

**Edmund J. Smyth**  
**Supervisor**



**Town Hall**  
**100 Main Street**  
**Huntington, NY 11743**

**Phone: 631-351-3030**

April, 2025

As an individual who is required to complete and file a Financial Disclosure Statement pursuant to Chapter 29 of the Code of the Town of Huntington, you are being provided with a copy of the disclosure form for the 2024 reporting year, together with instructions for filling out this form.

The deadline for filing your Financial Disclosure Statement with the Secretary to the Board of Ethics is May 15, 2025.

Please read the instructions carefully. Improperly completed Financial Disclosure Statements will be returned to the filer for correction. You must answer all questions. If the answer to a question is "none", check the box for none. Do not answer any question with the phrase "not applicable".

The instructions include explanations of how you may request an extension of your time to file, who may request an exemption from filing, and how you may request that information contained on your Financial Disclosure Form be withheld from public disclosure pursuant to the Freedom of Information Law.

If you have questions regarding the Financial Disclosure Statement, or about the Town Code of Ethics, you may request a confidential advisory opinion from the Board of Ethics. For a confidential advisory opinion, contact the Board of Ethics at the following address and telephone number, or as provided on the Town's web site:

Secretary to Board of Ethics  
Town Hall, 100 Main Street, Huntington, NY 11743  
(631) 351-3044  
[ethics@huntingtonny.gov](mailto:ethics@huntingtonny.gov)

Completed forms must be returned in a sealed envelope, with your name on the outside of the envelope, addressed to:

Town of Huntington Board of Ethics  
Town Hall, 100 Main Street, Huntington, New York 11743  
Attention: Secretary to the Board of Ethics

Thank you for your anticipated cooperation.

Sincerely,



Edmund J. Smyth  
Supervisor

Dr. Dave Bennardo  
Councilman

Salvatore Ferro  
Councilman

**Edmund J. Smyth**  
**Supervisor**

Brooke A. Lupinacci  
Councilwoman

Theresa Mari  
Councilwoman

# **TOWN OF HUNTINGTON**

## **INSTRUCTIONS FOR COMPLETING THE ANNUAL STATEMENT OF FINANCIAL DISCLOSURE**

These instructions were adopted by the Board of Ethics to assist you in completing the Annual Statement of Financial Disclosure. For further information, you may contact the Board of Ethics at:

Secretary to Board of Ethics  
Town Hall  
100 Main Street  
Huntington, NY 11743  
(631) 351-3044  
ethics@huntingtonny.gov

### **FREQUENTLY ASKED QUESTIONS:**

#### **Who Must File?**

You must file an Annual Statement of Financial Disclosure if you are:

- An elected Town official;
- A Town department head or deputy department head;
- An Attorney serving in the Town Attorney's office;
- A compensated employee appointed by the Town Board;
- A Town inspector;
- A Town political party chairperson,
- A candidate for elective Town office; or
- A Town officer or employee holding a policymaking position, as that term is broadly defined by the Town Code of Ethics.

#### **Will My Personal Information Remain Private?**

The purpose of annual financial disclosure is to promote public confidence in Town government, and to ensure government integrity by reminding Town officers and employees of potential conflicts of interest that may arise.

A timely request for extension of your time to file, submitted to the Board of Ethics prior to the date for filing an annual disclosure statement, will automatically extend the date for filing until such time as the Board of Ethics either grants or denies the request.

### **Where do I File?**

You must file your annual statement of financial disclosure with the Secretary to the Board of Ethics.

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### **GENERAL INSTRUCTIONS FOR COMPLETING ALL QUESTIONS**

- ALL QUESTIONS MUST BE ANSWERED;
- All questions relate to the prior calendar year;
- Your answers must be legible (please print or type your answers);
- You must complete every part of each question;
- If the answer to a question is “none”, check the box for “none”;
- Do not answer any question with the phrase “not applicable”;
- If two or more questions require the same response, you may reference one question in response to the other question; and
- You may attach additional pages if more space is needed for your answer. On each additional page, you must state your name and the relevant question number you are answering.

