

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
CITY OF ITHACA, NEW YORK**



For Year : 2013

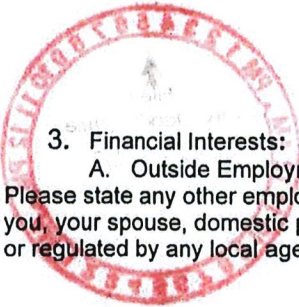
Directions: This form must be completed in its entirety and submitted to the City Clerk by **February 1st** of each year, regardless of whether there have been any changes in your financial information. Do not leave any spaces blank. Please indicate with a "N/A" only if the section is not applicable to you. If you require more space to provide information, please attach additional sheets as necessary. Please consult with the City Attorney if you have any questions regarding the completion of this form.

1. Please provide your name, address and position with the City of Ithaca.

<u>Myrick</u>	<u>Swante</u>	
Last Name	First Name	Middle Initial
<u>Mayor</u>		<u>Mayor</u>
<u>[REDACTED]</u>	<u>Ithaca, NY</u>	City Department
Residential Address		
<u>274-6501</u>	<u>mayor@cityofithaca.org</u>	
Daytime Telephone	E-Mail Address	

2. Please provide the name of your spouse, domestic partner, adult dependents, or adult H/M. When used in this statement, "H/M" shall mean other household members who reside with you and who intend to reside with you for the foreseeable future, and to whom you are committed to mutual care and support. When used in this statement, Domestic Partner shall mean a person defined as a domestic partner pursuant to Chapter 215, Article IV, of the City of Ithaca Municipal Code.

Spouse/Partner Last Name	First Name	Middle Initial
_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____



3. Financial Interests:

A. Outside Employment:

Please state any other employment, occupation, trade, business, office or business title or profession held by you, your spouse, domestic partner, adult dependents, or H/M. Please indicate whether such activity is licensed or regulated by any local agency.

<u>You</u> <small>(Check which applies)</small>	<u>Spouse/Partner</u>	<u>H/M</u>	<u>Occupation</u>	<u>Name of Business/ Activity</u>	<u>Regulated by local agency</u>		<u>If yes, nature of regulation</u>
					<u>Yes</u>	<u>No</u>	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

B. Leave of Absence:

Are you on leave, paid or unpaid, from any business or organization?

Yes _____

No _____

If yes, please identify the business or organization: _____

C. Associations and Organizations:

Please list any position that you hold in any proprietary or not-for-profit association, organization, or political party as an officer, decision or policy maker, whether you received monetary compensation or not. This includes honorary positions, self-appointed positions, and positions held by virtue of your municipal position. This excludes general membership and liaison roles where you have no decision or policy-making authority.

<u>Organization</u>	<u>Position Held</u>	<u>Date(s) Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Real Estate:

List the location of all real estate in or within five (5) miles of Tompkins County that is owned in whole or in part by you, your spouse, domestic partner, adult dependents, or H/M.

Property Address _____	Owned by _____
Property Address _____	Owned by _____

E. Business Connections:

Please indicate if you, your spouse, domestic partner, adult dependents, or H/M, are involved in any profit-making or non-profit enterprise not previously disclosed, which has a business connection, including contracts, with the City of Ithaca:

(Please describe the principal activities and nature of the connection or contract with the city.)

F. DBA (Doing Business As)

Do you or anyone in your household have a current DBA, or ownership in a corporation that has a DBA in Tompkins County?

Yes

No

If yes, please provide the DBA name(s) _____
and the owner: _____

G. Investments and other assets:

You may exclude Mutual Funds and Blind Trusts from this section.

Please itemize and describe all investments (e.g. capital stock, bonds, IRA, trusts, etc.), which you, your spouse, domestic partner, adult dependents, or H/M hold in any business, corporation, or partnership as a majority owner or a significant interest (5% or more).

H. Loans:

List any outstanding loans payable or receivable over \$1,000 involving people who live, work or own property in Tompkins county, excluding established financial institutions and family members.

