

TOWN OF HAMBURG

6100 SOUTH PARK AVENUE * HAMBURG, NEW YORK 14075 * (716) 649-6111, Ext. 2370 * FAX (716) 646-8559



Supervisor
James M. Shaw

Town Attorney
Steven J. Walters

Councilmen
Thomas M. Best, Jr.
Elizabeth Farrell
Michael Mosey
Michael Petrie

Town Clerk
Catherine A. Rybczynski

Highway Superintendent
Ted Casey

TO : ELECTED OFFICIALS, BOARD MEMBERS AND EMPLOYEES

FROM : STEVEN J. WALTERS, ESQ., TOWN ATTORNEY

RE : REQUIREMENT TO FILE FINANCIAL DISCLOSURE FORM

DATE : January 12, 2018

Due to the elected or appointed position you hold in Town government, you are required to file an annual statement of financial disclosure with this office. **The deadline for filing is MAY 1, 2018.** A blank form is enclosed for your use. The following instructions are intended to assist you in the process:

• It is your responsibility to return the completed form directly to the Town of Hamburg, Town Attorney's office:

Town of Hamburg
Town Attorney's Office
6100 South Park Avenue
Hamburg, New York 14075

- All questions on the form must be answered. If the question is not applicable, a notation of N/A (does not apply) is satisfactory.
- All statements must be signed and dated.
- You must indicate the position you hold in Town government (employee or Board Member).
- If you have any questions, please contact this office at 649-6111, Ext. 2370.
- If you are already filing this form for another position you hold, a **copy** of that form will satisfy the filing requirement.

Thank you very much for your continued cooperation and assistance.

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FOR

TOWN OF HAMBURG

FOR 20 18

1. Name and Address.

Shaw M JAMES
Last Name Middle Initial First Name

Supervisor
Title

Town Supervisor
Department or Agency

6111 South Park Ave Hamburg NY 716 (649-6111)
Department or Agency Address Telephone No.

5185 Columbia Ave Hamb, NY 716 (627-4596)
Residence Address Telephone No.

2. Spouse and Children.

Provide the name of your spouse (if married) and the names of any dependent children:

DONNA J SHAW Child/Age
Spouse

Child/Age Child/Age

Note: For questions 3 to 6, do not report exact dollar amounts. Instead, report categories of amounts, using the following:

- Category A: under \$5,000
- Category B: \$5,001 to \$10,000
- Category C: \$10,001 to \$25,000
- Category D: \$25,001 to \$50,000
- Category E: \$50,001 to \$100,000
- Category F: Over \$100,000.

3. Financial Interests.

a. Business Positions. List any office, trusteeship, directorship, partnership, or other position in any business, association, proprietary, or not-for-profit organization held by you and your spouse and dependent children, if any, and indicate whether these businesses are involved with the Town in any manner.

Name of Family Member	Position	Organization	Department or Agency and Nature of Involvement

b. Outside Employment. Describe any outside occupation, employment, trade, business, or profession providing more than \$1,000/year for you and your spouse and dependent children, if any, and indicate whether such activities are regulated by any State or local agency.

Name of Family Member	Position	Name, Address, Description of Organization	State or Local Agency
James M. Cha	Village Attorney		Village of Torrington

c. Future Employment. Describe any contract, promise or other agreement between you and anyone else with respect to your employment after leaving your Town office or position.

CATEGORIES OF AMOUNT WILL REMAIN CONFIDENTIAL

Category of Amount

d. Past Employment. Identify the source and nature of any income in excess of \$1,000 per year from any prior employer, including deferred income, contributions to a pension or retirement fund, profit sharing plan, severance pay, or payments under a buy-out agreement.

Description of Income (i.e., pension, deferred, etc.)

Name and Address of Income Source	Description of Income (i.e., pension, deferred, etc.)
Shaw & Shaw PC 4819 South Park Ave Hamburg NY	Deferred comp paid for salary paid in PC

e. Investments. Identify and describe all investments in excess of \$5,000 or five per cent (5%) of the value in any business, corporation, partnership, or other assets, including stocks, bonds, loans, pledged collateral, and other investments, for you and your spouse and dependent children, if any. List the location of all real estate within the town, or within five (5) miles thereof, in which you, your spouse, or dependent children, if any, have an interest, regardless of its value.

Name and Address of Business or Real Estate

Description of Investment

Name of Family Member	Name and Address of Business or Real Estate	Description of Investment
James M. Shaw	4819 South Park Ave HAMB	Reside of a Mortgage and Note
"	"	Management of real property

f. Trusts. Identify each interest in a trust or estate or similar beneficial interest in any assets in excess of \$2,000, except for IRS eligible retirement plans or interests in an estate or trust of a relative, for you and your spouse and dependent children.

Name of Family Member

Trustee/Executor

Description of Trust/Estate

Name of Family Member	Trustee/Executor	Description of Trust/Estate
JAMES M. SHAW	Joseph N. Shaw Jr	Family Trust
"	"	"

Category of Amount

E

Category of Amount

D

Category of Amount

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g. Other Income. Identify the source and nature of any other income in excess of \$1,000/year from any source not described above, including teaching income, lecture fees, consultant fees, contractual income, or other income of any nature, for you and your spouse and your dependent children, if any.

Name of Family Member	Name and Address of Income Source	Nature of Income	Category of Amount
James M. Shaw	James M. Shaw Attorney	retainer fee & interest	
		liberation adjustment	

4. Gifts and Honorariums.

List the source of all gifts aggregating in excess of \$250.00 received during the last year by you, your spouse or dependent child, excluding gifts from a relative. The term "gifts" includes gifts of cash, property, personal items, payments to third parties on your behalf, forgiveness of debt, honorariums, and any other payments that are not reportable as income.

Name of Family Member	Name and Address of Donor	Category of Amount
James M. Shaw	Gifts received from Shaw Family Trust - in view of \$250.00	

5. Third-Party Reimbursements.

Identify and describe the source of any third-party reimbursement for travel-related expenditures in excess of \$250.00 for any matter that relates to your official duties. The term "reimbursement" includes any travel-related expenses provided by anyone other than the Town for speaking engagements, conferences, or fact-finding events that relate to your official duties.

Source	Description

Category of Amount	

6. Debts.

Describe all debts of you, your spouse, and dependent children in excess of \$5,000.

Name of Family Member	Name and Address of Creditor
James M. Shaw	Discover Line of Credit M+T Bank

Category of Amount	

7. Interest in Contracts.

Describe any interest of you, your spouse, or your dependent children in any contract involving the town or any municipality located within the county.

Category of Amount	

8. Political Parties.

List any position you held within the last five (5) years as an officer of any political party, political committee, or political organization. The term "political organization" includes any independent body or any organization that is affiliated with or a subsidiary of a political party.

James M. Shaw
Signature

3/24/18
Date