

Office of  
Legislative Services

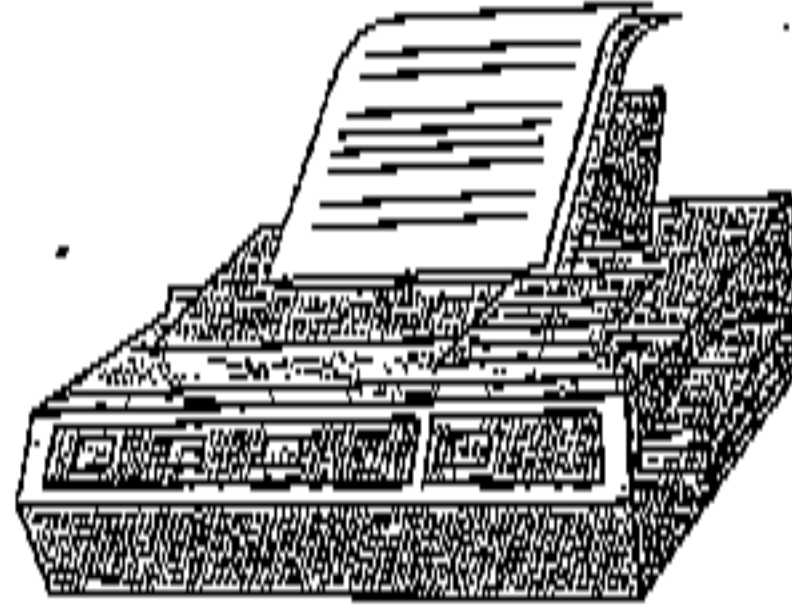
Albert E. Lucas, Director



165 Church Street, Room 238  
New Haven, Connecticut 06510

Telephone: 946-6483  
Fax: 946-7476

# CITY OF NEW HAVEN BOARD OF ALDERMEN



## F A X C O V E R S H E E T

Please deliver this FAX to:

NAME Jeffrey Kerekes FOR \_\_\_\_\_

FIRM: \_\_\_\_\_

FAX NUMBER: 206-666-3071

FROM: Legislative Services

REGARDING: Disclosure Forms

DATE: 7-29-08 TIME SENT: 12:05 pm

Total number of pages (including this sheet) 5

Additional Message:

Dear Jeffrey, the only individuals that have not turned in their forms are Alderman Antunes and Alderwoman Calder.

We are transmitting from a Canon Laser Class 9000L Super G3 High-Speed Facsimile (203) 946-7476.  
If the FAX is not clearly or completely received please call us at (203) 946-6483.

13012

3002 BOARD OF ALDERMEN

SHAH

730 GEORGE STREET #309

NEW HAVEN

YUSUF

CT 06511

ALDERMAN

EMPLOYMENT DATE 11/08/2001

BARGAINING UNIT YYYY

## Annual Disclosure Form For City of New Haven Employees, Officials & Members of Boards, Commissions and Task Forces

### Section I. Personal Information

First Name	Middle Name	Last Name	
Yusef	Elm	Slick	
Street Address (Home)		City	Zip
59 Gilbert Ave		New Haven	CT 06511
Employer		Position Held	
AIDS Project New Haven			
Street Address (Business)		City	Zip
1302 Chapel St		New Haven	06511
Home Phone	Business Phone	Cell Phone	
203-624-0247	203-745-4311	203-562-7629	
Board, Commission or Task Force (if applicable)		Term Expires (if applicable)	
Alderman		1/1/10	

### Section II. Interests Requiring Disclosure

Please provide the following information for the calendar year 2008. Some questions may request information about your *immediate family or household*. Immediate family means: your spouse or partner, your parent, sibling or child, your spouse's parent, sibling or child, the spouse or partner of said child, or other dependent relative who resides in your house. Household means: all individuals residing in a single housing unit, including related and unrelated people. If the answer to any question is none, please indicate NONE in the space provided. Please attach additional pages as needed.

**A. Are you or any member of your immediate family or household employed by the City?**

Name	Relationship	Position Held	Term Expires (if applicable)
Crystal	wife	School Sec.	

**B. Municipal Employees and Public Officials must answer the following questions. (Members of Boards, Commissions and Task Forces should skip to section C.)**

a. Do you have a financial or personal interest in any City contract, including any contract entered into prior to your nomination, appointment, election or employment to your position?

Contract Name	Contract Amount	Expiration Date of Contract

b. Are you seeking or have you obtained employment with a person, company or corporation engaged in business with the City of New Haven?

Person, company or corporation	Position sought or gained

c. Have you or a member of your immediate family or household applied for a city program or benefit over which you have actual or apparent control, influence or discretionary authority?

City program or benefit

d. Please list any reimbursement of necessary expenses incurred that are due to an article, appearance, or speech, or for participation in any event in your official capacity.

Expense Reimbursed	Date of Event	Amount of Reimbursement	Date Reimbursement Received

C. Members of Boards, Commissions and Task Forces must answer the following questions.  
 (Municipal Employees and Public Officials should skip to Section III.)

a. Have you accepted an offer of employment, whether paid or unpaid, by the City of New Haven or by a program established by the board, commission or task force of which you are a part?