Amount of Loan	Purpose of Loan	Lender or Recipient

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
CITY OF ITHACA, NEW YORK**



For Year : 2014

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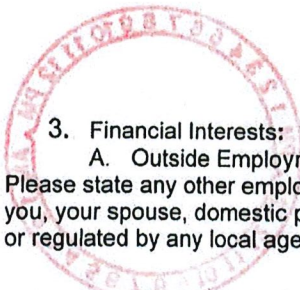
<u>Myrick</u>	<u>Svante</u>	<u>L</u>
Last Name	First Name	Middle Initial
<u>Mayor</u>		<u>Mayor</u>
City Title		City Department

[Redacted Residential Address]

<u>274-6501</u>	<u>mayor@cityofithaca.org</u>
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Last Name	First Name	Middle Initial
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3. Financial Interests:

A. Outside Employment:

Please state any other employment, occupation, trade, business, office or business title or profession held by you, your spouse, domestic partner, adult dependents, or H/M. Please indicate whether such activity is licensed or regulated by any local agency.

You (Check which applies)	Spouse/Partner	H/M	Occupation	Name of Business/ Activity	Regulated by local agency		If yes, nature of regulation
					Yes	No	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

B. Leave of Absence:

Are you on leave, paid or unpaid, from any business or organization?

Yes _____

No _____

If yes, please identify the business or organization: _____

C. Associations and Organizations:

Please list any position that you hold in any proprietary or not-for-profit association, organization, or political party as an officer, decision or policy maker, whether you received monetary compensation or not. This includes honorary positions, self-appointed positions, and positions held by virtue of your municipal position. This excludes general membership and liaison roles where you have no decision or policy-making authority.

<u>NYCOM</u>	<u>Exec Committee</u>	<u>1/14 - 12/14</u>
Organization	Position Held	Date(s) Held
<u>TCIDA</u>	<u>Secretary</u>	<u>1/13 - 12/15</u>
Organization	Position Held	Date(s) Held
<u>TCAD</u>	<u>Board Member</u>	<u>1/12 -</u>
Organization	Position Held	Date(s) Held
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D. Real Estate:

List the location of all real estate in or within five (5) miles of Tompkins County that is owned in whole or in part by you, your spouse, domestic partner, adult dependents, or H/M.

Property Address _____

Owned by _____

Property Address _____

Owned by _____

E. Business Connections:

Please indicate if you, your spouse, domestic partner, adult dependents, or H/M, are involved in any profit-making or non-profit enterprise not previously disclosed, which has a business connection, including contracts, with the City of Ithaca:

(Please describe the principal activities and nature of the connection or contract with the city.)

F. DBA (Doing Business As)

Do you or anyone in your household have a current DBA, or ownership in a corporation that has a DBA in Tompkins County?

Yes

No

If yes, please provide the DBA name(s) _____
and the owner: _____

G. Investments and other assets:

You may exclude Mutual Funds and Blind Trusts from this section.

Please itemize and describe all investments (e.g. capital stock, bonds, IRA, trusts, etc.), which you, your spouse, domestic partner, adult dependents, or H/M hold in any business, corporation, or partnership as a majority owner or a significant interest (5% or more).

H. Loans:

List any outstanding loans payable or receivable over \$1,000 involving people who live, work or own property in Tompkins county, excluding established financial institutions and family members.

Amount of Loan	Purpose of Loan	Lender or Recipient

I. Gifts:

List any personal gifts and who gave them received by you, your spouse, domestic partner, adult dependents, or H/M during the last 3 years from people who live, work or own property in Tompkins County, of a value greater than \$1,000, other than from a relative:

Gift	Received from
Gift	Received from

4. Other Information:

A. To the best of your knowledge are you or anyone in your household involved in any organization or activity or holding any asset, excluding those listed above, that could be a conflict of interest in performing the duties of your city position?

