

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Daniel Amato
Address: 21 Barwell Ave Lancaster NY
Phone Number: 716 803-7667

2. a. Title of Town Position: Hvy Supt

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

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: 21 Barwell Ave 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).

<u>Position</u>	<u>Organization</u>	<u>Address of Organization</u>
<u>Pres</u>	<u>620 Broadway</u>	<u>Lancaster NY</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>
5820 Broadway	Laurelton	Pres
5818 Broadway	Laurelton	Pres
25 Central Ave	Laurelton	Part owner

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).*

5820 Broadway Laurelton NY

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).*

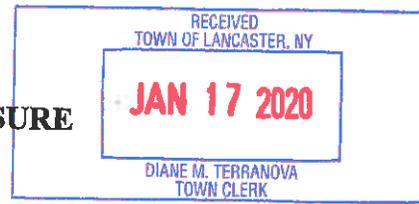
8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

Signature of Reporting Individual

Date

1-13-20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name:  Ms. Rebecca J. Anderson
493 Lake Ave
Lancaster, NY 14086-9666
Address: _____
Phone Number: 681-9549

2. a. Title of Town Position: member

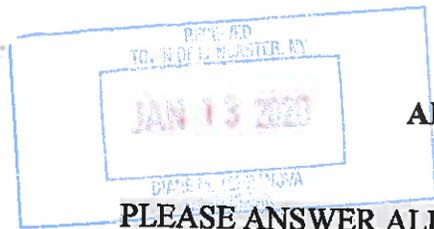
b. Department, Agency, or other Governmental Agency or Entity:
Planning Board

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: 126.08 - 1-1.1
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>		



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

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

For Calendar Year 2020

1. Name: Rebecca Baker
Address: 12574 Hunts Corners Rd Akron NY 14001
Phone Number: 716 542-2275

2. a. Title of Town Position: Assessor

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

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).*

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).*

Xmas Cookie platter for office - \$75(?) - Uniland

Signature of Reporting Individual

Rebecca K. Paul

Date

1/13/20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: Michelle Barbaro
Address: 577 Erie Street, Lancaster NY 14086
Phone Number: 716-982-5768

2. a. Title of Town Position: Park Crew chief

b. Department, Agency, or other Governmental Agency or Entity:
Town of Lancaster Parks, Recreation, Forestry, Buildings + grounds

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: 577 Erie Street, 105.00.5-41

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

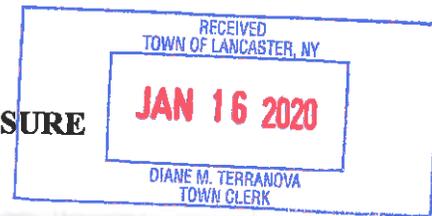
Signature of Reporting Individual

Michelle Barbara

Date

11/10/20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Catherine Branieski
Address: 2 Palham Rd Lancaster
Phone Number: 716-713-7269

2. a. Title of Town Position: member, Board of Assessment Review

b. Department, Agency, or other Governmental Agency or Entity:
Board of Assessment Review

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

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

Catherine M Branueak

Date

Jan. 13, 2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Anthony Cervi
Address: 34 Nicholas Lane
Phone Number: 716-481-9544

2. a. Title of Town Position: Town Justice

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

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: 34 Nicholas Lane
Other: 76 Laverack

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>
<u>Resident Member</u>	<u>see answer 6, owner</u>	<u>Guinzae Properties, LLC</u>
		<u>43 Court Street, Ste 822, Buffalo, N.Y. 14202</u>

answer 5

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

See Answer 4

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).*

Law office of Anthony Cervi
legal business

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

Date

3/03/20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: JEREMY A COLBY
Address: 9 BROADMOOR CT, Lancaster NY 14086
Phone Number: 994-6744

2. a. Title of Town Position: TOWN JUSTICE

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

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: 9 BROADMOOR CT, 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>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).*

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).*

WE ARE LANDLORDS OUTSIDE OF THE TOWN
OF LANCASTER

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

Gregory D. Goff

Date

1/15/20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: NEIL R. CONNELLY
Address: 2255 Como PARK Blvd, LANCASTER, NY
Phone Number: 684-6608

2. a. Title of Town Position: Chairman - Planning Board

b. Department, Agency, or other Governmental Agency or Entity:
Planning 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: 2255 Como PARK Blvd. 115.12-4-24

Other: 9TH ST. 94.09-1-7

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

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

Paul R. Connelly

Date 2/18/20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Adam Dickman
Address: 34 Christen Ct. Lancaster
Phone Number: 716 864-8719

2. a. Title of Town Position: Councilman

b. Department, Agency, or other Governmental Agency or Entity:
Town 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: 34 Christen Ct.

