



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).*

<u>Name of Corporation or Limited Partnership</u>	<u>Address</u>	<u>Position</u>
-------------------------------------------------------	----------------	-----------------

N/A

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).*

TAX PREP

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, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

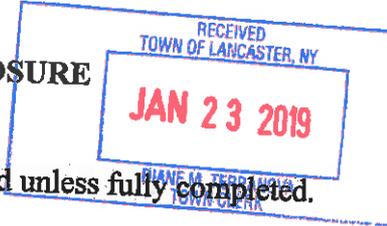
No

Signature of Reporting Individual

Land Pagnatar

Date 1/19/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER



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

For Calendar Year 2019

1. Name: RICHARD T. QUINN  
Address: 10 WETHERBY WAY, LANCASTER, NY  
Phone Number: 716 440 8258

2. a. Title of Town Position: CHAIRMAN - ZONING BOARD OF APPEALS

b. Department, Agency, or other Governmental Agency or Entity:  
ZONING BOARD OF APPEALS

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: 10 WETHERBY WAY - SBL. 93.16-2-64  
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).

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>N.A</u>		

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).*

<u>Name of Corporation or Limited Partnership</u>	<u>Address</u>	<u>Position</u>
-------------------------------------------------------	----------------	-----------------

\_\_\_\_\_  
NA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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).*

\_\_\_\_\_  
NA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

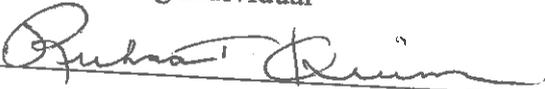
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

\_\_\_\_\_  
NA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

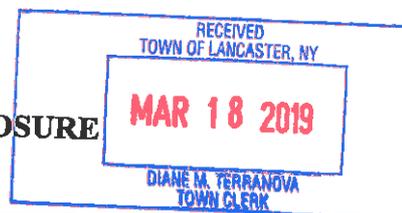
\_\_\_\_\_  
NA  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Reporting Individual

\_\_\_\_\_  


Date 1-21-19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER



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

For Calendar Year 2019

1. Name: DAVID I RICHARDS  
Address: 158 LAVERACK  
Phone Number: LANCASTER, NY 14086

2. a. Title of Town Position: \_\_\_\_\_

b. Department, Agency, or other Governmental Agency or Entity:  
MEMBER OF YOUTH BOARD

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: N/A

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

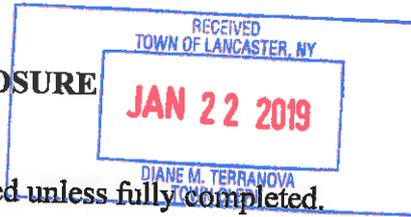
Organization

Address of Organization

N/A



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER



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

For Calendar Year 2019

1. Name: CHARLES H. ROESSLER  
Address: 28 SCHOOL ST., LANCASTER, NY  
Phone Number: 681-8961

2. a. Title of Town Position: D.A.P.C.  
b. Department, Agency, or other Governmental Agency or Entity:  
D.A.P.C.

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: 28 SCHOOL ST., LANCASTER  
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

N/A  
\_\_\_\_\_  
\_\_\_\_\_

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).*

<u>Name of Corporation or Limited Partnership</u>	<u>Address</u>	<u>Position</u>
-------------------------------------------------------	----------------	-----------------

N/A

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).*

N/A

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, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual

Charles H. Roscoe

Date 1.17.19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER

JAN 23 2019

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

For Calendar Year 2019

1. Name: RONALD RUFFINO SR.  
Address: 150 PLEASANT VIEW DRIVE  
Phone Number: (716) 949-5507

2. a. Title of Town Position: COUNCILMAN

b. Department, Agency, or other Governmental Agency or Entity:  
TOWN OF LANCASTER

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: 150 PLEASANT VIEW DRIVE - 93.10-2-17,21

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

NA

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).*

<u>Name of Corporation or Limited Partnership</u>	<u>Address</u>	<u>Position</u>
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NA

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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).*

NA

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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).*

NA

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8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NA

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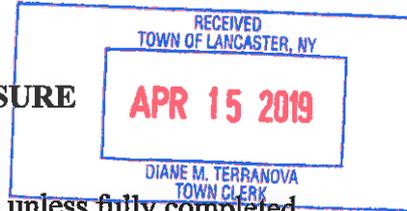
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Signature of Reporting Individual



