

NAME Joseph Percoco

DATE 2/12/15

BOARD/JOB Ex Chamber

NYS TAX Timely

BCT - ok

A2 - 2-Hor Pos - 2/Hor't - Sp Asst. Assoc Counsel

NYS Hor - Various pos

5 - Pol. Act. Andrew Cuomo - Campaign mgmt.

6. Compensation - Monthly Comp from 7/14 - 12/14

7 Inc - self - State of NY - CHA Consulting
Cor Development

} self

Chris Pitts LLC - salary - spouse

8 (b, g, n, v, w, x) No Cnts Prov

FDS - 11 Retirement - Estate of Angela Percoco

13 Inc - Spouse - Chris Pitts LLC - Wage

19 - Barclays Bank & Chase Bk - Cr. Cards

CONFIDENTIAL

OGNYS-BB-00000184

DEFENSE
EXHIBIT

JPX 1014

S2 16 Cr. 776 (VEC)



APPOINTMENTS QUESTIONNAIRE

All Information is Strictly Confidential

The Appointments Questionnaire is designed to gather detailed information from potential appointees/nominees to positions which may become available within the administration of Governor Andrew M. Cuomo. Every question must be answered. If a question is inapplicable, write "N/A" in the answer space provided. Please attach a copy of your current resume, birth certificate, passport, relevant diplomas, and, if applicable, marriage certificate, divorce decree, or military form DD-214.

Please return the completed material by email to RecruitmentandPublicService@ogs.ny.gov or to the following address:

Office of General Services
Center for Recruitment and Public Service
Corning Tower, 40th Floor
Albany, New York 12242

SECTION 1

NAME AND CONTACT INFORMATION		
LAST <i>Percolo</i>	FIRST <i>Joseph</i>	MIDDLE
MAIDEN NAME (IF APPLICABLE)	ALL OTHER NAMES USED <i>Joe, Giuseppe</i>	
DATE OF BIRTH <i>4/15/1969</i>	WORK TELEPHONE NUMBER [REDACTED]	FAX NUMBER
CELLULAR PHONE NUMBER [REDACTED]	EMAIL ADDRESS [REDACTED]	
HOME PHONE NUMBER [REDACTED]	HOME ADDRESS <i>2 Mill Store Lane, South Salem, NY</i>	

Have you used a name other than the one given above? If so, please set forth the name(s) and explain why: _____

10520
10596

SECTION 2 *N/A*

RETIREMENT		Please list any retirement plan (pension, deferred compensation or other) for you or your spouse/partner from which you are currently drawing or eligible to draw benefits.
SELF:	PLAN:	Currently Drawing/ Eligible to Draw YES <input type="checkbox"/> NO <input type="checkbox"/>
SPOUSE:	PLAN:	Currently Drawing/ Eligible to Draw YES <input type="checkbox"/> NO <input type="checkbox"/>

1. Please list any **uncompensated** board position, office, trusteeship, directorship, partnership, or position of **any** nature, held by **you or your spouse** with any organization, firm, corporation, partnership or other association. (You may attach a current resume if necessary.)

N/A

Position	Organization	Self/Spouse

2. Please list all governmental positions (federal, state or local) in which you have served or presently are serving, **including** uncompensated positions on governmental boards and commissions. Please indicate dates.

Government Entity	Position	Dates
US Govt	Special Asst & Assoc. Counsel	5/99 - 1/01
NYS Govt	Exec Reg Secretary	1/11 - 4/14
NYS Govt (IAG)	Special Counsel	1/07 - 12/10
NYC Govt	Public Advocate/Mayors Office	9/95 - 10/98

3. Identify any civic, educational or charitable organizations of which you are a member. Specify the name and address of the organization, the dates of your membership, whether such organization has a contract with or otherwise receives money from New York State or any municipality within New York State, and any title that you held in the organization.