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

3-27-20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: CARLO DIRIENZO
Address: 72 MICHAELS WALK
Phone Number: 867-7006



2. a. Title of Town Position: MEMBER

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: 116.14-4-29

Other: N/A

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

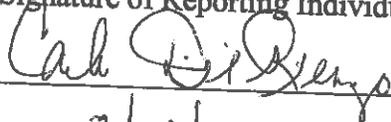
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

N/A

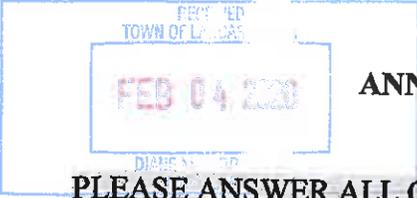
8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

N/A

Signature of Reporting Individual



Date 2/18/20



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020



1. Name: DAVID M DZWISAL
Address: 138 SIEBERT RD
Phone Number: (716) 686-9112

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

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: 138 SIEBERT RD SBL 127.05-1-35

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

-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

David M. Zupnik

Date 01/25/2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: FRANK J FALKIEWICZ II
Address: 188 MARRADO DRIVE
Phone Number: 716-830-5626

2. a. Title of Town Position: LANCASTER INDUSTRIAL DEVELOPMENT BOARD MEMBER
LANCASTER ASSESSMENT REVIEW BOARD 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: SBL 93.17-2-13

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).*

Name of Corporation
or Limited Partnership

Address

Position

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 1-21-20

RECEIVED
TOWN OF LANCASTER, NY

JAN 21 2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: MATT FISCHONE
Address: 100 STONY Rd., LANCASTER NY 14086
Phone Number: 716-989-7744

2. a. Title of Town Position: CODE ENFORCEMENT OFFICER

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

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: 100 STONY Rd., LANCASTER, NY 14086 SBL# 94.03-2-23.1

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>		

RECEIVED
TOWN OF LANCASTER, NY
JAN 17 2020
DIANE M. TERRANOVA
TOWN CLERK

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

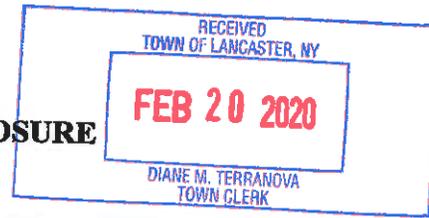
Signature of Reporting Individual

Max Friedman

Date

1/17/2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Benjamin Andrew Fox
Address: 27 Tranquility Trail, Lancaster, NY 14086
Phone Number: (716)-684-6218

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

b. Department, Agency, or other Governmental Agency or Entity:
Town of Lancaster 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: 27 Tranquility Trail, 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

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.

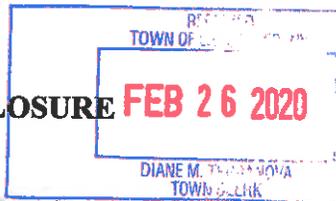
Signature of Reporting Individual

Benjamin A. Fot

Date

February 16, 2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Devon George
Address: 5 Stone Hedge Drive
Phone Number: (716) 435-1460

2. a. Title of Town Position: Youth Board Youth Representative
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: 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).*

<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

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).*

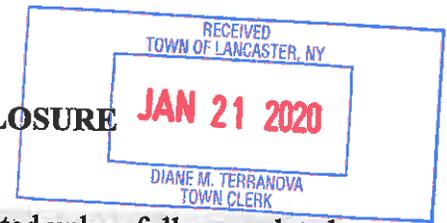
N/A

Signature of Reporting Individual



Date 2/26/20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Grant Getzoni
Address: 18 Lakeside Crescent Lancaster, NY 14086
Phone Number: 716-435-8080

2. a. Title of Town Position: Ethics Board

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: 18 Lakeside Cres. Lancaster 145203 115.36-2-2
Other: 5905 Transit Rd Depew 104.30-1-2

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

President + owner The Getzoni Agency Inc 8427 main st
Williamsville 14221

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

The Getzoni Agency Inc 8427 Main St Williamsville Owner/Pres

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).*

Owner of Insurance Agency

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

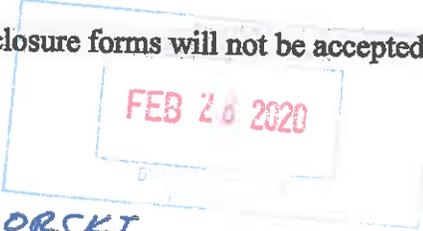
[Signature]

Date

1/21/2027

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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



For Calendar Year 2020

1. Name: ANTHONY E. GORSKI
Address: 192 WESTWOOD ROAD
Phone Number: 716-685-3816

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

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: 192 WESTWOOD ROAD, LANCASTER N.Y.