Yes

No

If yes, please explain: _____

B. Do you have any holdings, assets, or property held under any other name?

Yes

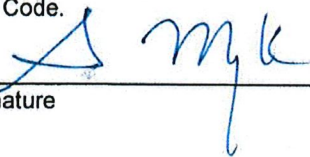
No

Please explain: _____

5. Certification:

I certify that the responses herein are true and I understand that any willful misstatement constitutes a violation of the City of Ithaca Municipal Code and subjects me to penalties provided in Section 55.12 of the City Code.

Signature



Date

1/26/14

05/04

3. Financial Interests:

A. Outside Employment:

Please state any other employment, occupation, trade, business, office or business title or profession held by you, your spouse, domestic partner, adult dependents, or H/M. Please indicate whether such activity is licensed or regulated by any local agency.

You (Check which applies)	Spouse/Partner	H/M	Occupation	Name of Business/ Activity	Regulated by local agency		If yes, nature of regulation
					Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellow	Hobart + William Smith	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

B. Leave of Absence:

Are you on leave, paid or unpaid, from any business or organization?

Yes

No

If yes, please identify the business or organization: _____

C. Associations and Organizations:

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Organization	Position Held	Date(s) Held
Organization	Position Held	Date(s) Held
Organization	Position Held	Date(s) Held
Organization	Position Held	Date(s) Held
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Property Address	Owned by

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No _____

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Gift	Received from
Gift	Received from

4. Other Information:

A. To the best of your knowledge are you or anyone in your household involved in any organization or activity or holding any asset, excluding those listed above, that could be a conflict of interest in performing the duties of your city position?

Yes _____ No X _____

If yes, please explain: _____

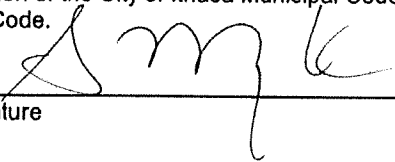
B. Do you have any holdings, assets, or property held under any other name?

Yes _____ No X _____

Please explain: _____

5. Certification:

I certify that the responses herein are true and I understand that any willful misstatement constitutes a violation of the City of Ithaca Municipal Code and subjects me to penalties provided in Section 55.12 of the City Code.


Signature

1/6/2014
Date

05/04

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
CITY OF ITHACA, NEW YORK



For Year: 2017

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1. Please provide your name, address and position with the City of Ithaca.

<u>Myrick</u>	<u>Swante</u>	
Last Name	First Name	Middle Initial
<u>Mayor</u>		<u>Mayor</u>
City Title		City Department
<u>[Redacted]</u>		
Residential Address		
<u>[Redacted]</u>		
Daytime Telephone		
		<u>mayor@cityofithaca.org</u>
		E-Mail Address

2. Please provide the name of your spouse, domestic partner, adult dependents, or adult H/M. When used in this statement, "H/M" shall mean other household members who reside with you and who intend to reside with you for the foreseeable future, and to whom you are committed to mutual care and support. When used in this statement, Domestic Partner shall mean a person defined as a domestic partner pursuant to Chapter 215, Article IV, of the City of Ithaca Municipal Code.

_____	_____	_____
Spouse/Partner Last Name	First Name	Middle Initial
_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Last Name	First Name	Middle Initial



3. Financial Interests:

A. Outside Employment:

Please state any other employment, occupation, trade, business, office or business title or profession held by you, your spouse, domestic partner, adult dependents, or H/M. Please indicate whether such activity is licensed or regulated by any local agency.

You (Check which applies)	Spouse/Partner	H/M	Occupation	Name of Business/ Activity	Regulated by local agency		If yes, nature of regulation
					Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Director	People For the American	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellow	Hubert College	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

B. Leave of Absence:

Are you on leave, paid or unpaid, from any business or organization?

Yes

No

If yes, please identify the business or organization: _____

C. Associations and Organizations:

Please list any position that you hold in any proprietary or not-for-profit association, organization, or political party as an officer, decision or policy maker, whether you received monetary compensation or not. This includes honorary positions, self-appointed positions, and positions held by virtue of your municipal position. This excludes general membership and liaison roles where you have no decision or policy-making authority.

