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

For Year: 2017

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

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.

Middle Initial

/ May 61		10/0/
City Title		City Department
Residential Address		
		E-Mail Address
Daytime Telephone		E-Mail Address
H/M. When used in this stater who intend to reside with you f	nent, "H/M" shall mean othe or the foreseeable future, a	c partner, adult dependents, or adult r household members who reside with you an nd to whom you are committed to mutual care hall mean a person defined as a domestic par
pursuant to Chapter 215, Artic	e IV, of the City of Ithaca M	unicipal Code.  Middle Initial
pursuant to Chapter 215, Artic	le IV, of the City of Ithaca M	unicipal Code.
pursuant to Chapter 215, Artic Spouse/Partner Last Name Last Name	le IV, of the City of Ithaca M First Name	unicipal Code.  Middle Initial
pursuant to Chapter 215, Artic Spouse/Partner Last Name Last Name Last Name Last Name	le IV, of the City of Ithaca M First Name First Name	Middle Initial  Middle Initial

and

You Spouse/Partne (Check which applies)	er H/M Occupation	Name of Business/ Activity	Regulated by local agency Yes No	If yes, nature of regulation
<u> </u>	Pirector	Propto For the Alestor		
<u>v</u>	Felber	to but clique		
				-
		<del></del> )		-
B. Leave of Abse Are you on leave, paid or t	7000	siness or organization?		
Yes	No			
party as an officer, decisio	n or policy maker, w	hether you received mo	netary compensa	anization, or political tion or not. This
party as an officer, decision ncludes honorary position This excludes general mer	n or policy maker, w s, self-appointed po mbership and liaison	hether you received mo sitions, and positions he	onetary compensa eld by virtue of you no decision or pol	tion or not. This
party as an officer, decision ncludes honorary position This excludes general mer Drganization	n or policy maker, w s, self-appointed po mbership and liaison Positi	hether you received mo sitions, and positions he roles where you have on Held	onetary compensa eld by virtue of you no decision or pol Date(	tion or not. This ur municipal position. icy-making authority.
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party as an officer, decision ncludes honorary position This excludes general mer Drganization	n or policy maker, w s, self-appointed po mbership and liaison Positi	hether you received mo sitions, and positions he roles where you have on Held	onetary compensa eld by virtue of you no decision or pol Date(	tion or not. This ur municipal position. icy-making authority.
party as an officer, decision includes honorary position. This excludes general merographical organization.  Organization  Organization  Organization	n or policy maker, w s, self-appointed pos mbership and liaison Positi Positi	hether you received mo sitions, and positions he roles where you have on Held	pnetary compensa eld by virtue of you no decision or pol Date( Date(	tion or not. This ur municipal position. icy-making authority.
party as an officer, decision includes honorary position. This excludes general mere organization.  Organization  Organization  Organization  D. Real Estate:  List the location of all real of the control of the contr	n or policy maker, we sold so self-appointed position pos	hether you received mositions, and positions he roles where you have on Held  on Held  on Held  on Held  on Held	Date(  Date(	tion or not. This or municipal position. icy-making authority.  s) Held  s) Held  s) Held  s) Held
party as an officer, decision includes honorary position. This excludes general mere organization.  Organization  Organization  Organization	n or policy maker, we sold so self-appointed position pos	hether you received mositions, and positions he roles where you have on Held  on Held  on Held  on Held  on Held	Date(  Date(	tion or not. This or municipal position. icy-making authority.  s) Held  s) Held  s) Held  s) Held

3. Financial Interests:

making or non-profit ento with the City of Ithaca:	erprise not previously disclosed, whic	ependents, or H/M, are involved in any profit- h has a business connection, including contrac
Please describe the prin	ncipal activities and nature of the con	nection or contract with the city.)
F. DBA (Doing l Do you or anyone in you Tompkins County?		ownership in a corporation that has a DBA in
Yes	No	
f yes, please provide the and the owner:	e DBA name(s)	
	and other assets:  I Funds and Blind Trusts from this se	
Please itemize and desc spouse, domestic partne	ribe all investments (e.g. capital stoc	k, bonds, IRA, trusts, etc.), which you, your ny business, corporation, or partnership as a
H. Loans: List any outstanding loar Fompkins county, exclud	ns payable or receivable over \$1,000 ding established financial institutions	involving people who live, work or own property
Amount of Loan	Purpose of Loan	Lender or Recipient
Amount of Loan	Purpose of Loan	Lender or Posiciont

