

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.

Myrick	Svante	-
Last Name	First Name	Middle Initial
Major		Mayor
City Title		City Department
		Huaca NY
Residential Address		
274-6501		mayora cty of thea org
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	

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

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
Organization	Position Held	Date(s) Held
Organization	Position Held	Date(s) Held
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.

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 profitmaking 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	
Amount of Loan	Purpose of Loan	Lender or Recipient	. v

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 Inforn A. To the best of your or holding any asset, e your city position?	knowledge are you or anyone in yo	our household involved in any organization build be a conflict of interest in performing	on or activity the duties of
Yes	No		
If yes, please explain:			
Yes Please explain:	No		
5. Certification: I certify that the res violation of the City City Code. Signature	sponses herein are true and I unde r of Ithaca Municipal Code and sub	rstand that any willful misstatement cons jects me to penalties provided in Section	55.12 of the

05/04

City Certs Office ANNUAL STATEMENT OF FINANCIAL DISCLOSURE **CITY OF ITHACA, NEW YORK**

For Year: 2014

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.

Murrek	Svarte	L
Last Name	First Name	Middle Initial
Mayor		Mayler
City Title		City Department
Residential Address		
274-650	(neyore city of Aleaning
Daytime Telephone		E-Mail Address

Please provide the name of your spouse, domestic partner, adult dependents, or adult 2. 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

JAN 27 2018

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 Spouse/Partne (Check which applies)	<u>r H/M</u>	Occupation	Name of Business/ Activity	Regula local a Yes		If yes, nature of regulation
			·			
	·				· 	

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:_

No

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.

		, , ,
NYCOM	Exec Conntlee	1/14-12/14
Organization	Position Held	Date(s) Held
TCIDA	Secretary	1/13-12/15
Organization	Position Held	Date(s) Held
TLAD	Board Member	1/12-
Organization	Position Held	Date(s) Held
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.

Property Address

Owned by

Property Address

Owned by

Date(s) Held

E. Business Connections:

Please indicate if you, your spouse, domestic partner, adult dependents, or H/M, are involved in any profitmaking 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 Busine Do you or anyone in your hous	ess As) ehold have a current DBA, or ownership in a c	orporation that has a DBA in
Tompkins County?	. /	
Yes	No	
If yes, please provide the DBA 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).

۰.

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
Amount of Loan	Purpose of Loan	Lender or Recipient

,

14

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:

Received from
ehold involved in any organization or activity a conflict of interest in performing the duties o
other name?
and the state of the second
nat any willful misstatement constitutes a

1 1 Signature

26/1 Date

05/04

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE CITY OF ITHACA, NEW YORK

For Year : 20 (5

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.

4

Myrick	Svante	L
Last Name	First Name	Middle Initial
Mayor		Mayor
City Title		City Department
Residential Address	(
274-650(Daytime Telephone		Mayor City fithect.org 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

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.

	Spouse/Partner k which applies)	<u>H/M</u>		Name of Business/ Activity	Regula local ac Yes		If yes, nature of regulation
\checkmark	<u></u>		Fellow	Hobut + Williams	noty	X	
							<u>kan data kana kana sana</u>
	<u> </u>				<u> </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.

Organization	Position Held	Date(s) Held
Organization	Position Held	Date(s) Held
Organization	Position Held	Date(s) Held
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.

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 profitmaking 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

 \dot{r}_{μ}

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
Amount of Loan	Purpose of Loan	Lender or Recipient

I. Gifts:

٠,

ŕ 8

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 Informa A. To the best of your k or holding any asset, ex your city position?	ation: nowledge are you or anyone in your household involved in any organization or activity cluding those listed above, that could be a conflict of interest in performing the duties of
Yes	
B. Do you have any hold	lings, assets, or property held under any other name?
Yes	No
Please explain:	
5. Certification: I certify that the resp violation of the City of City Code. Signature	onses herein are true and I understand that any willful misstatement constitutes a of Ithaca Municipal Code and subjects me to penalties provided in Section 55.12 of the $\frac{1/6/2019}{Date}$

05/04



ANNUAL STATEMENT OF FINANCIAL DISCLOSURE

For Year: 2017

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

Myrak	Svante	
Last Name	First Name	Middle Initial
Mayor		Mayor
City Title		City Department
Residential Address		
Daudiese Talkak		E-Mail Address
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.