Organization	Position Held	Date(s) Held

D. Real Estate:

List the location of all real estate in or within five (5) miles of Tompkins County that is owned in whole or in part by you, your spouse, domestic partner, adult dependents, or H/M.

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E. Business Connections:

Please indicate if you, your spouse, domestic partner, adult dependents, or H/M, are involved in any profit-making or non-profit enterprise not previously disclosed, which has a business connection, including contracts, with the City of Ithaca:

(Please describe the principal activities and nature of the connection or contract with the city.)

F. DBA (Doing Business As)

Do you or anyone in your household have a current DBA, or ownership in a corporation that has a DBA in Tompkins County?

Yes

No

If yes, please provide the DBA name(s) _____
and the owner: _____

G. Investments and other assets:

You may exclude Mutual Funds and Blind Trusts from this section.

Please itemize and describe all investments (e.g. capital stock, bonds, IRA, trusts, etc.), which you, your spouse, domestic partner, adult dependents, or H/M hold in any business, corporation, or partnership as a majority owner or a significant interest (5% or more).

H. Loans:

List any outstanding loans payable or receivable over \$1,000 involving people who live, work or own property in Tompkins county, excluding established financial institutions and family members.

Amount of Loan	Purpose of Loan	Lender or Recipient

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Gift	Received from
Gift	Received from

4. Other Information:

A. To the best of your knowledge are you or anyone in your household involved in any organization or activity or holding any asset, excluding those listed above, that could be a conflict of interest in performing the duties of your city position?

Yes _____ No _____

If yes, please explain: _____

B. Do you have any holdings, assets, or property held under any other name?

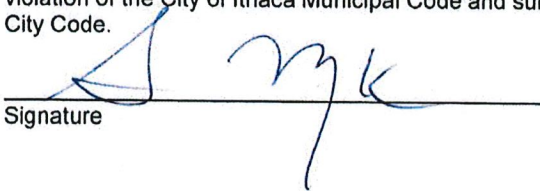
Yes _____ No _____

Please explain: _____

5. Certification:

I certify that the responses herein are true and I understand that any willful misstatement constitutes a violation of the City of Ithaca Municipal Code and subjects me to penalties provided in Section 55.12 of the City Code.

Signature



Date

1/25/2017

05/04

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
CITY OF ITHACA, NEW YORK



For Year: 2018

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<u>Myrick</u>	<u>Swank</u>	
Last Name	First Name	Middle Initial
<u>Mayor</u>		<u>Mayor</u>
City Title		City Department
<u>[REDACTED]</u>		
Residential Address		
<u>[REDACTED]</u>		
Daytime Telephone		<u>mayor@cityofithaca.org</u>
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_____	_____	_____
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_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
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3. Financial Interests:

A. Outside Employment:

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You (Check which applies)	Spouse/Partner	H/M	Occupation	Name of Business/ Activity	Regulated by local agency		If yes, nature of regulation
					Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Director	People for the American Way	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

B. Leave of Absence:

Are you on leave, paid or unpaid, from any business or organization?

Yes

No

If yes, please identify the business or organization: _____

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NYC conference of Mayors	Executive Board	2013 - present
Children & Water Network	Board	2017 - present
Organization	Position Held	Date(s) Held
Organization	Position Held	Date(s) Held
Organization	Position Held	Date(s) Held

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If yes, please explain: _____

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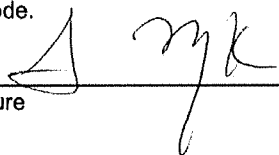
No

Please explain: _____

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Signature



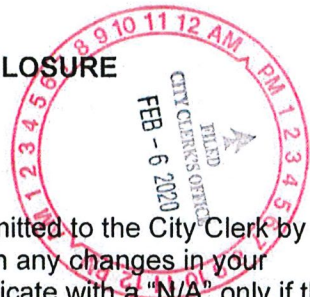
Date

2/11/2018

05/04

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
CITY OF ITHACA, NEW YORK**

For Year: 2020



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1. Please provide your name, address and position with the City of Ithaca.