**If you fail to file an annual statement of financial disclosure, or file a deficient statement, you may be subject to penalties authorized by the Town Code of Ethics, including disciplinary action and a civil fine of up to \$10,000.**

**It is a crime to knowingly file an annual statement of financial disclosure that contains false information.**

### **3. FINANCIAL INTERESTS**

#### *a. Business Positions.*

Report the position or positions that you held (other than your Town position). Provide the same information for your spouse or dependent children.

Identify the position(s) held and the name of the organization.

List any application(s) that the organization had pending before the Town, and any negotiations, litigation or financial interest that the organization had in a matter involving the Town.

#### *b. Outside Employment.*

Report any outside employment, business or professional activity from which you, your spouse, or your dependent children derived more than \$1,000 during the reporting year.

Identify the position held and the name of the organization.

Indicate whether the activities were regulated by any state or local government agency. List the category of amount derived from the outside employment, business or professional activity.

#### *c. Clients and Customers Doing Business with the Town.*

Identify any client or customer from which you derived more than \$5,000 in the reporting year, if you know that the client or customer had any application, claim, request or proposal pending before the Town, or any negotiations, litigation or financial interest in a matter involving the Town.

Also identify any clients or customers of your outside employer, business or professional activity, including any corporation in which you are the owner of more than five percent of the outstanding shares of corporate stock, if you know that the client or customer had any application, claim, request or proposal pending before the Town, or any negotiations, litigation or financial interest in a matter involving the Town.

Do not identify any client or customer that received medical, pharmaceutical or dental services, or mental health services.

Do not identify any client or customer that received residential real estate services, other than services rendered in connection with a land-use application.

Do not identify any client or customer represented in connection with an investigation or prosecution by law enforcement authorities, bankruptcy, family court, estate planning, or domestic relations matters.

*g. Trusts.*

Report each interest of more than \$2,000 that you, your spouse, and your dependent children have in a trust or estate or other beneficial interest.

For the purpose of this question, the term “interest” means a right, claim or legal share in a trust or estate, or any other beneficial interest, even if you did not receive benefits in the reporting year.

Do not report IRS eligible retirement plans or interests in an estate or trust of a spouse, child, stepchild, dependent, parent, stepparent, sibling or stepsibling.

*h. Other Income.*

Report all income in excess of \$1,000 from any source not reported in answering another question, including, but not limited to, fiduciary positions, teaching income, lecture fees, consultant fees, contractual income, and rents that you, your spouse and your dependent children were paid.

Income from real estate rents derived from real property located in the Town of Huntington, or within five hundred feet of a boundary of the Town, should be identified by the property address.

Do not list maintenance, alimony or child support.

Do not list unemployment insurance benefits, workers compensation payments, disability payments, social security benefits or public assistance benefits.

Do not list proceeds of a life insurance policy or other death benefits.

**4. GIFTS AND HONORARIUMS**

Report all gifts in excess of \$250 received during the last year by you, your spouse or dependent child, including 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.

Multiple gifts during the reporting year from the same source should be added together and treated as a single gift for purposes of determining whether they exceed \$250.

Do not report gifts from a spouse, child, stepchild, dependent, parent, stepparent, sibling or stepsibling.

## **8. POLITICAL PARTIES**

List any position you held within the last *five 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.

## **9. DISCLOSURE BY LICENSED PROFESSIONALS AND LOBBYISTS**

If you were licensed to practice law, worked as a licensed real estate broker or agent, practiced a profession licensed by the New York State Education Department, or worked as a member or employee of a firm required by law to register as a lobbyist:

- a. Give a general description of:
  - the principal subject areas of matters that you handled during the reporting period;
  - the compensated services that you performed; and
  - whether you personally provided services directly to clients.
- b. Give a general description of the principal subject areas of matters that the firm or corporation handled during the reporting period.