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

<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).*

Name of Corporation
or Limited Partnership

Address

Position

KIDENEY ARCHITECTS 143 GENESEE ST. BUFFALO N.Y. 14203 PRINCIPAL

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

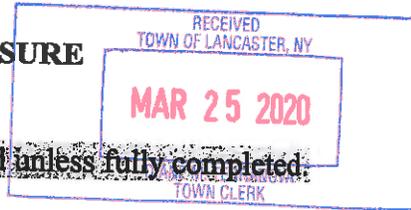
Signature of Reporting Individual

Arthur E. Galbi

Date

2/19/20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: KENNETH E. GRABER
Address: 4 FOX HUNT Rd, LAN. NY 14086
Phone Number: 716-868-2883

2. a. Title of Town Position: TOWN PROSECUTOR
b. Department, Agency, or other Governmental Agency or Entity:
DEPT. OF LAW

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.
145 289
Address & S.B.L. Number
Primary: 4 FOX HUNT Rd 93.11-2-46
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>NONE</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

NONE 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).*

Self - LAW PRACTICE
SPOUSE - NONE N/A

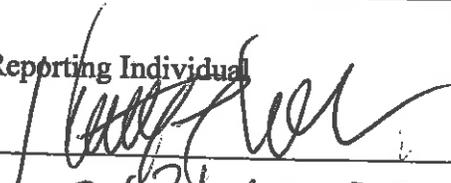
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

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).*

NONE N/A

Signature of Reporting Individual



Date

3/21/2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: STEVE HOFFMAN
Address: 100 Colony St Depew
Phone Number: 870-7614

2. a. Title of Town Position: LIDA MEMBER

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

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: 93-18-4-12

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

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

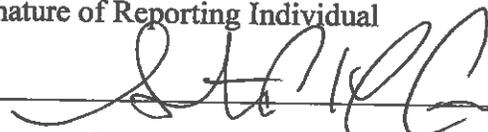
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

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).*

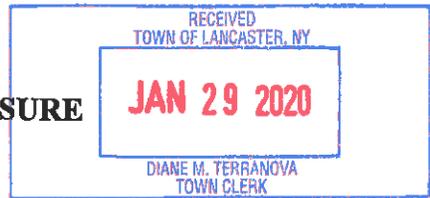
n/a

Signature of Reporting Individual



Date 2/11/2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Carly S. Douelle
Address: 633 Terrace Blvd, Apw, NY 14043
Phone Number: 716-440-4688

2. a. Title of Town Position: Library Trustee

b. Department, Agency, or other Governmental Agency or Entity:
Lancaster Public 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: 633 Terrace Blvd 104, 71-1-2

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

None

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

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).*

None

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).*

Not applicable

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

Am B. Howell

Date

1-26-2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: JEROME MIOLA
Address: 4 Peach Tree Ct LANC. 14086
Phone Number: 716-683-0812

2. a. Title of Town Position: ASSESSMENT REVIEW BOARD

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: 4 Peachtree Ct.

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).*

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

Jerome A. Dymally

Date

01/18/20

JAN 22 2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: Suzanne M. Jacobs
Address: 6008 Genesee St., Lancaster, NY 14086
Phone Number: 716-681-5494

2. a. Title of Town Position: Board Member

b. Department, Agency, or other Governmental Agency or Entity:
Lancaster Public Library
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: 6008 Genesee St., Lancaster, NY 14086 SBL 83.00-5-16

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

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

Suzanne M. Jacobs

Date 1-20-2020



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: WILLIAM J. KARN, JR.
Address: 125 PEPPERMINT ROAD LANCASTER, NY
Phone Number: (716) 697-3298

2. a. Title of Town Position: CHIEF OF POLICE

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

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 PEPPERMINT ROAD SBL 145289 95.00 - 4 - 45.2

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

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).*

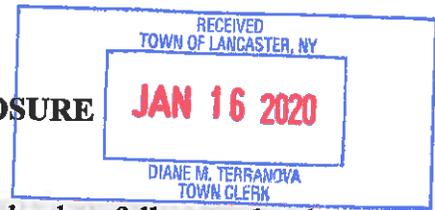
N/A

Signature of Reporting Individual

Walter J. K... D.

Date 11/15/2020

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



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

For Calendar Year 2020

1. Name: JOSEPH W. KEEFE.
 Address: 9 BLOOMFIELD AVE DEPEN, N.Y. 14043
 Phone Number: 684-3614.

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

b. Department, Agency, or other Governmental Agency or Entity:
TOWN OF LANCASTER PLANNING 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 residence:
 Primary: 9 BLOOMFIELD AVE DEPEN, N.Y. 14043 ✓
 Other: attached 'vacant' lot (marengo st.)
104.71-1-32. + 104.71-1-31.