Gift	Received from
Gift	Received from
4. Other Info A. To the best of your or holding any asset your city position?	mation: r knowledge are you or anyone in your household involved in any organization or activity excluding those listed above, that could be a conflict of interest in performing the duties
Yes	No No
If yes, please expla	
If yes, please expla	
If yes, please expla	
	oldings, assets, or property held under any other name?
3. Do you have any	oldings, assets, or property held under any other name?
3. Do you have any	oldings, assets, or property held under any other name?
3. Do you have any Yes	oldings, assets, or property held under any other name?
3. Do you have any Yes	oldings, assets, or property held under any other name?
3. Do you have any Yes Please explain:  5. Certification: I certify that the	oldings, assets, or property held under any other name?

05/04



# ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FEB 6 2018 CITY OF ITHACA, NEW YORK

For Year: 2018

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

**Directions:** This form must be completed in its entirety and submitted to the City Clerk by **February 1**<sup>st</sup> 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.

Last Name	First Name	Middle Initial
Mayor		Mayor
City Title	1	City Department
Residential Address		mayor@cityof:th
Daytime Telephone		E-Mail Address
support. When used in this state	ement, Domestic Partner s	er household members who reside with you are not to whom you are committed to mutual care hall mean a person defined as a domestic parunicipal Code.
support. When used in this state pursuant to Chapter 215, Article	ement, Domestic Partner s	nd to whom you are committed to mutual care hall mean a person defined as a domestic par
support. When used in this state pursuant to Chapter 215, Article Spouse/Partner Last Name	ement, Domestic Partner s e IV, of the City of Ithaca M	nd to whom you are committed to mutual care hall mean a person defined as a domestic par unicipal Code.
support. When used in this state pursuant to Chapter 215, Article Spouse/Partner Last Name Last Name	ement, Domestic Partner s e IV, of the City of Ithaca M First Name	nd to whom you are committed to mutual care hall mean a person defined as a domestic par unicipal Code.  Middle Initial
	ement, Domestic Partner s e IV, of the City of Ithaca M First Name First Name	nd to whom you are committed to mutual care hall mean a person defined as a domestic partunicipal Code.  Middle Initial  Middle Initial

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. Regulated by If yes, nature of Name of Business/ local agency regulation You Spouse/Partner H/M Occupation Activity (Check which applies) B. Leave of Absence: Are you on leave, paid or unpaid, from any business or organization? Yes 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. Position Held Date(s) Held Position Held Organization Date(s) Held Organization Position 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. Owned by **Property Address** 

Owned by

3. Financial Interests:

Property Address

Please describe the pri	ncipal activities and nature of the con	nection or contract with the city.)
F. DBA (Doing	Business As)	ownership in a corporation that has a DBA in
Fompkins County?		
Yes	No	
If yes, please provide the and the owner:	e DBA name(s)	
G. Investments	and other assets:	
You may exclude Mutua	al Funds and Blind Trusts from this se	ction.
spouse, domestic partne	cribe all investments (e.g. capital stoc er, adult dependents, or H/M hold in a ificant interest (5% or more).	k, bonds, IRA, trusts, etc.), which you, your iny business, corporation, or partnership as a
H. Loans: List any outstanding loa Tompkins county, exclu		involving people who live, work or own prope
	Purpose of Loan	Lender or Recipient
Amount of Loan	Purpose of Loan	Lender of Necipient

4 ...