## **YOU MUST SIGN AND DATE YOUR DISCLOSURE STATEMENT**

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### **DO YOU HAVE QUESTIONS ABOUT THE CODE OF ETHICS?**

For a confidential advisory opinion, contact the Board of Ethics at the address below, or as provided on the Town's website:

SECRETARY TO BOARD OF ETHICS  
TOWN HALL  
100 Main Street  
Huntington, NY 11743  
(631) 351-3044  
[ethics@huntingtonny.gov](mailto:ethics@huntingtonny.gov)

**TOWN OF HUNTINGTON  
ANNUAL STATEMENT OF FINANCIAL DISCLOSURE**

**REPORTING PERIOD: CALENDAR YEAR 2024**

**ALL QUESTIONS MUST BE COMPLETED**

**1. NAME AND ADDRESS**

Last Name	Middle Initial	First Name
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Title
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Department or Agency
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Department or Agency Address	Telephone No.
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Residence Address	Telephone No.
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**2. SPOUSE AND CHILDREN**

Provide the name of your spouse (if married) and the names of any dependent children: If none, place a check mark in the following box.

☐ **NONE**

Spouse	Child / Age
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Child / Age	Child / Age
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Child / Age	Child / Age
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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 UNDER \$10,000

CATEGORY C: \$10,001 TO UNDER \$25,000

CATEGORY D: \$25,001 TO UNDER \$50,000

CATEGORY E: \$50,001 TO UNDER \$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 or your spouse or your dependent children, if any, and indicate whether, to your knowledge, during the reporting period, these entities had any application, request, claim or interest in any proposal before a Town department, agency, board or commission, or any litigation, negotiations or matter requiring the exercise of discretion to which the Town is a party. If none, place a check mark in the following box.

☐ **NONE**

Name of Family Member	Position	Organization	Town Department Agency and Nature of Involvement
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



b. *Outside Employment.* List any outside occupation, employment, trade, business, or profession providing more than \$1,000 per year for you, your spouse or your dependent children, if any, and indicate whether such activities are regulated by any state or local agency. If none, place a check mark in the following box.

☐ **NONE**

Name of Family Member	Position	Name, Address, and Description of Organization	State or Local Agency	Category of Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

c. *Clients and Customers Doing Business with the Town.* Identify any client or customer: (i) from which you know that you, your outside employer, firm, limited liability company, partnership, association, or corporation in which you are the owner of more than five percent of the outstanding shares of corporate stock, derived income in excess of five thousand dollars (\$5,000), and (ii) that you know, during the reporting period, had any application, request, claim or interest in any proposal before a Town department, agency, board or commission, or any litigation, negotiations or matter requiring the exercise of discretion to which the Town is a party.

Do not identify any client or customer that received medical, pharmaceutical or dental services, or mental health services.

Do not identify any client or customer that received residential real estate services, other than services rendered in connection with a land use application.

Do not identify any client or customer represented in connection with an investigation or prosecution by law enforcement authorities, bankruptcy, family court, estate planning, or domestic relations matters.

Do not identify any client or customer represented pursuant to an insurance policy, but identify the source of compensation paid to you or the firm.

Do not disclose information prohibited from disclosure by federal or state law, such as information governed by the Family Court Act or the identity of any minor client or customer.

You may seek an exemption from the Board of Ethics in connection with the disclosure of identifying client or customer information.

If none, place a check mark in the following box.

☐ **NONE**

Client or Customer	Town Application Claim, Request or Proposal	Amount of Income by Category
_____	_____	_____
_____	_____	_____
_____	_____	_____

d. *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. If none, place a check mark in the following box.

☐ **NONE**

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e. *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. If none, place a check mark in the following box.

☐ **NONE**

Name and Address of Income Source	Description of Income (i.e., pension, deferred, etc.)	Category of Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

f. *Investments.* Itemize and describe all investments of you, your spouse, and your dependent children, if any, which have a value in excess of \$5,000, or that constitute five percent or more of the debt or equity of any business, limited liability company, partnership, association, or corporation. Include stocks, bonds, loans, pledged collateral, and other investments. Investments of less than 5% of the stock of publicly held corporations may be listed in the aggregate by identifying the brokerage firm. List the location of all real estate within the Town of Huntington or within five hundred feet of a boundary of the Town, in which you, your spouse, or your dependent children, if any, have an interest, regardless of its value. If none, place a check mark in the following box.