N/A

Organization	Address	Date(s) of Membership/Title	NYS Contract/Money Received (if any)

4. Please indicate any relationship which any of the organizations listed in response to questions 1, 2, and 3, above as well as your current employer, have with any State entity (i.e. licensing, regulatory, contractual, funding, etc.).

N/A

Organization	State Entity	Relationship

5. Identify all memberships and offices held in political parties or election committees during the past ten years.

Organization	Office Held	Dates	Compensation Received
Andrew Cuomo	Campaign Mgr	4/14 - 12/14	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

6. If you received compensation, please provide the particulars.

16,666.00 / month from 4/14 - 12/14

7. Unless otherwise specifically asked to complete a Financial Disclosure statement by the appointing authority, please list below all sources of income, and estimated amounts for each source in excess of \$1,000, for you and your spouse for the last twelve months. Sources of income include, but are not limited to, state salary, income from other compensated employment whether public or private, directorships and other fiduciary positions, contractual arrangements, teaching income, partnerships, honorariums, lecture fees, consultant fees, bank and bond interest, dividends, real estate rents, and sale or exchange of real or other property. Indicate whether income is paid to you, your spouse, or jointly. This includes compensated positions listed above. If you filed a Financial Disclosure Statement pursuant to Public Officers Law section 73-a for the past year, that may be filed with this statement in lieu of supplying the information below.

Time Period Covered _____

Source and Nature	Income	Self/Spouse
State of NY	154,000/yr from 1/1/14 - 4/15/14	Self
CHA Consulting	22,500.00	Self
COR Development	30,000.00	Self
Chris Pitt LLC	90,000.00	Spouse

8. If you answer "YES" to any of the following questions, please provide a detailed explanation. Attach a separate sheet if necessary.

	Y	N
(a) Have you ever been convicted of, or entered into a plea of guilty or nolo contendere to any felony or misdemeanor which has not been sealed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) Have you ever been convicted of or pleaded guilty to a motor vehicle offense, excluding parking tickets or other non-moving violation, or have you ever had your license suspended or revoked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Have you ever been disciplined by any court, administrative agency, professional association, disciplinary committee or other professional group, or the subject of any proceeding, inquiry or investigation by any professional association, including bar association, of which you were or are a member?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(d) Are there any criminal actions or proceedings currently pending against you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(e) Have you ever had an employment discrimination or sexual harassment charge filed against you that has been substantiated or otherwise upheld by a court of law, administrative agency, arbitrator or grievance committee or such charge settled or otherwise resolved with a finding or acknowledgement that you were at fault?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(f) Are you presently, or have you ever been named as a defendant or respondent in any agency proceeding or civil litigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(g) Has any business in which you are or were an owner, officer, director or partner, been a plaintiff or a defendant in a civil lawsuit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(h) Is anyone currently threatening to sue you or any business in which you are an owner, officer, director or partner?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(i) Are there currently any unsatisfied liens or judgments against you or any business in which you are an owner, officer, director or partner?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(j) Are you in arrears on any child support and/or maintenance obligations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(k) Are you or any businesses in which you are an owner, officer, director or partner in default of tax obligations to federal, state or local authorities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(l) Are there any tax liens currently assessed or pending against you, any business in which you are an owner, officer, director or partner, or any real property in which you have a beneficial or legal interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(m) Are you in arrears on the repayment of any loans?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(n) Were you ever expelled, suspended, placed on probation, or subject to any other disciplinary action while attending college or graduate school?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(o) Are you a resident of New York State?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(p) Do you, or any immediate family member own or have any interest in real property that has been cited for health, safety or environmental violations by federal, state or local authorities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(q) Have you or any member of your immediate family engaged in any lobbying activities within the last five years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(r) Have you or any member of your immediate family previously registered with the Temporary Commission on Lobbying, the Public Integrity Commission, or Joint Commission on Public Ethics?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(s) Have you failed to file your federal or state income tax returns at any time within the last ten years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(t) Have you ever had an order of protection entered against you in a court proceeding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(u) Have you ever been cited for contempt of any court, legislative, civil or criminal investigative body or grand jury?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(v) Have you, your spouse or any corporation, firm, partnership or other business enterprise or non-profit organization or other institution in which you or your spouse have served as an owner, officer, director, trustee or partner ever filed a petition for	<input checked="" type="checkbox"/>	<input type="checkbox"/>

