

**Annual Statement of Financial Disclosure Town of Amherst**

**For Calendar Year 2019**

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.

Nature

Source

Amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Name of Owner

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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

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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

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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

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

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\_\_\_\_\_  
Signature of Reporting Individual

\_\_\_\_\_  
Date