

Annual Statement of Financial Disclosure Town of Amherst

For Calendar Year 2024

1. Name: _____

Address: _____

Email Address: _____

If married, spouse's name: _____

2. a. Title of Town Position: _____

b. Department, Agency or other Governmental Entity

3. Do you receive any benefits, compensation or other consideration that are derived directly or indirectly from your employment or association with the Town of Amherst, other than your remuneration from the Town?

YES _____ NO _____

If "YES", please describe the nature, source of and amount of such benefits, compensation or other consideration.

<u>Nature</u>	<u>Source</u>	<u>Amount</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

4. List the address and SBL (located immediately above your name and address on the tax bill) of all real property in which you, your spouse or other family member of your household has an ownership or other financial interest.

<u>Name of Owner</u>	<u>Address</u>
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_____	_____
_____	_____
_____	_____

(OVER)

5. List the name and address of any partnership, unincorporated association, corporation, business or employer of any sort, of which you or your spouse is a member, officer or employee, or from which you or your spouse derive income of any nature, giving your position and/or your spouse's position, if any, with such entity.

Self/Spouse

Position

Organization and Address

6. List the name and address of any corporation, partnership, unincorporated association, or business, of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights.

Self/Spouse

Organization and Address

7. State any self-employment, and the general nature thereof, from which you or your spouse has derived gross income in excess of two thousand dollars (\$2,000) during the previous calendar year.

Self/Spouse

General Nature

8. If you are unable, after reasonable effort, to obtain any of the information required herein, so state and explain.

Signature of Reporting Individual

Date