bankruptcy under the U.S. Bankruptcy Code?		
(w) Within the last 5 years, have you employed any domestic or household help, including but not limited to a housekeeper, babysitter, nanny or gardener for whom you did not pay withholding taxes or other employment-related assessments (including but not limited to unemployment insurance or workers' compensation payments)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(x) With respect to such individuals identified in (w), were such individuals United States citizens or documented aliens?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(y) Have you ever been involuntarily terminated from a job or position or resigned from a job or position after being informed that you would be involuntarily terminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(z) Have you ever maintained a weblog ("blog")? If so, please provide URL address, and dates on which the blog was maintained, or which you wrote?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(aa) Do you have any relationship, personal or professional, with any persons employed by or engaged in business with the agency, board or authority to which you seek appointment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(bb) Do you have any commitments or agreements to pursue outside employment, with or without compensation, while you may be employed by the State of New York?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(cc) Do you, your spouse or immediate family member own or have any interest in any real property which during the time of such ownership has been cited for health or environmental violations, been condemned or closed, or been determined to contain hazardous materials by any federal, state, or local authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9.	Y	N
Are there any matters which may involve a conflict of interest or an appearance of such a conflict or any problem in connection with your appointment to the position for which you are being considered, which are not fully covered by your answers to this questionnaire?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes, please set forth the pertinent facts below, including an explanation of how you would propose to resolve such conflict of interest or problem (e.g. divestiture, removal, resignation, etc.)

10.	Y	N
All appointees subject to confirmation by the Senate must consent to review. Do you consent to a copy of this questionnaire being reviewed by the Senate Finance Committee if you are nominated for the position you seek?	<input type="checkbox"/>	<input type="checkbox"/>

12/1/14

Joseph Percoco

**AUTHORIZATION AND RELEASE OF PERSONAL INFORMATION INCLUDING
TAX INFORMATION AND CERTIFICATION**

- A. I understand that if appointed, any false statement or information provided during the appointment process may result in dismissal. I further understand that this questionnaire is not, and is not intended to be, a contract of employment, nor does this questionnaire obligate the Cuomo Administration in any way. You are hereby authorized to make any investigation of my background, including prior employment information and education preparation. You are also authorized to make any investigation of credit reports, court records and criminal activity through any law enforcement, investigative or credit agencies or bureaus of your choice. I hereby release from liability the Cuomo Administration, its individual members and advisors, the State of New York, and all persons and agencies supplying such information to them, and I further release such persons and agencies from any obligation to provide me with notification of such disclosure.
- B. I further authorize the Department of Taxation and Finance to examine any of my personal income tax returns for any year, including any schedules and attachments to those returns, for the purpose of ascertaining the correctness of those returns, schedules and attachments. I also authorize the Tax Department to inspect any correspondence, including protests that I may have had with the Department concerning those returns, schedules or attachments. If the Department of Taxation and Finance determines that any return, schedule or attachment is incorrect in any detail, or information in any correspondence or protest might affect my personal tax liability for the past or future years, I authorize the Department of Taxation and Finance to disclose those returns, schedules, attachments and correspondence as well as any information learned during an investigation of personal income tax liability, to the Counsel to the Governor or his/her designee and to discuss its findings with said Counsel or such designee. I will commence no claim against the State of New York, the Department of Taxation and Finance and its officers if they make this disclosure according to this release.

My Social Security Number is: [REDACTED]

I certify that I have reviewed the information in this questionnaire and that, to the best of my knowledge, the information I have supplied is complete, true and accurate.

