse, your children or dependent(s) or any relatives as defined in Section 2(g) of the Code of Ethics, and included below, have any of the following relationships with Dutchess County Industrial Development Agency? (If yes, check the appropriate boxes)

"Relative" means a child, step-child, parent, step-parent, brother, sister, step-brother, step-sister, or legal guardian of any of said persons of an officer or employee or of the spouse of the officer or employee.

- Do business with the Dutchess County Industrial Development Agency.
- Receive any benefits, payment or gift in excess of that allowed in Section 3(a) from any person, firm, company or organization doing business with the Dutchess County Industrial Development Agency.
- Own five (5) per cent or more of stock in a firm doing business with the Dutchess County Industrial Development Agency.

Check all boxes above that are applicable.

If you checked a box in question 2 above, go on to page 2. Do not complete the certification below.
If you did not check a box above, complete the certification below and file the Statement with the DCIDA, Three Neptune Road, Poughkeepsie, NY 12601

I hereby affirm under penalty of perjury that neither I nor any of the members of my Immediate Family have any of the Relationships described in Question 2 and that the information on this statement set forth above is true, accurate, and complete to the best of my ability.

(Print Name)

(Date)

(Signature)

DO NOT COMPLETE QUESTIONS 3-6 UNLESS YOU CHECKED A BOX IN QUESTION 2

2. Identify the following for all boxes checked in Question 2.
 - a. The name of the individual
 - b. The Relationship with the Dutchess County Industrial Development Agency
 - c. The value of Relationship as best can be determined
 - d. The dates the Relationship began and ended (or will end)
3. For every individual identified in Question 3, including yourself, identify any gifts, payments or personal entertainment having an annual cumulative value in excess of \$75.00 directly from:
 - a. Any person or entity doing business with the Dutchess County Industrial Development Agency.
 - b. Any person or entity having a project pending or approved by the Dutchess County Industrial Development Agency.
4. For every individual identified in Question 3, including yourself, identify any agreement or promise of future employment or payment including transfer of anything or a cumulative value in excess of \$100.00 from:
 - a. The Dutchess County Industrial Development Agency.
 - b. Any person or entity doing business with the Dutchess County Industrial Development Agency.

If you completed Questions 3-6, complete the Certification below prior to filing with the DCIDA.

The reporting of information of this statement is required by law. Improper use of the information contained in this statement by any person or entity in violation of privacy or other rights is separately punishable in accordance with law. No inference or unethical or illegal conduct or behavior shall be drawn merely from the lawful compliance with disclosure requirements.

I hereby affirm under penalty of perjury that the information on this statement set forth above is true, accurate and complete to the best of my ability.

(Print Name)

(Date)

(Signature)

*Adopted 6/2/2006
Readopted 1/17/2013
Revised & Adopted 1/14/2014*