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>ATTORNEY</u>	<u>PRIVATE PRACTICE</u>	<u>25 CENTRAL AVE</u>
	<u>SELF</u>	<u>LANCASTER NY.</u>
		<u>14046.</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

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).*

LAW PRACTICE - CANCHESTER, N.Y.
25 CENTRAL AVE.

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

[Handwritten Signature]

Date

1-15-20



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: Keith S Kerl
Address: 47 Brunck Rd
Phone Number: 716-381-7946

2. a. Title of Town Position: Youth Board Director Vice Chairman

b. Department, Agency, or other Governmental Agency or Entity:
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: 47 Brunck Rd
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).*

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).*

NO

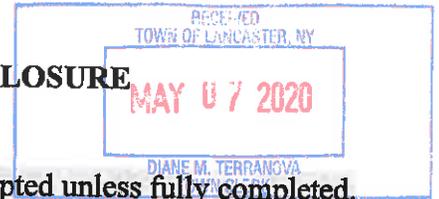
Signature of Reporting Individual

Keith A. Keel

Date

1/21/20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: STANLEY JAY KEYSA III
Address: 65 COURT STREET
Phone Number: (716) 685-3029

2. a. Title of Town Position: MEMBER OF TOWN PLANNING BOARD

b. Department, Agency, or other Governmental Agency or Entity:
TOWN OF LANCASTER PLANNING 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: 65 COURT STREET, S.B.L.: 104.76-2-14
Other: NONE

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>NONE / NOT APPLICABLE</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

NOT APPLICABLE

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).*

NOT APPLICABLE

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).*

NONE, NOT APPLICABLE

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).*

NOT APPLICABLE

Signature of Reporting Individual

Stanley S. Kuper III

Date

May 11, 2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

JAN 23 2020

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

For Calendar Year 2020

1. Name: Laurence F. Korzeniewski
Address: 7 Tanglewood Rd Lancaster
Phone Number: 716 683-8324

2. a. Title of Town Position: Planning Board 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: 93, 15-5-12

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

1/22/2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: ALAN KURTZMAN
Address: 6034 SAMANTHA LANE CLARENCE CENTER N.Y. 14032
Phone Number: 406-2081

2. a. Title of Town Position: I.D.A

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

LANCASTER I.D.A

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 CENTRAL AVE . 145263 104.82-1-7

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>
LANASTER NEW YORK STORE	16 CENTRAL AVE LANASTER	PRES
16 CENTRAL AVE CORP	16 CENTRAL AVE LANASTER	PRES

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).*

Janelle KURTZMAN Interiors 6034 SAMANTHA Lane CHARLIE CENTER NY 14032

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 _____

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Robert E. Leary
Address: 39 Sawgrass Lane Lancaster, NY 14086
Phone Number: 716-861-1453

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

b. Department, Agency, or other Governmental Agency or Entity:
Lancaster Town 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: 39 Sawgrass Lane Lancaster, NY 14086
Other: N/A No other real property in Lancaster

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>	<u>for self and spouse</u>	



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: Daniel W. Lipke
Address: 1d Saint Anthony Street, Lancaster NY
Phone Number: 716-860-5321 14086

2. a. Title of Town Position: Youth Board

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).

<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).*

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

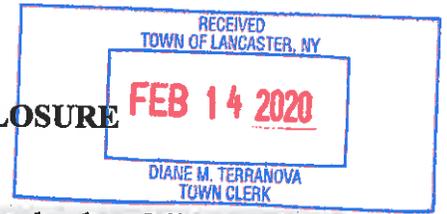
Signature of Reporting Individual

Daniel Ligke

Date

1/22/2020

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



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

For Calendar Year 2020

1. Name: Kevin Loftus
 Address: 3 Old Schoolhouse Lancaster
 Phone Number: 207-7493

2. a. Title of Town Position: Town Attorney

b. Department, Agency, or other Governmental Agency or Entity:
Department of Law - 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: 3 Old Schoolhouse Rd, Lancaster 116.03-1-41
 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>
Kevin - Partner	Chelus, Hordzik, Speyer + Monte P.C	438 Main St Buffalo NY
Mary - Kate (spouse) Sr. Vice President	M&T Bank	325 Main St Buffalo NY

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>
Kevin - Chelus, Hardzik, Spryer + Monte	438 Main St Buffalo	Partner
Spouse - M+T Bank	325 Main St Buffalo	Senior Vice President

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

K-S

Date

2/13/20



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: Cesar Marchioli
Address: 2 Primrose Ln. Williamsville, NY 14221
Phone Number: 716-207-6978