Signature: 

Print Name: Joseph Percoco

Date: 11/25/14

It is the policy of the Cuomo Administration that no person shall, on the basis of age, race, religion, creed, color, national origin, sexual orientation, military status, sex, disability, pre-disposing genetic characteristics, marital status, relevant criminal record history, domestic violence victim status, or gender identity be unlawfully excluded from participation in, be denied the benefits of, or be subject to discrimination in employment or any of the State's programs or activities.

Chambers

ACKNOWLEDGEMENT

STATE OF NEW YORK)

COUNTY OF ALBANY) SS:

On this 1st day of December 2014 before me personally came

Joseph Perocco, to me known and known to me to be the individual described in and who executed the foregoing instrument, and he/she acknowledged to me that he/she executed the same as his/her free act and deed.

[Signature]

NANCY L. NEMETH
Notary Public, State of New York
#16116600444
Jugate, Albany County,
Commission Expires June 29, 2018

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**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS
APPOINTMENTS QUESTIONNAIRE CHECKLIST**

Before returning your questionnaire, please remember to:

1. ☐ Review the questionnaire to ensure ALL questions have been answered.
2. ☐ **Include any necessary attachments**, such as a resume or separate sheets needed to provide detailed explanations to any questions that may require it.
3. ☐ **Sign and date** the information release form located at the end of the questionnaire.
4. ☐ Keep a copy of the **completed** questionnaire for your records.

Handwritten:
~~CONSISTANT~~
~~4102-5205~~
~~He's HVC~~



*Dup
not Notarized*



APPOINTMENTS QUESTIONNAIRE

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Center for Recruitment and Public Service
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Albany, New York 12242

SECTION 1

NAME AND CONTACT INFORMATION		
LAST <i>Percolo</i>	FIRST <i>Joseph</i>	MIDDLE
MAIDEN NAME (IF APPLICABLE)	ALL OTHER NAMES USED <i>Joe, Giuseppe</i>	
DATE OF BIRTH <i>4/15/1969</i>	WORK TELEPHONE NUMBER [REDACTED]	FAX NUMBER
CELLULAR PHONE NUMBER [REDACTED]	EMAIL ADDRESS [REDACTED]	
HOME PHONE NUMBER [REDACTED]	HOME ADDRESS <i>2 Mill Store Lane, South Salem, NY 10520</i>	

Have you used a name other than the one given above? If so, please set forth the name(s) and explain why: _____

SECTION 2

RETIREMENT		
Please list any retirement plan (pension, deferred compensation or other) for you or your spouse/partner from which you are currently drawing or eligible to draw benefits.		
SELF:	PLAN:	Currently Drawing/ Eligible to Draw YES <input type="checkbox"/> NO <input type="checkbox"/>
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NYS Govt	Exec Reg Secretary	1/11 - 4/14
NYS Govt (IAG)	Special Counsel	1/07 - 12/10
NYC Govt	Public Advocate/Mayors Office	6/95 - 10/98

3. Identify any civic, educational or charitable organizations of which you are a member. Specify the name and address of the organization, the dates of your membership, whether such organization has a contract with or otherwise receives money from New York State or any municipality within New York State, and any title that you held in the organization.

Organization	Address	Date(s) of Membership/Title	NYS Contract/Money Received (if any)

4. Please indicate any relationship which any of the organizations listed in response to questions 1, 2, and 3, above as well as your current employer, have with any State entity (i.e. licensing, regulatory, contractual, funding, etc.).

Organization	State Entity	Relationship

5. Identify all memberships and offices held in political parties or election committees during the past ten years.

Organization	Office Held	Dates	Compensation Received	
Andrew C. Chen	Campaign Mgr.	4/14 - 12/14	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

6. If you received compensation, please provide the particulars.

16,666.00 / Month from 4/14 - 12/14

7. Unless otherwise specifically asked to complete a Financial Disclosure statement by the appointing authority, please list below all sources of income, and estimated amounts for each source in excess of \$1,000, for you and your spouse for the last twelve months. Sources of income include, but are not limited to, state salary, income from other compensated employment whether public or private, directorships and other fiduciary positions, contractual arrangements, teaching income, partnerships, honorariums, lecture fees, consultant fees, bank and bond interest, dividends, real estate rents, and sale or exchange of real or other property. Indicate whether income is paid to you, your spouse, or jointly. This includes compensated positions listed above. If you filed a Financial Disclosure Statement pursuant to Public Officers Law section 73-a for the past year, that may be filed with this statement in lieu of supplying the information below.

