

# 2020 Annual Disclosure Form for the City of New Haven Employees, Officials & Members of Boards, Commissions and Task Forces

## Section I. Personal Information

First Name	Middle Name	Last Name
Street Address (Home)	City	Zip
Employer	Position Held	
Street Address (Business)	City	Zip
Home Phone	Business Phone	Cell Phone
Board, Commission or Task Force (if applicable)	Term Expires (if applicable)	
Email Address:		

## Section II. Interests Requiring Disclosure

Please provide the following information for the **calendar year 2020**. Some questions may request information about your *immediate family* or *household*. Immediate family means: your spouse or partner, your parent, sibling or child, your spouse's parent, sibling or child, the spouse or partner of said child, or other dependent relative who resides in your house. Household means: all individuals residing in a single housing unit, including related and unrelated people. If the answer to any question is none, please indicate **NONE** in the space provided. Please attach additional pages as needed.

### 1. Are you or any member of your immediate family or household employed by the City of New Haven?

Name	Relationship	Position Held	Term Expires (if applicable)

### 2. Do you have a financial or personal interest in any City of New Haven contract, including any contract entered into prior to your nomination, appointment, election or employment to your position?

Contract Name	Contract Amount	Expiration Date of Contract

### 3. Are you seeking or have you obtained employment with a person, company or corporation engaged in business with the City of New Haven?

Person, company or corporation	Position sought or gained

### 4. Have you or a member of your immediate family or household applied for a City of New Haven program or benefit over which you have actual or apparent control, influence or discretionary authority?

City program or benefit

**5. List any reimbursement of necessary expenses incurred that are due to an article, appearance, or speech, or for participation in any event in your official capacity. Please attach additional pages as needed.**

Expense Reimbursed	Date of Event	Amount of Reimbursement	Date Reimbursement Received

**6. Have you accepted an offer of employment, whether paid or unpaid, by the City of New Haven or by a program established by the board, commission or task force of which you are a part?**

Agency, business or institution

**7. Please list any non-municipal (including nonprofit) agency, or entity by which you are employed which is funded by monies authorized or provided by the City of New Haven.**

Agency, business or institution	Address	Position Held

**8. Please list any nonprofit or other organization of which you are a member of the governing board that is, has been, or is likely to be engaged in the application for federal or state funding or local funding authorized or administered by the City of New Haven.**

Agency, business or institution

**9. Please list any nonprofit or other organization of which you are a member of the governing board that is or will be lobbying for specific legislation before the City of New Haven or State of Connecticut legislation, which will result in the City receiving funding administered by the City board, commission or task force of which you are a member.**

Agency, business or institution

**10. Please list any nonprofit or other organization of which you are a member of the governing board where said organization is, has been or may become engaged in litigation against the City of New Haven.**

Agency, business or institution

**Section III. Oath**

**A. I understand that I am responsible for learning and complying with all laws regarding standard of conduct for public officials contained in the City’s Ethics Code and Ordinance found at Chapter 12 5/8 of the New Have Code of Ordinances available for review at <http://www.cityofnewhaven.com/HumanResources/index.asp> or at the Dept of Human Resources Office at 200 Orange St Room 102, New Haven, CT.**

**Please initial that you will comply with this section** \_\_\_\_\_

**B. I understand that as a public employee or official I am held to a high standard of ethical behavior. I will avoid both actual improprieties and the appearance of improprieties. I understand that the disclosures requested in this form are related to all of my interests, not just those relating to the City department, board, commission, or task force with which I am affiliated. I understand that I am responsible for updating the information on this form immediately upon any change in circumstance. I further understand that this form constitutes public information and will be disclosed upon request. If I am considering outside employment or financial arrangements with a business or person who transacts business or has financial dealings with the City of New Haven, I will consult with Senior Corporation Counsel at 203-946-7969 regarding any actual or potential ethical issues before taking any action.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date