Gift	Received from
Gift	Received from
4. Other Information: A. To the best of your knowledge are or holding any asset, excluding those your city position?	you or anyone in your household involved in any organization or activity listed above, that could be a conflict of interest in performing the duties o
Yes No	<u></u>
Test of the Control of the Control	
If yes, please explain:	
ir yes, piease explain:	
	or property held under any other name?
B. Do you have any holdings, assets	or property held under any other name?
B. Do you have any holdings, assets  Yes No	or property held under any other name?
B. Do you have any holdings, assets	or property held under any other name?
B. Do you have any holdings, assets  Yes No	or property held under any other name?
B. Do you have any holdings, assets  Yes No	or property held under any other name?
3. Do you have any holdings, assets  Yes No  Please explain:  5. Certification: I certify that the responses herein violation of the City of Ithaca Mun	or property held under any other name?  are true and I understand that any willful misstatement constitutes a licipal Code and subjects me to penalties provided in Section 55.12 of the
Yes No  Please explain:  5. Certification: I certify that the responses herein	are true and I understand that any willful misstatement constitutes a

05/04

ANNUAL STATEMENT OF FINANCIAL DISCI	LOSURE
CITY OF ITHACA, NEW YORK	10/

For Year:

2020

**Directions:** This form must be completed in its entirety and submitted to the City Clerk by **February 1**<sup>st</sup> 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 Myrrk		First Name SyantC	Middle	Middle Initial	
Residential Address Number	Street	City	State	Zip Code	
		1 thece	109	14850	
Telephone		E-Ma	il Address	-1-	
		- 72		)	
City Title		Depa	rtment		
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			

#### 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 Electron Officials	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	Execute Source	2014-104
NYS Dem Pedy	trache tourd	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
And all the second	
Control of the second second	
	c partner, adult dependents, or H/M, are involved not previously disclosed, which has a business 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):	
	current DBA, or ownership in a corporation that
Do you or anyone in your household have a has a DBA in Tompkins County?  Yes: No:	
Do you or anyone in your household have a has a DBA in Tompkins County?	current DBA, or ownership in a corporation that
Do you or anyone in your household have a has a DBA in Tompkins County?  Yes: No:	
Do you or anyone in your household have a has a DBA in Tompkins County?  Yes: No:  DBA Name(s)  G. Investments and other assets: You may exclude Mutual Funds and Blind Tr describe all investments (e.g. capital stock, b domestic partner, adult dependents, or H/M	Owner  Tusts from this section. Please itemize and bonds, IRA, trusts, etc.), which you, your spouse, hold in any business, corporation, or partnership
Do you or anyone in your household have a has a DBA in Tompkins County?  Yes: No:  DBA Name(s)  G. Investments and other assets: You may exclude Mutual Funds and Blind Tr describe all investments (e.g. capital stock, b.	Owner  Tusts from this section. Please itemize and bonds, IRA, trusts, etc.), which you, your spouse, hold in any business, corporation, or partnership

	D # 44 - # 44 -	ra	Line in the second
Amount of Loan	Purpose of	f Loan	Lender or Recipient
	A during the last 3	years from peop	, your spouse, domestic partner, le who live, work or own property than from a relative:
Gift Given To		Received f	rom
organization or activity o conflict of interest in perf Yes:	nowledge are you r holding any asse	et, excluding thos	or household involved in any se listed above, that could be a sion?
A. To the best of your keep organization or activity of conflict of interest in performs:  If yes, please explain:  B. Do you have any hole Yes:	nowledge are you r holding any asse forming the duties No:	et, excluding thos of your city posit	e listed above, that could be a ion?
A. To the best of your keep organization or activity of conflict of interest in performance.  If yes, please explain:  B. Do you have any hole	nowledge are you r holding any asse forming the duties No:	et, excluding thos of your city posit	e listed above, that could be a ion?
A. To the best of your knorganization or activity of conflict of interest in performs:  If yes, please explain:  B. Do you have any hole Yes:  Please explain:  5. Certification; I certify that the response	nowledge are you r holding any asset forming the duties No:  dings, assets or p No:  es herein are true the City of Ithaca	et, excluding thos of your city posit  roperty held und  and I understand  Municipal Code	e listed above, that could be a ion?

H. Loans:

#### 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.

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

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
p.	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		0	
Household Member			4

FEB 24 2021

#### 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:	
	aid or unpaid, from any business or organization?	
Yes:	No: <u>x</u>	
If yes, please identif	y 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.

