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Financial Disclosure Statement : SCHNEIDERMAN

INSTRUCTIONS: Answer the questions below to the best of your knowledge. If you wish to save your document to finish later, click the 'OK' button. To reopen a saved document, click the link marked '2013' from the FILINGS table found at the bottom of your Profile page. To submit a completed form, simply click 'OK' after completing all questions. To make changes to a submitted, completed form before your deadline, simply reopen the document from your Profile page.

INSTRUCTIONS: Answer each of the following questions completely, with respect to calendar year 2013, unless another period or date is otherwise specified. If additional space is needed, attach additional pages.

Whenever a "value" or "amount" is required to be reported herein, such value or amount shall be reported as being within one of the following Categories in Table I or Table II of this subdivision as called for in the question: A reporting individual shall indicate the Category by letter only.

Whenever "income" is required to be reported herein, the term "income" shall mean the aggregate net income before taxes from the source identified.

The term "calendar year" shall mean the year ending the December 31st preceding the date of filing of the annual statement.

NEW category tables: [Table I](#) | [Table II](#)

Attach File | Delete Item * indicates a required field

FDS FOR CALENDAR YEAR: YEAR
2013

PRE-FILL
(Optional) TO FILL FORM WITH ANSWERS FROM YOUR PREVIOUS FILINGS:
(1) Select year from drop-down menu. (2) Click Pre-fill button.
Select year ...
(NOTE: The pre-fill option will overwrite any data that you may already have in the form below.)

1. NAME
(Last) (First) (MI)
SCHNEIDERMAN ERIC T



2. POSITION
(a) TITLE OF POSITION (b) DEPARTMENT, AGENCY OR OTHER GOVERNMENTAL ENTITY
ATTORNEY GENERAL OFFICE OF THE ATTORNEY GENERAL

(c) OFFICE ADDRESS (d) OFFICE TELEPHONE
120 Broadway New York, NY 10271 212-416-8050

3. FAMILY [Help](#)
(a) MARITAL STATUS
Divorced
(b) FOR EACH UNEMANCIPATED CHILD, TYPE NAME, CLICK 'ADD'



4. OUTSIDE ACTIVITIES [Help](#)
 NONE
(a) List any office, trusteeship, directorship, partnership, or position of any nature, whether compensated or not, held by the reporting individual with any firm, corporation, association, partnership, or other organization other than the State of New York. Include compensated honorary positions; do NOT list membership or uncompensated honorary positions. If the listed entity was licensed by any state or local agency, was regulated by any state regulatory agency or local agency, or, as a regular and significant part of the business or activity of said entity, did business with, or had matters other than ministerial matters before, any state or local agency, list

the name of any such agency.

POSITION	ORGANIZATION	STATE OR LOCAL AGENCY

Trustee --Trust for the Benefit of **New York State Department of Taxation and Finance**

NONE

(b) List any office, trusteeship, directorship, partnership, or position of any nature, whether compensated or not, held by the spouse or unemancipated child of the reporting individual, with any firm, corporation, association, partnership, or other organization other than the State of New York. Include compensated honorary positions; do NOT list membership or uncompensated honorary positions. If the listed entity was licensed by any state or local agency, was regulated by any state regulatory agency or local agency, or, as a regular and significant part of the business or activity of said entity, did business with, or had matters other than ministerial matters before, any state or local agency, list the name of any such agency.

5. OUTSIDE EMPLOYMENT

NONE

[Help](#)

(a) List the name, address and description of any occupation, employment (other than the employment listed under Item 2 above), trade, business or profession engaged in by the reporting individual. If such activity was licensed by any state or local agency, was regulated by any state regulatory agency or local agency, or, as a regular and significant part of the business or activity of said entity, did business with, or had matters other than ministerial matters before, any state or local agency, list the name of any such agency.

NONE

(b) If the spouse or unemancipated child of the reporting individual was engaged in any occupation, employment, trade, business or profession which activity was licensed by any state or local agency, was regulated by any state regulatory agency or local agency, or, as a regular and significant part of the business or activity of said entity, did business with, or had matters other than ministerial matters before, any state or local agency, list the name, address and description of such occupation, employment, trade, business or profession and the name of any such agency.