2. a. Title of Town Position: Lancaster Youth Bureau Board Member
b. Department, Agency, or other Governmental Agency or Entity:
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: 2 Primrose Lane Williamsville NY 14221 (Primary)
Other: 3905 Bowen Rd. #46 Lancaster NY 14086 (Rental)

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>		



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: Anthony J. Marzano
Address: 45 Hill Valley Dr, Lancaster
Phone Number: 685-4652

2. a. Title of Town Position: Youth Board

b. Department, Agency, or other Governmental Agency or Entity:
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: 45 Hill Valley Dr, 93.14-5-56

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

1-14-2020

TOWN OF

FEB 27 2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: DAVID MAZUR
 Address: 12 Red Clover Ln.
 Phone Number: 716-864-1072

2. a. Title of Town Position: TOWN Council

b. Department, Agency, or other Governmental Agency or Entity:
Town 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 Red Clover Lancaster, NY 14086 ^{SBL} 94.13-6-12
 Other: _____ Primary 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 (*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>		

RECEIVED
TOWN OF LANCASTER, NY
FEB 26 2020
DIANE M. TERRANOVA
TOWN CLERK

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

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

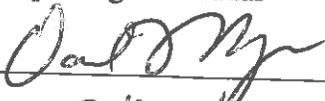
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

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).*

None

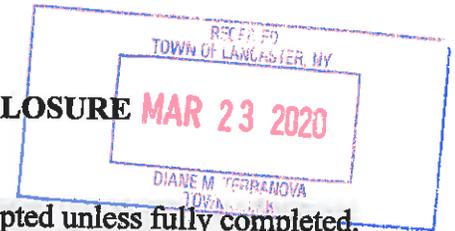
Signature of Reporting Individual



Date

2/27/2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Kristin McCracken
Address: 752 Hall Road Lancaster NY 14086
Phone Number: 716-807-4932

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

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: 128.00-3-17

Other: 128.00-3-18

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).*

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

Kristin J. McCracken

Date 3-18-20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Mark Melewski
Address: 9 Parliament Lane, Lancaster, NY 14086
Phone Number: (716) 228-8447

2. a. Title of Town Position: Chair, Lancaster DAPC
b. Department, Agency, or other Governmental Agency or Entity:
Lancaster Youth Bureau, Town of Lancaster, NY

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: SBL# 127.09-2-33
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).*

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).*

EECG Consulting, LLC, 5651 Main Street, Suite 8-133, Williamsville, NY 14221

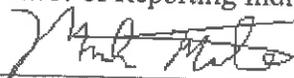
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

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).*

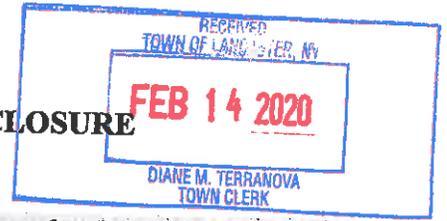
N/A

Signature of Reporting Individual



Date 4/29/2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: JOHN MIKOLEY
Address: 49 PARK BOULEVARD
Phone Number: 716-983-1233

2. a. Title of Town Position: MEMBER

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: 49 PARK BLVD, 115.26-2-11

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>Member</u>	<u>Gilded MAPLE, LLC</u>	<u>49 Park Blvd.</u>
<u>- APPLIES TO SELF AND SPOUSE.</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>
-------------------------------------------------------	----------------	-----------------

See # 4

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).*

Pyramid Broward Company - Real Estate
GILDED MAPLE, LLC - RETAIL

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



JOHN MIKOTEY

Date 2-10-20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020



1. Name:  Linda L. Miller
1 Nashua Ct
Lancaster NY 14086-3011
Address: 
Phone Number: 716-683-6853

2. a. Title of Town Position: DAPC member

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

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: 1 Nashua Ct. - Home

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).*

<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

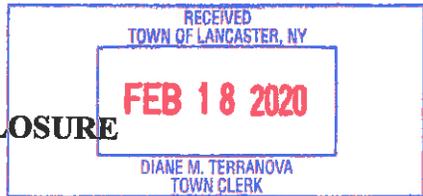
8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NA

Signature of Reporting Individual

Renda L. Miller

Date 4-25-20



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: JOYCE MOLINO
Address: 25 OLD School House
Phone Number: 683-7687

2. a. Title of Town Position: CHAIRPERSON

b. Department, Agency, or other Governmental Agency or Entity:
ASSESSMENT REVIEW 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: 116, 03-1-50

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, 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

Jay A. Hulman

Date 2/1/2020

FEB 13 2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: Jill Monacelli
Address: 440 Lake Ave Lancaster 14086
Phone Number: 716-598-0500

2. a. Title of Town Position: Member, zoning Board of Appeals

b. Department, Agency, or other Governmental Agency or Entity:
Town of Lancaster ZBA

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.I. listed on the form as a primary residence, a business property and/or rental property.