Date 11/22/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER



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

For Calendar Year 2019

1. Name: Joe Santoro  
Address: 14 James Pl Lancaster, NY 14086  
Phone Number: 716-1683-9389

2. a. Title of Town Position: Youth Board Member

b. Department, Agency, or other Governmental Agency or Entity:  
Lancaster Youth Bureau

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: 14 James Pl Lancaster, NY 14086  
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).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>NA</u>	_____	_____

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

Santoro Signs Inc      3180 Genesee St      Vice Pres  
Buffalo, NY 14225

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).*

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).*

na

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

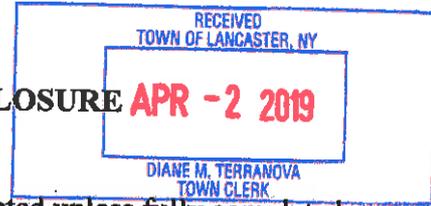
na

Signature of Reporting Individual

Joe K. Santoro

Date 4/4/2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER



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

For Calendar Year 2019

1. Name: RICHARD W. SCHEEL  
Address: 8 BRIDLE PATH LAKE LANCASTER, NY 14086  
Phone Number: 716-517-5250

2. a. Title of Town Position: MEMBER, BOARD OF LANCASTER YOUTH BUREAU  
b. Department, Agency, or other Governmental Agency or Entity:  
LANCASTER YOUTH BUREAU

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: Ø

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

OWNER LEARNING MUSIC STUDIO 8 BRIDLE PATH LAKE  
(WIFE)

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

Ø

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).*

WIFE LEARNING MUSIC STUDIO

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).*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

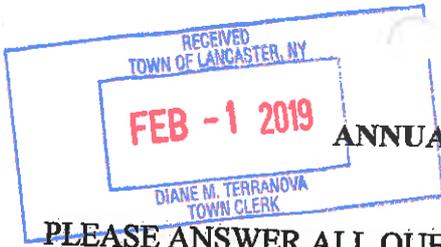
8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

Ø

Signature of Reporting Individual

Richard W. Scheer

Date 3/30/19



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER

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

For Calendar Year 2019

1. Name: HARBIR SINGH  
Address: 18 BONITA DRIVE, DEPEW NY 14043  
Phone Number: 716-292-8503

2. a. Title of Town Position: YOUTH BOARD MEMBER

b. Department, Agency, or other Governmental Agency or Entity:  
LANCASTER YOUTH BUERAU

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).

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
_____	_____	_____
_____	_____	_____

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).*

<u>Name of Corporation or Limited Partnership</u>	<u>Address</u>	<u>Position</u>
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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).*

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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).*

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8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

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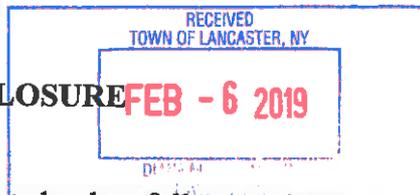
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Signature of Reporting Individual



Date 01-17-2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER



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

For Calendar Year 2019

1. Name: Steve Smith  
Address: 54 Tranquility Trail  
Phone Number: 901-7626

2. a. Title of Town Position: Lancaster Youth Bureau Board Member

b. Department, Agency, or other Governmental Agency or Entity:  
Lancaster Youth Bureau

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: 54 Tranquility Trail 94.11-2-21

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).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>NA</u>		

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).*

<u>Name of Corporation or Limited Partnership</u>	<u>Address</u>	<u>Position</u>
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NA

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).*

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).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NO

Signature of Reporting Individual

Date 2/2/2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER



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

For Calendar Year 2019

1. Name: Tyler Saiks  
Address: 125 Court Street Lancaster NY, 14086  
Phone Number: 716-462-8953

2. a. Title of Town Position: Zoning Board of Appeals Member

b. Department, Agency, or other Governmental Agency or Entity:  
Town of Lancaster Zoning Board of Appeals

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: 125 Court Street, Lancaster NY 104.76-2-3  
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).