You Spouse/Partner H/M Occupation (Check which applies)	Name of Business/ Activity	Regulated by local agency Yes No	If yes, nature of regulation
V Director	Prople For the Aleston		
VFellow	Ho but celler e	$ \checkmark$	
<u> </u>			<u> </u>
			and the second sec

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
Organization	Position Held	Date(s) Held
Organization	Position Held	Date(s) Held
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.

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 profitmaking 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	
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
A. To the best of	isset, excluding those listed ab	inyone in your household involved in any organization or activity ove, that could be a conflict of interest in performing the duties
Yes	No	
If yes, please e	xplain:	
B. Do you have Yes	any holdings, assets, or prope	erty held under any other name?
Please expla	ain:	
	я	
5. Certifica I certify that violation of t City Code.	the responses herein are true	and I understand that any willful misstatement constitutes a de and subjects me to penalties provided in Section 55.12 of the

Signature

20 Date

05/04

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

Filed

For Year: 2018

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

Munck	Svanle	
Last Name	First Name	Middle Initial
Mayol		Mayor
City Title		City Department
Residential Address	(
		mayor@cityof:th.co
Davtime 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	<u></u>
Last Name	First Name	Middle Initial	
Last Name	First Name	Middle Initial	
Last Name	First Name	Middle Initial	

CITY OF ITHACA 00273

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.

	Spouse/Partner k which applies)	<u>H/M</u>	Occupation	Name of Business/ Activity	Regulat <u>local ac</u> <u>Yes</u>		If yes, nature of regulation
\underline{V}			Director	People For the Amerikan Way		$\underline{\checkmark}$	
				Awnerka Why			

B. Leave of Absence:

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

No

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.

NConterence	of Mayors Exective	Bourd 2013- Present
Organization	Position Held	Date(s) Held
Children + Note	Wetwork Bos?	2017-pesent
Organization	Position Held	Date(s) Held
Organization	Position Held	Date(s) Held
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.

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 profitmaking 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 Bu	usiness As)			
Do you or anyone in your	household have a current	DBA, or ownershi	o in a corporation th	nat has a DBA in
Tompkins County?		r		
Yes	No			

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
Amount of Loan	Purpose of Loan	Lender or Recipient

I. Gifts:

97 X K

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
or holding any asset your city position?	ur 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 o
Yes	Νο
lf yes, please expla	n:
Yes Please explain:	holdings, assets, or property held under any other name?
• •	
	responses herein are true and I understand that any willful misstatement constitutes a City of Ithaca Municipal Code and subjects me to penalties provided in Section 55.12 of the $\frac{2/1/20(8)}{Date}$

05/04

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE CITY OF ITHACA, NEW YORK

FEB

10

For Year: 2020

Directions: This form must be completed in its entirety and submitted to the City Clerk by **February 1**st 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 Myrick	First Name	Middle Initial	
(Sventc	L	

Residential Address Number	Street	City	State	Zip Code
		Ithece	NY	(4850
Telephone	(E-Mai	il Address	1

City Title	Department	
Marcol	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			

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
Diractor	Young Elected Officiels	none	

B. Leave of Absence:

Are you on leave,	paid or unpaid,	from any	business	or organization?
Yes:	No:	V		

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	Exective Sound 1	2014-104
NYS Dem Perty	Exectine toerd	2016- 2000

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	
18 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -		

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
L	

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
an she and a start of the		. The transformer of the state

I. <u>Gifts:</u>

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?

No: 🖌

Please explain:

5. Certification:

Yes:

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

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE

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
	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			

CITY CLERK'S OFFICE

FEB 2.4 2021

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:

r.

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: _X____

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.

Purpose of Loan	Lender or Recipient
	Purpose of Loan

I. Gifts:

1 A S

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:	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 05/04 01/19

2/24/21 Date