Address & S.B.L. Number

Primary: 440 Lake Ave. 115.20-2-13

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>None</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>
<i>none</i>	<i>n/a</i>	

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).*

none *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

Joe Monagelli

Date

1/30/20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: Ann Murphy
Address: 5137 Willowbrook W. Clarence 14031
Phone Number: 406.9164

2. a. Title of Town Position: DARC 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: _____

Other: _____

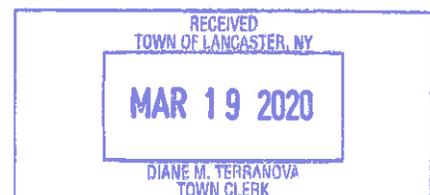
4. List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (*an owner/proprietor*) interest, giving your position and/or your spouse's position, if any, with the partnership 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

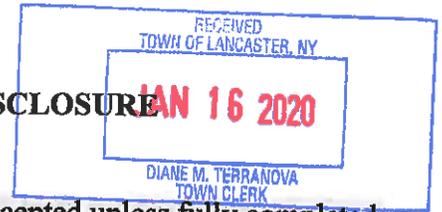
Signature of Reporting Individual

Ann Murphy

Date

3/1/2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: JESSE C. NIKONOWICZ SR.
Address: 138 GRANT ST. DEPEW N.Y. 14043
Phone Number: (716) 683-4133

2. a. Title of Town Position: MEMBER, INDUSTRIAL DEVEL. AGENCY.

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

L. I. D. A.

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: 104.23-1-18

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

Joseph C. Nekonowicz Jr.

Date

8-16-2020

JAN 23 2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: KENNETH L. O'BRIEN III
Address: 29 LAKESIDE CRES LAKE NY 14586
Phone Number: 716 681-8472

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

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

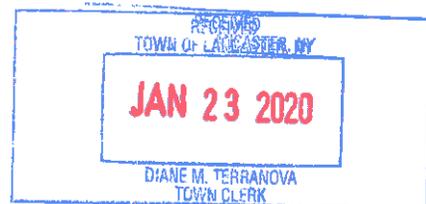
3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. *Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.*

Address & S.B.L. Number

Primary: 29 LAKESIDE CRES 115.35-3-17
Other: 13 PARKVIEW COURT 115.57-2-13

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).*

Name of Corporation
or Limited Partnership

Address

Position

N/A - RETIRED

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).*

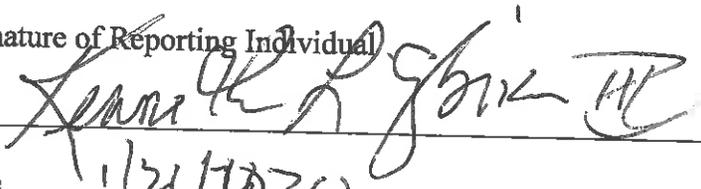
N/A

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).*

NA

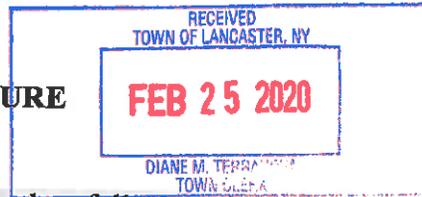
Signature of Reporting Individual



Date

11/21/2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Emily Orlando
Address: 48 Church Street, Lancaster, NY 14086
Phone Number: 716-341-7841

2. a. Title of Town Position: Deputy Town Attorney

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: 48 Church Street, 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

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

E. Clarno

Date 2/20/2020



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: John Parker
Address: 66 Bloomfield Ave, Depew NY
Phone Number: 684-3761

2. a. Title of Town Position: Youth Bar

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

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).*

Name of Corporation
or Limited Partnership

Address

Position

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).*

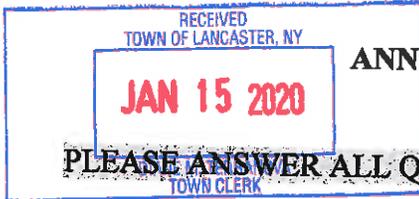
NA

Signature of Reporting Individual

John J. Parker

Date

1-23-2020



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: DANIEL G. PAVELIACK
Address: 2 PINETREE DR.
Phone Number: 716-683-4221

2. a. Title of Town Position: YOUTH BOARD DIRECTOR
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: SAME AS ABOVE

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

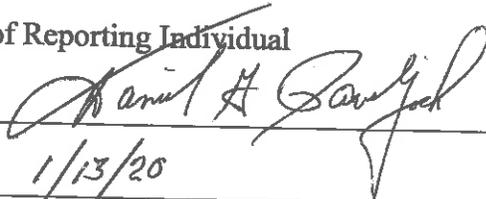
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