6. CONTRACTS

NONE

[Help](#)

List any interest, in EXCESS of \$1,000, held by the reporting individual, such individual's spouse or unemancipated child, or partnership of which any such person is a member, or corporation, 10% or more of the stock of which is owned or controlled by any such person, whether vested or contingent, in any contract made or executed by a state or local agency and include the name of the entity which holds such interest and the relationship of the reporting individual or such individual's spouse or such child to such entity and the interest in such contract. Do NOT ... [\[click for more\]](#)

7. POLITICAL ACTIVITIES

NONE

[Help](#)

List any position the reporting individual held as an officer of any political party or political organization, as a member of any political party committee, or as a political party district leader. The term "party" shall have the same meaning as "party" in the election law. The term "political organization" means any party or independent body as defined in the election law or any organization that is affiliated with or a subsidiary of a party or independent body.

8. PROFESSION & BUSINESS

NONE

[Help](#)

(a) If the reporting individual practices law, is licensed by the department of state as a real estate broker or agent or practices a profession licensed by the department of education, or works as a member or employee of a firm required to register pursuant to section one-e of the legislative law as a lobbyist, give a general description of the principal subject areas of matters undertaken by such individual. Additionally, if such an individual practices with a firm or corporation and is a partner or shareholder of the firm or corporation, give a general description of principal subject areas of matters undertaken by such firm or corporation.

DESCRIPTION

Attorney General of the State of New York

NONE

(b) APPLICABLE ONLY TO NEW CLIENTS OR CUSTOMERS FOR WHOM SERVICES ARE PROVIDED ON OR AFTER JULY FIRST, TWO THOUSAND TWELVE, OR FOR NEW MATTERS FOR EXISTING CLIENTS OR CUSTOMERS WITH RESPECT TO THOSE SERVICES THAT ARE PROVIDED ON OR AFTER JULY FIRST, TWO THOUSAND TWELVE: If

the reporting individual personally provides services to any person or entity, or works as a member or employee of a partnership or corporation that provides such services (referred to hereinafter as a "firm"), then identify each client or customer to whom the reporting individual, or who was referred to the firm by the reporting individual or his or her firm earned fees in excess of \$10,000 during the reporting period for such services ... [\[click for more\]](#)

NONE

(c) List the name, principal address and general description or the nature of the business activity of any entity in which the reporting individual or such individual's spouse had an investment in excess of \$1,000 excluding investments in securities and interests in real property.

9. GIFTS

NONE

[Help](#)

List each source of gifts, EXCLUDING campaign contributions, in EXCESS of \$1,000, received during the reporting period for which this statement is filed by the reporting individual or such individual's spouse or unemancipated child from the same donor, EXCLUDING gifts from a relative. INCLUDE the name and address of the donor. The term "gifts" does not include reimbursements, which term is defined in item 10. Indicate the value and nature of each such gift.

10. REIMBURSEMENTS

NONE

[Help](#)

Identify and briefly describe the source of any reimbursements for expenditures, EXCLUDING campaign expenditures and expenditures in connection with official duties reimbursed by the state, in EXCESS of \$1,000 from each such source. For purposes of this item, the term "reimbursements" shall mean any travel-related expenses provided by nongovernmental sources and for activities related to the reporting individual's official duties such as, speaking engagements, conferences, or factfinding events. The term "reimbursements" does NOT include gifts reported under item 9.

11. RETIREMENT, TRUSTS, ESTATES

NONE

[Help](#)

List the identity and value, if reasonably ascertainable, of each interest in a trust, estate or other beneficial interest, including retirement plans (other than retirement plans of the state of New York or the city of New York), and deferred compensation plans (e.g., 401, 403(b), 457, etc.) established in accordance with the internal revenue code, in which the REPORTING INDIVIDUAL held a beneficial interest in EXCESS of \$1,000 at any time during the preceding year. Do NOT report interests in a trust, estate or other beneficial interest established by or for, or the estate of, a relative.