Time Period Covered _____

Source and Nature	Income	Self/Spouse
State of NY	154,000/year from 1/1/14 - 4/15/14	Self
CHA Consulting	22,500.00	Self
CR Development	30,000.00	Self
Chris P.H. LLC	90,000.00	Spouse

8. If you answer "YES" to any of the following questions, please provide a detailed explanation. Attach a separate sheet if necessary.

	Y	N
(a) Have you ever been convicted of, or entered into a plea of guilty or nolo contendere to any felony or misdemeanor which has not been sealed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) Have you ever been convicted of or pleaded guilty to a motor vehicle offense, excluding parking tickets or other non-moving violation, or have you ever had your license suspended or revoked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Have you ever been disciplined by any court, administrative agency, professional association, disciplinary committee or other professional group, or the subject of any proceeding, inquiry or investigation by any professional association, including bar association, of which you were or are a member?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(d) Are there any criminal actions or proceedings currently pending against you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(e) Have you ever had an employment discrimination or sexual harassment charge filed against you that has been substantiated or otherwise upheld by a court of law, administrative agency, arbitrator or grievance committee or such charge settled or otherwise resolved with a finding or acknowledgement that you were at fault?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(f) Are you presently, or have you ever been named as a defendant or respondent in any agency proceeding or civil litigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(g) Has any business in which you are or were an owner, officer, director or partner, been a plaintiff or a defendant in a civil lawsuit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(h) Is anyone currently threatening to sue you or any business in which you are an owner, officer, director or partner?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(i) Are there currently any unsatisfied liens or judgments against you or any business in which you are an owner, officer, director or partner?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(j) Are you in arrears on any child support and/or maintenance obligations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(k) Are you or any businesses in which you are an owner, officer, director or partner in default of tax obligations to federal, state or local authorities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(l) Are there any tax liens currently assessed or pending against you, any business in which you are an owner, officer, director or partner, or any real property in which you have a beneficial or legal interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(m) Are you in arrears on the repayment of any loans?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(n) Were you ever expelled, suspended, placed on probation, or subject to any other disciplinary action while attending college or graduate school?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(o) Are you a resident of New York State?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(p) Do you, or any immediate family member own or have any interest in real property that has been cited for health, safety or environmental violations by federal, state or local authorities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(q) Have you or any member of your immediate family engaged in any lobbying activities within the last five years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(r) Have you or any member of your immediate family previously registered with the Temporary Commission on Lobbying, the Public Integrity Commission, or Joint Commission on Public Ethics?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(s) Have you failed to file your federal or state income tax returns at any time within the last ten years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(t) Have you ever had an order of protection entered against you in a court proceeding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(u) Have you ever been cited for contempt of any court, legislative, civil or criminal investigative body or grand jury?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(v) Have you, your spouse or any corporation, firm, partnership or other business enterprise or non-profit organization or other institution in which you or your spouse have served as an owner, officer, director, trustee or partner ever filed a petition for	<input checked="" type="checkbox"/>	<input type="checkbox"/>