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>N/A</u>		

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).*

<u>Name of Corporation or Limited Partnership</u>	<u>Address</u>	<u>Position</u>
N/A		

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).*

N/A

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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).*

NA

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8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

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Signature of Reporting Individual



Date

4/9/19

**JAN 22 2019 ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER**

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

For Calendar Year 2019

1. Name: Rev. Paul W. Steller  
Address: 1 St. Mary's Hill  
Phone Number: 716-683-6445

2. a. Title of Town Position: Youth Board Member  
b. Department, Agency, or other Governmental Agency or Entity:  
Lancaster Youth Bureau

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: \_\_\_\_\_

NA 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).*

NA

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
_____	_____	_____
_____	_____	_____

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).*

NA

<u>Name of Corporation or Limited Partnership</u>	<u>Address</u>	<u>Position</u>

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).*

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).*

NA

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

Signature of Reporting Individual

Rev. Paul W. Steller

Date 1-17-19



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER

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

For Calendar Year 2019

1. Name: Frank Swigonski  
Address: 59 Fernwood Dr. Lane NY 14086  
Phone Number: 716 864 1646

2. a. Title of Town Position: Zoning Board Appeals Member

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: Ø  
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).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
	<u>Ø</u>	
_____		
_____		

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).*

<u>Name of Corporation or Limited Partnership</u>	<u>Address</u>	<u>Position</u>
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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).*

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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, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

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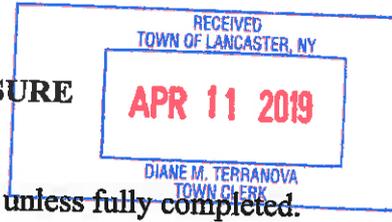
Signature of Reporting Individual

*Frank Swigowski*

Date

*2/11/19*

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER



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

For Calendar Year 2019

1. Name: Keith Stoerr  
Address: 21 Seitz Ave  
Phone Number: (716) 491-9469

2. a. Title of Town Position: ETHICS BOARD  
b. Department, Agency, or other Governmental Agency or Entity:  
NYS DEPARTMENT OF CORRECTIONS

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: 93.19-5-6

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

N/A

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).*

<u>Name of Corporation or Limited Partnership</u>	<u>Address</u>	<u>Position</u>
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N/A

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).*

N/A

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).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual



Date

4/11/2019

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

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



For Calendar Year 2019

1. Name: Barbara J. Tamol  
Address: 487 Central Ave  
Phone Number: (716) 683-8915

2. a. Title of Town Position: Lancaster Public Library Trustee

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

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: 487 Central Ave      S.B.L. 93.19-5-14

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).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
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<u>NA</u>		
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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).*

<u>Name of Corporation or Limited Partnership</u>	<u>Address</u>	<u>Position</u>
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NA

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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).*

NA

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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).*

NA

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8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NA

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Signature of Reporting Individual

Barbara G. Jamol

Date 01/19/2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER

For Calendar Year 2019

1. Name: Diane M. Terranova  
Address: 560 Lake Avenue  
Lancaster, NY 14086



2. a. Title of Town Position: Town Clerk
- b. Department, Agency, or other Governmental Agency or Entity:  
Town of Lancaster

2. 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

560 Lake Avenue 126.12-2-1 Residence

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 interest, giving your position and/or your spouse's position, if any, with the partnership association or business.

Position

Organization

Address of Organization

N/A

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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.

Name of Corporation  
or Limited Partnership

Address

Position

N/A

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.

N/A

7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore.

N/A

Signature of Reporting Individual

Francis M. Luccanva

Date

1/15/19

File:codethic

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER



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

For Calendar Year 2019

1. Name: Jennifer Uldrich  
Address: 12 Sawgrass Lane  
Phone Number: 716-553-8424

2. a. Title of Town Position: Ethics Board Member  
b. Department, Agency, or other Governmental Agency or Entity:  
Ethics Board

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: 12 Sawgrass Lane

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

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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).*

n/a

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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).*

n/a

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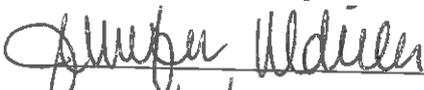
8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

n/a

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Signature of Reporting Individual



Date

3/21/2019

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER

JAN 23 2019

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

For Calendar Year 2019

1. Name: MATTHEW J WALTER  
Address: 91 Irwinwood Rd Lancaster NY 14086  
Phone Number: 716 901 5340

2. a. Title of Town Position: Councilman

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

Lancaster NY Town Council

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: 91 Irwinwood Rd Lancaster NY 14086