E. <u>Business Connections:</u> Please indicate if you, your spouse, dome in any profit-making or non-profit enterprise connection, including contracts, with the Connection.	estic partner, adult dependents, or H/M, are involved se not previously disclosed, which has a business City of Ithaca:
(Please describe the principal activities ar	nd nature of the connection or contract with the city.
Principle Activities	Nature of Connection with the City
has a DBA in Tompkins County?  Yes: No:X	
DBA Name(s)	Owner
describe all investments (e.g. capital stoc	Trusts from this section. Please itemize and k, bonds, IRA, trusts, etc.), which you, your spouse /M hold in any business, corporation, or partnership
as a majority owner or a significant intere	
Investment (Please specify as noted above	ve) Owned By Whom

Amount of Loan	Purpose of	Loan	Lender or Recipient
	T dipose of Essit		
			u, your spouse, domestic partner
in Tompkins County, of a			ple who live, work or own propert than from a relative:
Gift Given To		Received from	
conflict of interest in perf Yes:	or holding any asse forming the duties	t, excluding tho	ur household involved in any se listed above, that could be a ition?
conflict of interest in perf Yes:	or holding any asse forming the duties	t, excluding tho	se listed above, that could be a
conflict of interest in perf Yes: If yes, please explain:  B. Do you have any hole Yes:	or holding any asse forming the duties No: <u>×</u>	t, excluding tho of your city pos	se listed above, that could be a ition?
conflict of interest in perf Yes: If yes, please explain:  B. Do you have any hole Yes:	or holding any asset forming the duties No: ×	t, excluding tho of your city pos	se listed above, that could be a ition?
conflict of interest in perf Yes: If yes, please explain:  B. Do you have any hole Yes:	or holding any asset forming the duties No: ×	t, excluding tho of your city pos	se listed above, that could be a ition?
conflict of interest in perf Yes: If yes, please explain:  B. Do you have any hole Yes: Please explain:  5. Certification:	or holding any asset forming the duties No: ×  dings, assets, or polyton No: ×	t, excluding tho of your city pos	se listed above, that could be a ition?  der any other name?
conflict of interest in performs:  Yes:  If yes, please explain:  B. Do you have any holy Yes:  Please explain:  5. Certification: I certify that the respons	or holding any asset forming the duties No: ×  dings, assets, or positive No: ×  es herein are true	t, excluding tho of your city pos	se listed above, that could be a ition?  der any other name?  and that any willful misstatement
conflict of interest in performs: Yes:  If yes, please explain:  B. Do you have any holy Yes: Please explain:  5. Certification: I certify that the respons constitutes a violation of	dings, assets, or p No: ×  No: ×  dings, assets, or p No: ×  es herein are true the City of Ithaca	t, excluding tho of your city pos of your city pos roperty held understar Municipal Code	se listed above, that could be a ition?  der any other name?
conflict of interest in performs: Yes:  If yes, please explain:  B. Do you have any holy Yes: Please explain:  5. Certification: I certify that the respons constitutes a violation of	dings, assets, or p No: ×  No: ×  dings, assets, or p No: ×  es herein are true the City of Ithaca	t, excluding tho of your city pos of your city pos roperty held understar Municipal Code	se listed above, that could be a ition?  der any other name?  and that any willful misstatement
conflict of interest in perf Yes:  If yes, please explain:  B. Do you have any hole Yes:  Please explain:  5. Certification: I certify that the respons constitutes a violation of provided in Section 55.1	dings, assets, or p No: ×  No: ×  dings, assets, or p No: ×  es herein are true the City of Ithaca	t, excluding tho of your city pos of your city pos roperty held understar Municipal Code	der any other name?  Ind that any willful misstatement and subjects me to penalties
conflict of interest in perf Yes:  If yes, please explain:  B. Do you have any hole Yes: Please explain:  5. Certification: I certify that the respons	dings, assets, or p No: ×  No: ×  dings, assets, or p No: ×  es herein are true the City of Ithaca	t, excluding tho of your city pos of your city pos roperty held understar Municipal Code	se listed above, that could be a ition?  der any other name?  der any willful misstatement and subjects me to penalties
conflict of interest in perf Yes:  If yes, please explain:  B. Do you have any hole Yes:  Please explain:  5. Certification: I certify that the respons constitutes a violation of provided in Section 55.1	dings, assets, or p No: ×  No: ×  dings, assets, or p No: ×  es herein are true the City of Ithaca	t, excluding tho of your city pos of your city pos roperty held understar Municipal Code	der any other name?  Ind that any willful misstatement and subjects me to penalties