IDENTITY	CATEGORY OF VALUE (IN TABLE II)*
<input checked="" type="checkbox"/> SCHWAB Money Market (Part of Charles Schwab Contributory IRA)	Category C - \$1,000 to under \$5,000
<input checked="" type="checkbox"/> PIMCO Short Term INSTL (Part of Charles Schwab Contributory IRA)	Category E - \$20,000 to under \$50,000
<input checked="" type="checkbox"/> Vanguard ST Inv. Grade INSTL Bonds (Part of Charles Schwab Contributory IRA)	Category I - \$150,000 to under \$250,000
<input checked="" type="checkbox"/> Turner Mid Cap Growth (Part of Charles Schwab Contributory IRA)	Category E - \$20,000 to under \$50,000
<input checked="" type="checkbox"/> MFS Utilities (Part of Charles Schwab Contributory IRA)	Category F - \$50,000 to under \$75,000
<input checked="" type="checkbox"/> Vanguard Health Care (Part of Charles Schwab Contributory IRA)	Category E - \$20,000 to under \$50,000
<input checked="" type="checkbox"/> US Aerospace & Defense-ETF (Part of Charles Schwab Contributory IRA)	Category E - \$20,000 to under \$50,000
<input checked="" type="checkbox"/> Hartford Global Real Estate INSTL (Part of Charles Schwab Contributory IRA)	Category E - \$20,000 to under \$50,000

12. EMPLOYMENT AGREEMENTS

NONE

[Help](#)

(a) Describe the terms of, and the parties to, any contract, promise, or other agreement between the reporting individual and any person, firm, or corporation with respect to the employment of such individual after leaving office or position (other than a leave of absence).

NONE

(b) Describe the parties to and the terms of any agreement providing for continuation of payments or benefits to the REPORTING INDIVIDUAL in EXCESS of \$1,000 from a prior employer OTHER THAN the State. (This includes interests in or contributions to a pension fund, profit-sharing plan, or life or health insurance; buy-out agreements; severance payments; etc.)

13. NON-STATE INCOME

List below the nature and amount of any income in EXCESS of \$1,000

NONE [Help](#)

from EACH SOURCE for the reporting individual and such individual's spouse for the taxable year last occurring prior to the date of filing. Nature of income includes, but is not limited to, all income (other than that received from the employment listed under Item 2 above) from 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, ... [\[click for more\]](#)

SELF/SPOUSE	SOURCE	NATURE	CATEGORY OF AMOUNT (IN TABLE I)
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<input checked="" type="checkbox"/> Self	Charles Schwab	Dividends	Category E - \$20,000 - \$50,000
<input checked="" type="checkbox"/> Self	Charles Schwab	Recognized Capital Gains from the sale of mutual funds	Category G - \$75,000 - \$100,000
<input checked="" type="checkbox"/> Self	Charles Schwab	Interest	Category C - \$1,000 - \$5,000
<input checked="" type="checkbox"/> Self	Vanguard NY Long Term Tax-Exempt Fund Investor Shares	Interest	Category C - \$1,000 - \$5,000

14. INCOME DUE
 NONE [Help](#)

List the sources of any deferred income (not retirement income) in EXCESS of \$1,000 from each source to be paid to the reporting individual following the close of the calendar year for which this disclosure statement is filed, other than deferred compensation reported in item 11 hereinabove. Deferred income derived from the practice of a profession shall be listed in the aggregate and shall identify as the source, the name of the firm, corporation, partnership or association through which the income was derived, but shall not identify individual clients.

15. INCOME ASSIGNMENT / ASSET TRANSFER
 NONE [Help](#)

List each assignment of income in EXCESS of \$1,000, and each transfer other than to a relative during the reporting period for which this statement is filed for less than fair consideration of an interest in a trust, estate or other beneficial interest, securities or real property, by the reporting individual, in excess of \$1,000, which would otherwise be required to be reported herein and is not or has not been so reported.

16. INVESTMENTS
 NONE [Help](#)

List below the type and market value of securities held by the reporting individual or such individual's spouse from each issuing entity in EXCESS of \$1,000 at the close of the taxable year last occurring prior to the date of filing, including the name of the issuing entity exclusive of securities held by the reporting individual issued by a professional corporation. Whenever an interest in securities exists through a beneficial interest in a trust, the securities held in such trust shall be listed ONLY ... [\[click for more\]](#)

Have a lot of investments? You can now upload all of them at once in Excel or PDF format: click [HERE!](#)
(Will appear at bottom of form.)