bankruptcy under the U.S. Bankruptcy Code?		
(w) Within the last 5 years, have you employed any domestic or household help, including but not limited to a housekeeper, babysitter, nanny or gardener for whom you did not pay withholding taxes or other employment-related assessments (including but not limited to unemployment insurance or workers' compensation payments)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(x) With respect to such individuals identified in (w), were such individuals United States citizens or documented aliens?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(y) Have you ever been involuntarily terminated from a job or position or resigned from a job or position after being informed that you would be involuntarily terminated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(z) Have you ever maintained a weblog ("blog")? If so, please provide URL address, and dates on which the blog was maintained, or which you wrote?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(aa) Do you have any relationship, personal or professional, with any persons employed by or engaged in business with the agency, board or authority to which you seek appointment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(bb) Do you have any commitments or agreements to pursue outside employment, with or without compensation, while you may be employed by the State of New York?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(cc) Do you, your spouse or immediate family member own or have any interest in any real property which during the time of such ownership has been cited for health or environmental violations, been condemned or closed, or been determined to contain hazardous materials by any federal, state, or local authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9.	Y	N
Are there any matters which may involve a conflict of interest or an appearance of such a conflict or any problem in connection with your appointment to the position for which you are being considered, which are not fully covered by your answers to this questionnaire?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes, please set forth the pertinent facts below, including an explanation of how you would propose to resolve such conflict of interest or problem (e.g. divestiture, removal, resignation, etc.)

10.	Y	N
All appointees subject to confirmation by the Senate must consent to review. Do you consent to a copy of this questionnaire being reviewed by the Senate Finance Committee if you are nominated for the position you seek?	<input type="checkbox"/>	<input type="checkbox"/>

**AUTHORIZATION AND RELEASE OF PERSONAL INFORMATION INCLUDING
TAX INFORMATION AND CERTIFICATION**

- A. I understand that if appointed, any false statement or information provided during the appointment process may result in dismissal. I further understand that this questionnaire is not, and is not intended to be, a contract of employment, nor does this questionnaire obligate the Cuomo Administration in any way. You are hereby authorized to make any investigation of my background, including prior employment information and education preparation. You are also authorized to make any investigation of credit reports, court records and criminal activity through any law enforcement, investigative or credit agencies or bureaus of your choice. I hereby release from liability the Cuomo Administration, its individual members and advisors, the State of New York, and all persons and agencies supplying such information to them, and I further release such persons and agencies from any obligation to provide me with notification of such disclosure.
- B. I further authorize the Department of Taxation and Finance to examine any of my personal income tax returns for any year, including any schedules and attachments to those returns, for the purpose of ascertaining the correctness of those returns, schedules and attachments. I also authorize the Tax Department to inspect any correspondence, including protests that I may have had with the Department concerning those returns, schedules or attachments. If the Department of Taxation and Finance determines that any return, schedule or attachment is incorrect in any detail, or information in any correspondence or protest might affect my personal tax liability for the past or future years, I authorize the Department of Taxation and Finance to disclose those returns, schedules, attachments and correspondence as well as any information learned during an investigation of personal income tax liability, to the Counsel to the Governor or his/her designee and to discuss its findings with said Counsel or such designee. I will commence no claim against the State of New York, the Department of Taxation and Finance and its officers if they make this disclosure according to this release.

My Social Security Number is: [REDACTED]

I certify that I have reviewed the information in this questionnaire and that, to the best of my knowledge, the information I have supplied is complete, true and accurate.

Signature: _____

Print Name: _____

Date: _____

It is the policy of the Cuomo Administration that no person shall, on the basis of age, race, religion, creed, color, national origin, sexual orientation, military status, sex, disability, pre-disposing genetic characteristics, marital status, relevant criminal record history, domestic violence victim status, or gender identity be unlawfully excluded from participation in, be denied the benefits of, or be subject to discrimination in employment or any of the State's programs or activities.

ACKNOWLEDGEMENT

STATE OF NEW YORK)

COUNTY OF BRONX) SS:

On this 15 day of January 20 15 before me personally came
Joseph Pericko, to me known and known to me to be the individual described
in and who executed the foregoing instrument, and he/she acknowledged to me that he/she executed the
same as his/her free act and deed.

Deborah Cole

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS
APPOINTMENTS QUESTIONNAIRE CHECKLIST**

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