Agency, business or institution \_\_\_\_\_  
 \_\_\_\_\_ *None*

b. Please list any nonmunicipal (including nonprofit) agency, or entity by which you are employed which is funded by monies authorized or provided by the City.

Agency, business or institution	Address	Position Held
		<i>None</i>

c. Please list any nonprofit or other organization of which you are a member of the governing board that is, has been or is likely to be engaged in the application for federal or state funding or local funding authorized or administered by the City of New Haven?

Agency, business or institution \_\_\_\_\_  
 \_\_\_\_\_

d. Please list any nonprofit or other organization of which you are a member of the governing board that is or will be lobbying for specific legislation before the City of New Haven or State of Connecticut legislation which will result in the city receiving funding administered by the city board, commission or task force of which you are a member?

Agency, business or institution \_\_\_\_\_  
 \_\_\_\_\_ *None*

f. Please list any nonprofit or other organization of which you are a member of the governing board where said organization is, has been or may become engaged in litigation against the City of New Haven?

Agency, business or institution \_\_\_\_\_  
 \_\_\_\_\_ *None*

**Section III. Oath**

A. I understand that I am responsible for learning and complying with all laws regarding standard of conduct for public officials. I have read and understand the City's Ethics Code and Ordinance found at Chapter 12 5/8 of the New Have Code of Ordinances.  
Please initial that you have complied with this section \_\_\_\_\_

B. I understand that as a public employee or official I am held to a high standard of ethical behavior. I will avoid both actual improprieties and the appearance of improprieties. I understand that the disclosures requested in this form are related to all of my interests, not just those relating to the department, board, commission, or task force with which I am affiliated. I understand that I am responsible for updating the information on this form immediately upon any change in circumstance. I further understand that this form constitutes public information and will be disclosed upon request. If I am considering outside employment or financial arrangements with a business or person who transacts business or has financial dealings with the City, I will consult with Senior Corporation Counsel David Greenberg at 203/946-7969 regarding any actual or potential ethical issues before taking any action.

*David Shalk* \_\_\_\_\_ *7/25/08* \_\_\_\_\_  
 Signature Date

# Annual Disclosure Form For City of New Haven Employees, Officials & Members of Boards, Commissions and Task Forces

## Section I. Personal Information

First Name		Middle Name	Last Name	
Arlene		m	Depina	
Street Address (Home)			City	Zip
1345 Dean St.			New Haven, Ct	06512
Employer			Position Held	
Gate - New Haven Hosp			Rad. Technologist	
Street Address (Business)			City	Zip
190 Main St.			East Haven	06512
Home Phone	Business Phone		Cell Phone	
203 467-9306	203 466-6508			
Board, Commission or Task Force (if applicable)			Term Expires (if applicable)	

## Section II. Interests Requiring Disclosure

Please provide the following information for the calendar year 2008. Some questions may request information about your *immediate family or household*. Immediate family means: your spouse or partner, your parent, sibling or child, your spouse's parent, sibling or child, the spouse or partner of said child, or other dependent relative who resides in your house. Household means: all individuals residing in a single housing unit, including related and unrelated people. If the answer to any question is none, please indicate NONE in the space provided. Please attach additional pages as needed.

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City program or benefit

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Agency, business or institution

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Agency, business or institution	Address	Position Held

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Agency, business or institution

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Agency, business or institution

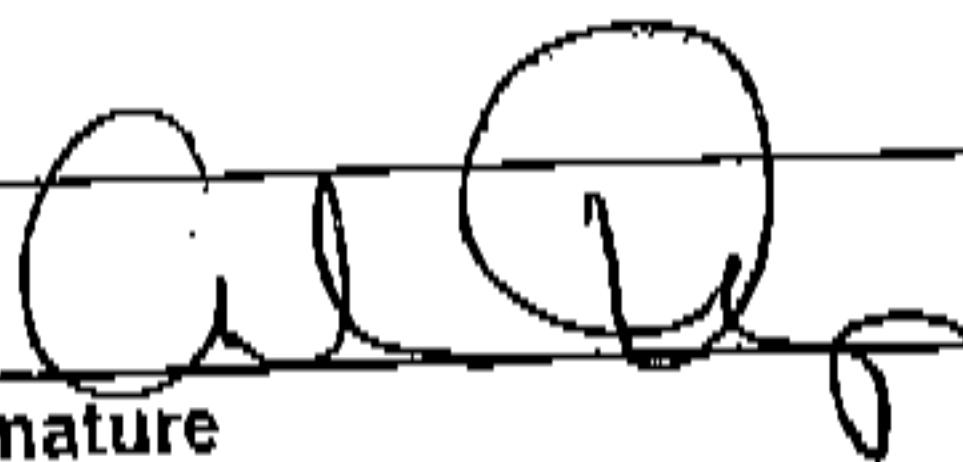
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7-28-08

Signature

Date