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

1/13/20

JAN 21 2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: LAWRENCE PINATARO
Address: 26 OLD POST DR.
Phone Number: (716) 868-9230

2. a. Title of Town Position: ZBA

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

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.*

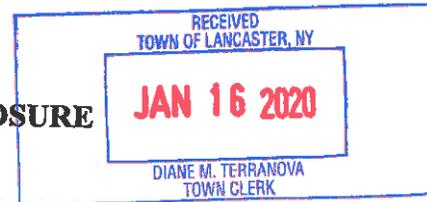
Address & S.B.L. Number

Primary: 26 OLD POST 115-19.4.14
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>
<u>N/A</u>		

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: RICHARD QUINN
Address: 10 WETHERBY WAY
Phone Number: 440 8258

2. a. Title of Town Position: MEMBER

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>

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

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

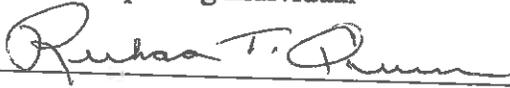
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. *If none, please state not applicable (NA).*

NA

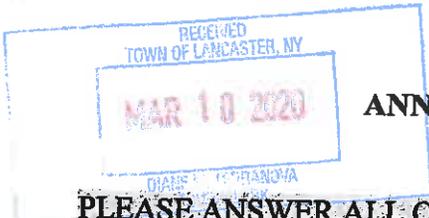
8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: *(If none, please state not applicable, NA).*

NA

Signature of Reporting Individual



Date 1-15-20



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

1. Name: Rev David F RICHARDS
Address: 129 Laverack Avenue - Lancaster, NY 14086
Phone Number: 572 9050

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

b. Department, Agency, or other Governmental Agency or Entity:
N/A

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).

<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).*

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

Rev. David Richards

Date

3/6/2020



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

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.

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

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).*

NA

Signature of Reporting Individual

Charles H. Roessler

Date 1-21-20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

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

2. a. Title of Town Position: TOWN SUPERVISOR

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.*

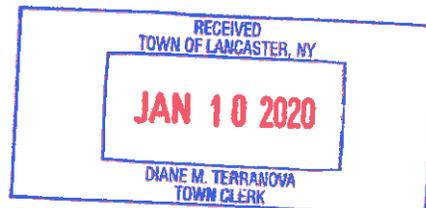
Address & S.B.L. Number

Primary: 150 PLEASANT VIEW DR. SBL # 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).*

<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>
-------------------------------------------------------	----------------	-----------------

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 1/10/20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Joe Santoro
Address: 14 James Pl
Phone Number: 716-683-9389

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 115.27-2-30
Other: James Pl 104.83-5-19
524 Wake Ave 126.08-2-7.11a

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

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

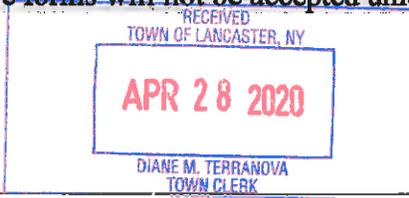
Signature of Reporting Individual

Jill K. Santoro

Date 5/1/2020

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

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



For Calendar Year 2020

1. Name: RICHARD SCHEID
Address: 8 BRIDLE PATH LN LANCASTER, NY 14066
Phone Number: 716-517-5200

2. a. Title of Town Position: YOUTH BUREAU BOARD OF DIRECTORS

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: 93.15-1-2
Other: Ø

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).*

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).*

Ø

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).*

Ø

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

Rev. Richard W. Schum

Date 4/28/20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Harbir Singh
Address: 18 Bonita Drive, Depew NY, 14043
Phone Number: 716-292-8503

2. a. Title of Town Position: Lancaster 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: _____

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).*

Name of Corporation
or Limited Partnership

Address

Position

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

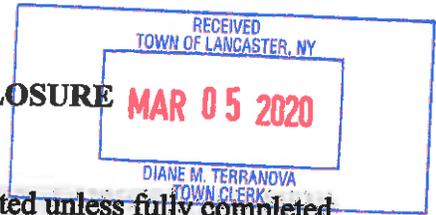
Signature of Reporting Individual



Date

01/19/2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Steve Smith
Address: 54 Tranquility Trail Lancaster
Phone Number: (716) 573-4762

2. a. Title of Town Position: Youth Board 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: 54 Tranquility Trail 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