Last Name <u>Myrick</u>	First Name <u>Svante</u>	Middle Initial <u>L</u>
-------------------------	--------------------------	-------------------------

Residential Address Number	Street	City	State	Zip Code
[REDACTED]	[REDACTED]	<u>Ithaca</u>	<u>NY</u>	<u>14850</u>

Telephone	E-Mail Address
[REDACTED]	[REDACTED]

City Title <u>Mayor</u>	Department <u>Mayor</u>
-------------------------	-------------------------

2. Please provide the name of your spouse, domestic partner, adult dependents, or adult H/M. When used in this statement, "H/M" shall mean other household members who reside with you and who intend to reside with you for the foreseeable future, and to whom you are committed to mutual care and support. When used in this statement, Domestic Partner shall mean a person defined as a domestic partner pursuant to Chapter 215, Article IV, of the City of Ithaca Municipal Code.

Spouse/Partner	Last Name	First Name	Middle Initial
Household Member			
Household Member			
Household Member			
Household Member			

3. **Financial Interests:**

A. **Outside Employment:**

Please state any other employment, occupation, trade, business, office or business title or profession held by you, your spouse, domestic partner, adult dependents, or H/M. Please indicate whether such activity is licensed or regulated by any local agency.

Occupation	Name of Business/Activity	Regulated By	If yes, nature of
Director	Young Blacked Officers	none	

B. **Leave of Absence:**

Are you on leave, paid or unpaid, from any business or organization?

Yes: _____ No:

If yes, please identify the business or organization:

C. **Associations and Organizations:**

Please list any position that you hold in any proprietary or not-for-profit association, organization, or political party as an officer, decision or policy maker, whether you received monetary compensation or not. This includes honorary positions, self-appointed positions, and positions held by virtue of your municipal position. This excludes general membership and liaison roles where you have no decision or policy-making authority.

Organization	Position Held	Date(s) Held
NY Conference of Mayors	Executive Board	2014 - now
NY State Dem Party	Executive Board	2016 - now

D. Real Estate:

List the location of all real estate in or within five (5) miles of Tompkins County that is owned in whole or in part by you, your spouse, domestic partner, adult dependents, or H/M.

Property Address	Owned By

E. Business Connections:

Please indicate if you, your spouse, domestic partner, adult dependents, or H/M, are involved in any profit-making or non-profit enterprise not previously disclosed, which has a business connection, including contracts, with the City of Ithaca:

(Please describe the principal activities and nature of the connection or contract with the city.)

Principle Activities	Nature of Connection with the City

F. DBA (Doing Business As):

Do you or anyone in your household have a current DBA, or ownership in a corporation that has a DBA in Tompkins County?

Yes: _____ No: _____

DBA Name(s)	Owner

G. Investments and other assets:

You may exclude Mutual Funds and Blind Trusts from this section. Please itemize and describe all investments (e.g. capital stock, bonds, IRA, trusts, etc.), which you, your spouse, domestic partner, adult dependents, or H/M hold in any business, corporation, or partnership as a majority owner or a significant interest (5% or more).

Investment (Please specify as noted above)	Owned By Whom

**ANNUAL STATEMENT OF FINANCIAL DISCLOSURE
CITY OF ITHACA, NEW YORK**

For Year: 2021



Directions: This form must be completed in its entirety and submitted to the City Clerk by **February 1st** of each year, regardless of whether there have been any changes in your financial information. Do not leave any spaces blank. Please indicate with a "N/A" only if the section is not applicable to you. If you require more space to provide information, please attach additional sheets as necessary. Please consult with the City Attorney if you have any questions regarding the completion of this form.