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

Owner

BST LLC

Same as above

Lead Consultant

Matthew J Walter Consulting

Same as above

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).*

<u>Name of Corporation or Limited Partnership</u>	<u>Address</u>	<u>Position</u>
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none

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).*

BST LLC - mobile food vending

Matthew J Watter Consulting - Small Business Consulting Services

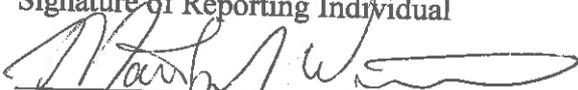
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual



Date: 1/22/19





ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER



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

For Calendar Year 2019

1. Name: Kristyn Wind  
Address: 26 Schlemmer Rd Lancaster NY 14086  
Phone Number: (716) 597-1826

2. a. Title of Town Position: Library Trustee Member

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

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: N/A

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

N/A

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).*

<u>Name of Corporation or Limited Partnership</u>	<u>Address</u>	<u>Position</u>
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N/A

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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).*

N/A

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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).*

N/A

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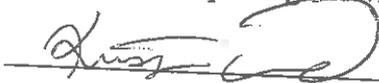
8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

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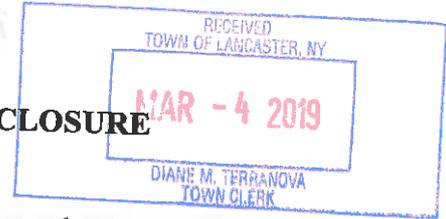
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Signature of Reporting Individual



Date 3/24/19

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER



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

For Calendar Year 2019

1. Name: Dave Visone  
Address: 79 Sheldon Ave Depew 14043  
Phone Number: (716) 681-7331

2. a. Title of Town Position: Board

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

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: 79 Sheldon Ave - 104.11-10-1.11

Other: 66 Sheldon Ave - 104.11-8-5; 70 Sheldon - 104.11-8-6.11  
100 Sheldon - 104.11-10-7.2; 107 Sheldon - 104.11-10-7.1

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

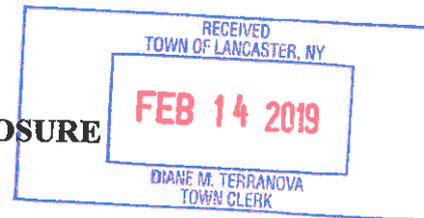
Organization

Address of Organization

Officer Visone Construction Inc 79 Sheldon Ave



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER



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

For Calendar Year 2019

1. Name: JAN P. YARBOROUGH  
Address: 329 OLMSTEAD AVE. DEPEW, NY 14043  
Phone Number: 683-0873
2. a. Title of Town Position: LANCASTER PUBLIC LIBRARY TRUSTEE
- b. Department, Agency, or other Governmental Agency or Entity:  
LANCASTER PUBLIC LIBRARY
3. Address and S.B.L. 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    S.B.L. 104.32-1-10  
Primary: 329 OLMSTEAD AVE DEPEW, NY 14043  
Other: NA
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).*

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>NA</u>		

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

NA

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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).*

NA

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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).*

NA

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8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NA

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Signature of Reporting Individual

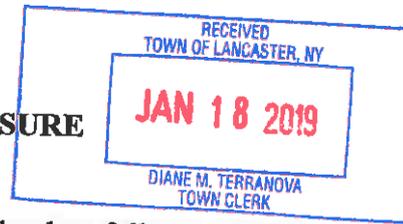
Jan P. Yarbrough

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Date 2-12-19

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ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TOWN OF LANCASTER



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

For Calendar Year 2019

1. Name: PAUL J ZIOLKOWSKI  
Address: 16 CLOVERSIDE DR. LANG, NY 14086  
Phone Number: 716-685-3825

2. a. Title of Town Position: CHAIR ETHICS BOARD

b. Department, Agency, or other Governmental Agency or Entity:  
LANCASTER TOWN ETHICS BOARD

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: 16 CLOVERSIDE DR. SBL 115.11-23-14

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

N/A

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

N/A

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).*

N/A

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).*

N/A

8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual

Date

January 17, 2019