



Town of Brookhaven Long Island

Edward P. Romaine, Supervisor

Ronald C. Manning, Chairman

Robert Vecchio, Vice Chairman

James E. McElhone, Esq

Thomas P. Spier, Esq.

Peter Legakis, Esq.

Kyle Markott, *Executive Director*

Dear Town Employee,

If you are receiving this letter you are required to complete Brookhaven Town's 2016 Financial Disclosure Form (FDF), which is enclosed. This form is designed to be easier to fill out and more useful for the Board of Ethics to identify possible conflicts, both real and perceived.

The FDF is in two parts: The first part is a Screening Form, which asks eight "yes/no" questions. Should you answer "no" to all questions, you are done with the FDF. Should you respond "yes" to any of the eight questions, we ask you to please fill out the second part of the form, which requests more detailed information.

Note that the backside of the Screening Form lists a number of ethical conflicts per the Town of Brookhaven Code of Ethics. Please **sign and notarize** the bottom of the page upon reading and filling out the Screening Form and ethical conflicts page. If you are required to fill out the second part of the FDF, please have that **notarized** as well.

For additional information about the Town of Brookhaven Ethics Code and this form please visit the Brookhaven Ethics Board website at www.brookhaven.org. Should you have any questions please don't hesitate to call Kyle Markott at 631-451-7299 or email at kmarkott@brookhaven.org.

*****PLEASE REMEMBER TO PRINT YOUR NAME ON THE FORM*****

For confidentiality, please return in a sealed envelope. You can drop it off at the front desk of the Supervisor's office or mail to:

Kyle Markott, Executive Director, Board of Ethics
Town of Brookhaven
One Independence Hill, 3rd Floor
Farmingville, NY 11738

Thank you,

Kyle Markott

Board of Ethics

One Independence Hill, Third Floor • Farmingville, NY 11738 • (631) 451-7299 - phone
Email: ethics@brookhaven.org • www.brookhaven.org

2016 - Screening for Financial Disclosure Form for Brookhaven Town Officers, Selected Employees & Related Agencies

This form is a screening to determine if you will need to fill out and submit a Financial Disclosure Form for the Town of Brookhaven. The Ethics Board wishes to make Brookhaven Town free of ethical conflicts. Part of this task is to make the Brookhaven community aware of what is expected.

The first part of this form is a list of questions that help to identify ethical conflicts. Each question asks for a Yes or No answer. If you answer Yes, please check the Yes box and answer the related question on the attached Financial Disclosure Form. At the end of this screening form you will be asked to sign and swear before a notary that the content is correct. Definitions of family member, etc. are found on the General Instruction page. Please remember that this or a similar form will be filled out annually.

1. Have you or any family member or business associate been involved with any business that provides sales or service to, or has lobbied, the Town of Brookhaven in the last year or since you last filed a Financial Disclosure form?
Check: No (If yes, please check box at right) → Yes
2. Have you or a family member or business associate solicited outside business from any person or entity that you dealt with in your Town capacity?
Check: No (If yes, please check box at right) → Yes
3. Have you or any family member or business associate been involved in an application or permit-seeking process before the Town of Brookhaven, other than for a primary residence, in the last year or since you last filed a Financial Disclosure form?
Check: No (If yes, please check box at right) → Yes
4. Do you or any family member or business associate have a substantial (at least 5% interest) in any entity that is doing business with the Town of Brookhaven, other than what is described in questions 1 and 2?
Check: No (If yes, please check box at right) → Yes
5. Are you a director or officer of a non-profit organization that has received any financial benefit from the Town of Brookhaven, other than using Town facilities for meetings?
Check: No (If yes, please check box at right) → Yes
6. Do you have any understanding, expectation or agreement involving post-employment with any company that has done business with the Town of Brookhaven?
Check: No (If yes, please check box at right) → Yes
7. Have you or any family member knowingly received any gifts or reimbursements of a value greater than \$100 in the last year or since you last filed a Financial Disclosure form? Only list gifts from donors that you can reasonably know have some financial interaction with Brookhaven Town. Exclude gifts from a relative or campaign contributions.
Check: No (If yes, please check box at right) → Yes
8. Do you have any family members, by blood, marriage or other legal process, who currently work for the Town of Brookhaven or have worked for the Town of Brookhaven in the past 10 years?
Check: No (If yes, please check box at right) → Yes

Please note the following ethical conflicts as an employee of the Town of Brookhaven:

1. It is a conflict if you – while acting in a decision-making role – are also involved in providing a service or product to the Town or Related Agency. It is also a conflict if you act in a decision-making role on an application while having an interest in the application.
2. Same as statement #1, except the service or product provider or applicant may not be a member of your family (spouse, children, in-laws, etc.), a person with whom you share a mortgage or a person with a business interest. A customer or client (current or within the past 5 years) can also be a source of conflict.
3. It is a conflict if you receive a gift from anyone seeking or receiving a financial benefit from the Town or Related Agency within the previous 24 months.
4. You must recuse yourself (that is, abstain from voting or deliberation) when decisions might benefit someone you are involved with. This includes: a) Town officers or employees; b) Your outside employer or business; c) A member of your household; d) A customer or client (current or within the past five years), or e) Your family member.
5. You may not give favorable treatment to suppliers, applicants or others relating to your job then, upon retirement, gain employment or establish a working relationship with these same entities.
6. You must disclose your position as an officer of a non-profit organization that may receive some financial benefit from the Town of Brookhaven or Related Agency.
7. Brookhaven Town personnel are barred from participating in a range of political activities on Town premises ranging from selling or discussing selling tickets to political events, solicitation to join a political party, threatening retaliation on the basis of political considerations, or fund raising for political purposes.
8. Using Town property for personal convenience or profit, beyond what is available to all Town citizens, is considered an ethical conflict.

If you'd like to read the Brookhaven Town Code of Ethics in full, please view the website at www.brookhaven.org or email the Ethics Board at kmarkott@brookhaven.org. Thank you for completing this form. Please swear and sign while being notarized.

I hereby affirm under penalty of perjury that the information provided on this form and attached statements are true to the best of my knowledge and belief. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law

Sign here →

SIGNATURE OF OFFICER/EMPLOYEE

Sworn to before me this _____ day of
_____, 20____

Notary Public

**If you answered “No” to all questions, you are done.
If you answered “Yes” to any question, continue on to the attached Disclosure form.**

If you answered “No” to all of the questions on the Screening for Financial Disclosure Form, you do not need to fill out this form.

If you’ve answered “Yes” to any question on the Screening for Financial Disclosure Form, please fill out just the associated question number on this form.

General Instructions

Annual Town of Brookhaven Financial Disclosure Statement For Town Officers, Selected Employees and Related Agencies

This Financial Disclosure Statement asks for detailed financial information only in the case when an ethical conflict or a possible appearance of such a conflict may exist.

Where compensation or value is requested on the following questions, please describe value using a letter from the following table:

- Category A - under \$50,000
- Category B - \$50,000 to under \$150,000
- Category C - over \$150,000
- Or write “None”

Definitions

Family member: Spouse, ex-spouse, significant other, parent, sibling, child, stepchild, or other relative. (Note: The Ethics Board appreciates that often the relationship and communication with an ex-spouse can be minimal. For questions concerning a family member, please describe, as best you can, if your ex might be in a situation that could place you in a possibly conflicting situation).

Business associate: One who shares in a common business enterprise with you, including the profits and losses of the business.

Leadership involvement: Any office, ownership, trusteeship, directorship, partnership, consultant, counsel or position of any nature including honorary positions, if known, and excluding membership positions, whether compensated or not.

Related agency: Commissioners of ambulance or fire districts.

Annual Town of Brookhaven Financial Disclosure Statement For Town Officers, Certain Employees and Related Agencies

I hereby submit the following Financial Disclosure Statement under oath answering the following questions to the best of my knowledge.

All respondents complete this section:

NOTE: The Ethics Board appreciates that often the relationship and communication with an ex-spouse can be minimal. For the questions asking about a family member, please describe, as best you can, if your ex might be in a situation that could place you in a possibly conflicting situation.

General Information

Name: _____

Title: _____

Department: _____

Date of Appointment: _____

Department Phone No: _____

Brief Description of Duties: _____

Annual Salary (category of value): _____

Name of Spouse or Significant other: _____

Occupation: _____

Employer Name: _____

Employer Address: _____

Employer Telephone Number: _____

Annual Salary (category of value): _____

Number of Years Employed (If less than 2 years, state name and address of previous employer):

(over)

If you checked yes to Question #1, complete this section:

1 (a) List any leadership involvement held by you with any firm, corporation, association, partnership, or other organization other than Brookhaven Town. If said entity provided sales and services to, or has lobbied, Brookhaven Town or Related Agency, list your position, organization name and address, description and approximate value of sales and services (category value):

Position	Organization & Address	Description	Approx. Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 (b) List any leadership involvement held by your family member or business associate with any firm, corporation, association, partnership, or other organization other than the Town of Brookhaven. If said entity provided sales and services to, or has lobbied Brookhaven Town or Related Agency, list the person, position, organization name and address, description and approximate value of sales and services (category value):

Person	Relation	Position	Organization & Address	Description	Approx. Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you checked yes to Question #2, complete this section:

2 (a) If there are persons or entities that you deal with in your ordinary Brookhaven duties with whom you or a family member or business associate have an outside business relationship or have solicited such a relationship, please list and describe below.