1. Please provide your name, address and position with the City of Ithaca.

Last Name	First Name	Middle Initial
Myrick	Svante	L

Residential Address Number	Street	City	State	Zip Code
	Green Street	Ithaca	NY	14850

Telephone	E-Mail Address
[REDACTED]	mayor@cityofithaca.org

City Title	Department
Mayor	Mayor

2. Please provide the name of your spouse, domestic partner, adult dependents, or adult H/M. When used in this statement, "H/M" shall mean other household members who reside with you and who intend to reside with you for the foreseeable future, and to whom you are committed to mutual care and support. When used in this statement, Domestic Partner shall mean a person defined as a domestic partner pursuant to Chapter 215, Article IV, of the City of Ithaca Municipal Code.

Spouse/Partner	Last Name	First Name	Middle Initial
Household Member			
Household Member			
Household Member			
Household Member			

3. Financial Interests:

A. Outside Employment:

Please state any other employment, occupation, trade, business, office or business title or profession held by you, your spouse, domestic partner, adult dependents, or H/M. Please indicate whether such activity is licensed or regulated by any local agency.

Occupation	Name of Business/Activity	Regulated By	If yes, nature of
Director	People for the American Way	No	

B. Leave of Absence:

Are you on leave, paid or unpaid, from any business or organization?

Yes: _____ No: _____

If yes, please identify the business or organization:

C. Associations and Organizations:

Please list any position that you hold in any proprietary or not-for-profit association, organization, or political party as an officer, decision or policy maker, whether you received monetary compensation or not. This includes honorary positions, self-appointed positions, and positions held by virtue of your municipal position. This excludes general membership and liaison roles where you have no decision or policy-making authority.

Organization	Position Held	Date(s) Held
NY Conference of Mayors	2nd Vice President	11/20 -

D. Real Estate:

List the location of all real estate in or within five (5) miles of Tompkins County that is owned in whole or in part by you, your spouse, domestic partner, adult dependents, or H/M.

Property Address	Owned By

E. Business Connections:

Please indicate if you, your spouse, domestic partner, adult dependents, or H/M, are involved in any profit-making or non-profit enterprise not previously disclosed, which has a business connection, including contracts, with the City of Ithaca:

(Please describe the principal activities and nature of the connection or contract with the city.)

Principle Activities	Nature of Connection with the City

F. DBA (Doing Business As):

Do you or anyone in your household have a current DBA, or ownership in a corporation that has a DBA in Tompkins County?

Yes: _____ No: _____

DBA Name(s)	Owner

G. Investments and other assets:

You may exclude Mutual Funds and Blind Trusts from this section. Please itemize and describe all investments (e.g. capital stock, bonds, IRA, trusts, etc.), which you, your spouse, domestic partner, adult dependents, or H/M hold in any business, corporation, or partnership as a majority owner or a significant interest (5% or more).

Investment (Please specify as noted above)	Owned By Whom

H. Loans:

List any outstanding loans payable or receivable over \$1,000 involving people who live, work or own property in Tompkins county, excluding established financial institutions and family members.

Amount of Loan	Purpose of Loan	Lender or Recipient

I. Gifts:

List any personal gifts and who gave them received by you, your spouse, domestic partner, adult dependents, or H/M during the last 3 years from people who live, work or own property in Tompkins County, of a value greater than \$1,000, other than from a relative:

Gift Given To	Received from

4. Other Information:

A. To the best of your knowledge are you or anyone in your household involved in any organization or activity or holding any asset, excluding those listed above, that could be a conflict of interest in performing the duties of your city position?

Yes: _____ No: _____

If yes, please explain:

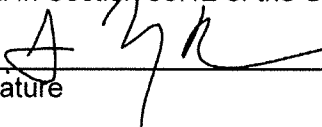
B. Do you have any holdings, assets, or property held under any other name?

Yes: _____ No: _____

Please explain:

5. Certification:

I certify that the responses herein are true and I understand that any willful misstatement constitutes a violation of the City of Ithaca Municipal Code and subjects me to penalties provided in Section 55.12 of the City Code.



Signature

2/24/21

Date

05/04
01/19