None

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

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).*

None

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

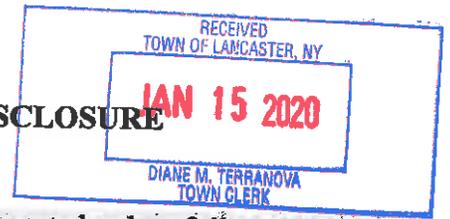
Signature of Reporting Individual



Date

3/1/2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Tyler Sojka
Address: 125 Court Street
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:

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: Primary Residence 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).*

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).*

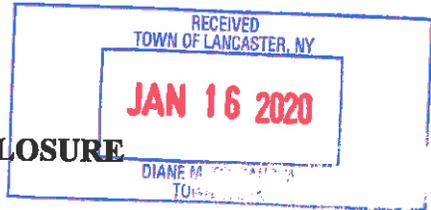
N/A

Signature of Reporting Individual



Date

1/13/2020



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

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

For Calendar Year 2020

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

2. a. Title of Town Position: Youth Board

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

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 NA
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).

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).*

Name of Corporation
or Limited Partnership

Address

Position

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).*

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

Rev. Paul W. Steeler

Date

1/14/20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

RECEIVED
APR 1 - 2020
TOWN OF LANCASTER ASSESSOR

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

For Calendar Year 2020

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



2. a. Title of Town Position: Ethics Board

b. Department, Agency, or other Governmental Agency or Entity:
N/A

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: 21 Sertz ave

Other: N/A

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).*

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 3/29/20

FEB 03 2020
DIANE M. TERRANOVA
TOWN CLERK

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

RECEIVED
TOWN OF LANCASTER, NY
FEB -3 2020
DIANE M. TERRANOVA
TOWN CLERK

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

For Calendar Year 2020

1. Name: Frank D. Swigonski
Address: 59 Fernwood Dr Lancaster
Phone Number: 716 864 1646

2. a. Title of Town Position: Board Member

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: ∅
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>∅</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>
	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).*

Ø

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).*

Ø

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

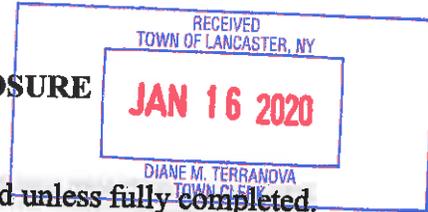
Signature of Reporting Individual

Frank R. Swigonsky

Date

1/29/20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Barbara 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:

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).

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

Barbara J. Jamel

Date 01/13/2020

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

For Calendar Year 2020

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

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



Date

2/14/20

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 2020

1. Name: Jennifer Uldrich
Address: 12 Sawgrass Lane, Lancaster 14086
Phone Number: 716-553-8424

2. a. Title of Town Position: Ethics Board

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: 12 Sawgrass Ln.
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).*

Rental Property in Kenmare, NY

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

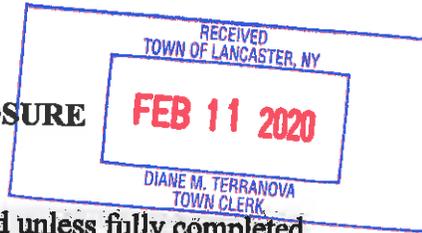
Signature of Reporting Individual



Date

1/31/2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: Deb Skok Watson
Address: 747 Erie St
Phone Number: 716-684-7073

2. a. Title of Town Position: Youth Board member
b. Department, Agency, or other Governmental Agency or Entity: none

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: 747 Erie
Other: none

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>none</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

= none = 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

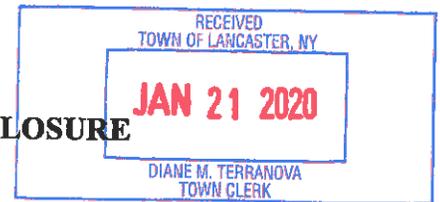
Signature of Reporting Individual

Deb Skokwatton

Date

2/4/2020

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER



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

For Calendar Year 2020

1. Name: JAN P. YARBOROUGH
Address: 329 OLMSTEAD AVE. DEPEW, NY 14043
Phone Number: 716-683-0873

2. a. Title of Town Position: LIBRARY BOARD TRUSTEE

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: 104: 32-1-10 329 OLMSTEAD AVE DEPEW, NY 14043

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).*

Name of Corporation
or Limited Partnership

Address

Position

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

Jan P. V. Harbrough

Date

1-17-20

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
TOWN OF LANCASTER

RECEIVED
TOWN OF LANCASTER, NY
JAN 16 2020
DIANE M. TERRANOVA
TOWN CLERK

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

For Calendar Year 2020

1. Name: PAUL J ZOLKOWSKI
Address: 16 CLOVERSIDE DR 14086
Phone Number: 716-685-3825

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

b. Department, Agency, or other Governmental Agency or Entity:
N/A

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: N/A

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).*

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

1-13-20