☐ **NONE**

Name of Family Member	Name and Address of Business or Real Estate	Description of Investment	Category of Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

g. *Trusts.* Identify each interest of you, your spouse, and your dependent

children in a trust or estate or similar beneficial interest in any assets in excess of \$2,000. Do not list IRS eligible retirement plans or interests in an estate or trust of a spouse, child, stepchild, dependent, parent, stepparent, sibling or stepsibling. If none, place a check mark in the following box.

☐ **NONE**

Name of Family Member	Trustee/Executor	Description Trust/Estate	Category of Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*h. Other Income.* Identify the source and nature of any other income in excess of \$1,000 per year from any source not described above, including fiduciary positions, teaching income, lecture fees, consultant fees, contractual income, rents or other income of any nature, of you, your spouse and your dependent children, if any. Income from real estate rents derived from real property located in the Town of Huntington, or within five hundred feet of a boundary of the Town should be identified by the property address. Do not list maintenance, alimony or child support. If none, place a check mark in the following box.

☐ **NONE**

Name of Family Member	Name and Address of Income Source	Nature of Income	Category of Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### **4. GIFTS AND HONORARIUMS**

List the source of all gifts aggregating in excess of \$250 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. If none, place a check mark in the following box.

☐ **NONE**

Name of Family Member	Name and Address of Donor	Category of Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 5. THIRD-PARTY REIMBURSEMENTS

Identify and describe the source of any third-party reimbursement for travel-related expenditures in excess of \$250 for any matter that relates to your official duties. The term "reimbursement" includes any travel-related expenses provided by anyone other than the Town of Huntington for speaking engagements, conferences, or fact-finding events that relate to your official duties. If none, place a check mark in the following box.

☐ **NONE**

Source	Description	Category of Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 6. DEBTS

Describe all debts of you, your spouse, and your dependent children in excess of \$5,000. Do not list any obligation to pay maintenance, alimony or child support. Do not list credit card debt. Do not list any loan issued in the ordinary course of business by a financial institution to finance educational costs, the cost of home purchase or improvements for a primary or secondary residence, or purchase of a personally owned motor vehicle, household furniture or appliances. If none, place a check mark in the following box.

☐ **NONE**

Name of Family Member	Name and Address of Creditor	Category of Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **7. INTEREST IN CONTRACTS**

Describe any interest of you, your spouse, or your dependent children in any contract involving the Town of Huntington or any municipality located within the Town. If none, place a check mark in the following box.

☐ **NONE**

Name of Family Member	Contract Description
_____	_____
_____	_____
_____	_____

## **8. POLITICAL PARTIES**

List any position you held within the last five 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. If none, place a check mark in the following box.

☐ **NONE**

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**9. DISCLOSURE BY LICENSED PROFESSIONALS  
AND LOBBYISTS**

a. If you were licensed to practice law, worked as a licensed real estate broker or agent, practiced a profession licensed by the New York State Education Department, or worked as a member or employee of a firm required by law to register as a lobbyist, give a general description of the principal subject areas of matters that you handled during the reporting period, the compensated services that you performed, and whether you personally provided services directly to clients. If none, place a check mark in the following box.

☐ **NONE**

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b. If you were licensed to practice law, worked as a licensed real estate broker or agent, practiced a profession licensed by the New York State Education Department, or worked as a member or employee of a firm required by law to register as a lobbyist, and are a partner or shareholder in the firm or corporation that engaged in such activities, give a general description of the principal subject areas of matters that the firm or corporation handled during the reporting period. If none, place a check mark in the following box.

☐ **NONE**

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The Town of Huntington Code of Ethics is available on the Town of Huntington website. I acknowledge that I have read it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DO YOU HAVE QUESTIONS ABOUT THE CODE OF ETHICS?** For a confidential advisory opinion, contact the Board of Ethics at [ethics@huntingtonny.gov](mailto:ethics@huntingtonny.gov), the address noted below, or as provided on the Town's web site:

SECRETARY TO BOARD OF ETHICS  
TOWN HALL  
100 Main Street  
Huntington, NY 11743  
(631)351-3044