Outside business	Business description	Relation to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2 (b) If you filled out 2(a) above, and you, a family member or business associate are a licensed professional, fill out this section. If you practice law, or are licensed by the Department of State as a real estate broker or agent, describe in general terms the principal subject areas of your practice. Provide the same type of general description if you practice with a firm or corporation in whom you are a partner or shareholder. You are generally not required to list the names of customers or clients:

License-Holder's Name	Description

If you checked yes to Question #3, complete this section:

3 (a) Real Estate Ownership: Do not list primary or secondary residences owned by you or your family members or business associate.

List the address of each piece of property that you, your family member or business associate owns or has a legal or equitable interest in:

Owner	Relation to you	Address or Tax Map Number	Commercial/ Residential/ Industrial	Vacant/ Improved	Estimated Category of Value

3 (b) List any leadership involvement held by you with any firm, corporation, association, partnership, or other organization other than Brookhaven Town. If said entity was involved in an application or permit-seeking process in the last year before Brookhaven Town or Related Agency, list your position, organization name and address, and description.

Position	Organization & Address	Description

(over)

3 (c) List any leadership involvement held by your family member or business associate with any firm, corporation, association, partnership, or other organization other than the Town of Brookhaven. If said entity was involved in an application or permit-seeking

process in the last year before Brookhaven Town or Related Agency list the person, position, organization name and address, and description.

Person	Relation to You	Position	Organization & Address	Description

If you checked yes to Question #4, complete this section:

4 (a) Self-Employment: List any self-employment from which you, your family member or business associate have earned gross income in excess of \$2,000 during the previous calendar year from a financial activity with Brookhaven Town.

	Self	Family Member/ Business Associate
Relation		
Description of Self-Employment		
Address		
Number of Years Self-Employed		
Interaction with Brookhaven Town		

4 (b) Corporate Ownership and Participation: List the name and address of any corporation in which you, your family member or business associate owns or controls more than five percent (5%) of the stock. Also list the name of any corporation for which you, your family member or business associate serve as an officer or director and give your title/position and your family member's or business associate's title/position.

	Self	Family Member/ Business Associate
Relation		
Name of Corporation		
Address of Corporation		
Percent Owned or Controlled		
Title in Corporation Held		
Date Acquired		
Description of Corporation		

If you checked yes to Question #5, complete this section:

5. List the names and addresses of any non-profit organizations that have received any financial benefit from the Town of Brookhaven. If grants are involved, estimate category of value.

Name of Organization	Office Held	Category of Value
_____	_____	_____
_____	_____	_____

If you checked yes to Question #6, complete this section:

6 (a) Describe the terms of, and the parties to, any contract, promise, or other agreement between you and any person, firm, or corporation with respect to your employment after leaving office or position (other than a leave of absence).

If you checked yes to Question #7, complete this section:

7 (a). List each source of gifts in excess of \$100, received during the reporting period for this statement to you or your family member from the same donor. Only list gifts from donors that you can reasonably know have some financial interaction with Brookhaven Town. Exclude gifts from a relative or campaign contributions. The term "gifts" does not include reimbursements, which is discussed below. Indicate the value and nature of each such gift.

Self/Family Member	Name of Donor	Address	Nature of Gift	Category of Value of Gift
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(over)

7 (b). Identify and briefly describe the source of any reimbursements for expenditures in excess of \$100 from each such source. Exclude campaign expenditures and expenditures in connection with official duties reimbursed by Brookhaven Town. The term "reimbursements" shall mean any travel-related expenses provided by non-governmental

sources and for activities related to your official duties such as speaking engagements, conferences or fact-finding events.

Source	Description
_____	_____
_____	_____
_____	_____

If you checked yes to Question #8, complete this section:

8. List the names of any family member, by blood, marriage or other legal process, who currently work for the Town of Brookhaven or have worked for the Town of Brookhaven in the past 10 years.

Family Member's Name	Relation to You
_____	_____
_____	_____

I hereby affirm under penalty of perjury that the information provided on this form and attached statements are true to the best of my knowledge and belief. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law

Signature of Officer/Employee

Sworn to before me this _____ day of _____, 20__

Notary Public

PLEASE RETURN TO:

**TOWN OF BROOKHAVEN
c/o Kyle Markott, Executive Director, Board of Ethics
1 INDEPENDENCE HILL, 3rd FLOOR
FARMINGVILLE, NY 11738**