

Ethics Board Minutes

May 23, 2017

Meeting No. 1

A Regular Meeting of the Ethics Board of the Town of Lancaster, Erie County, New York, was held at the Town Hall at 21 Central Avenue, Lancaster, New York on the 23rd day of May 2017 at 4:00 P.M. and there were

PRESENT: GRANT GETZONI, MEMBER
FRANK MADDOCK, MEMBER
WILLIAM (BUDDY SHULA) OSTRANDER, MEMBER
PAUL ZIOLKOWSKI, MEMBER

ABSENT: REV. CHRISTOPHER BALDWIN, MEMBER

ALSO PRESENT: DIANE M. TERRANOVA, TOWN CLERK

A motion was made by Mr. Getzoni to nominate Mr. Maddock as Chairman. Mr. Maddock accepted the nomination, seconded by Mr. Ziolkowski. All in favor. Motion carried.

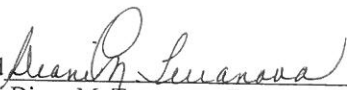
A motion was made by Mr. Ziolkowski to conduct meetings once a year in May with the privilege to call another meeting if deemed necessary, seconded by Mr. Getzoni. All in favor. Motion carried.

A motion was made by Chairman Maddock to amend future Financial Disclosure forms as presented and attached herein. This motion was seconded by Mr. Ziolkowski. All in favor. Motion carried.

A motion was made by Mr. Getzoni to accept the Financial Disclosure forms for 2017 as presented, seconded by Mr. Ostrander. All in favor. Motion carried.

ADJOURNMENT:

ON MOTION OF MR. ZIOLKOWSKI AND SECONDED BY MR. GETZONI
AND CARRIED, the meeting was adjourned at 4:35 P.M.

Signed 
Diane M. Terranova, Town Clerk

May 23, 2017

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER**

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2018

1. Name: _____
Address: _____
Phone Number: _____

2. a. Title of Town Position: _____

b. Department, Agency, or other Governmental Agency or Entity:

3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: _____

Other: _____

4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. *If none, please state not applicable (NA).*

Position

Organization

Address of Organization

5. List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or 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*, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. *If none, please state not applicable (NA).*

Name of Corporation
or Limited Partnership

Address

Position

6. State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. *If none, please state not applicable (NA).*

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

8. Have you personally accepted any gifts or donations with a value of \$75 or more? List donators and dollar amount: *(If none, please state not applicable, NA).*

Signature of Reporting Individual

Date _____