SELF/SPOUSE	ISSUING ENTITY	TYPE OF SECURITY
PERCENTAGE OF CORPORATE STOCK OWNED OR CONTROLLED (IF MORE THAN 5% OF PUBLICLY TRADED STOCK, OR MORE THAN 10% IF STOCK NOT PUBLICLY TRADED IS HELD)	CATEGORY OF MARKET VALUE AS OF THE CLOSE OF THE TAXABLE YEAR LAST OCCURRING PRIOR TO THE FILING OF THIS STATEMENT (IN TABLE II)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Self	See addendum	

17. REAL ESTATE
 NONE [Help](#)

List below the location, size, general nature, acquisition date, market value and percentage of ownership of any real property in which any vested or contingent interest in EXCESS of \$1,000 is held by the reporting individual or the reporting individual's spouse. Also list real property owned for investment purposes by a corporation more than fifty percent (50%) of the stock of which is owned or controlled by the reporting individual or such individual's spouse. Do NOT list any real property which is the primary or secondary personal residence of the reporting individual or the reporting individual's spouse, except where there is a co-owner who is other than a relative.

Attachment to Question 16

Persons	Issuing Entity	Type	Percent Owned	Category	Value
Self	Aberdeen Emerging Markets Fund	Mutual Funds	N/A	F	\$50,000-75,000
Self	American Funds Europacific Growth Fund	Mutual Funds	N/A	H	\$100,000-150,000
Self	Artisan MidCap Value Fund	Mutual Funds	N/A	F	\$50,000-75,000
Self	Baron Asset Fund Institutional Class	Mutual Funds	N/A	E	\$20,000-50,000
Self	Baron Opportunity Fund Institutional Class	Mutual Funds	N/A	F	\$50,000-75,000
Self	Baron Real Estate Fund	Mutual Funds	N/A	I	\$150,000-250,000
Self	Baron Small Cap Fund Institutional Class	Mutual Funds	N/A	F	\$50,000-75,000
Self	Blackrock Equity Dividend Fund	Mutual Funds	N/A	F	\$50,000-75,000
Self	Blackrock Global Dividend Fund	Mutual Funds	N/A	F	\$50,000-75,000
Self	Blackrock Health Science	Mutual Funds	N/A	F	\$50,000-75,000
Self	Dodge & Cox International Stock Fund	Mutual Funds	N/A	H	\$100,000-150,000
Self	Eaton Vance Worldwide Health	Mutual Funds	N/A	F	\$50,000-75,000
Self	First Eagle Overseas	Mutual Funds	N/A	G	\$75,000-100,000
Self	Harbor Capital Appreciation	Mutual Funds	N/A	I	\$150,000-250,000
Self	Hartford Equity Income Fund Class I	Mutual Funds	N/A	E	\$20,000-50,000
Self	Hartford Global Real Asset I	Mutual Funds	N/A	E	\$20,000-50,000
Self	iShares Dow Jones U.S. Aerospace & Defense	Index Funds	N/A	I	\$150,000-250,000
Self	Longleaf Partners Small Capital	Mutual Funds	N/A	H	\$100,000-150,000
Self	Mainstay Epoch Global Dividend Fund	Mutual Funds	N/A	G	\$75,000-100,000
Self	MFS Utilities Fund	Mutual Funds	N/A	H	\$100,000-150,000
Self	New York State Thruway	Municipal Bonds	N/A	E	\$20,000-50,000
Self	Nicholas Equity Income Fund	Mutual Funds	N/A	H	\$100,000-150,000
Self	Oakmark International	Mutual Funds	N/A	F	\$50,000-75,000
Self	Parametric Tax MFD Emerging Markets Institutional Fund	Mutual Funds	N/A	G	\$75,000-100,000
Self	PIMCO Commodity Real	Mutual Funds	N/A	E	\$20,000-50,000
Self	Putnam Equity Income Fund	Mutual Funds	N/A	E	\$20,000-50,000
Self	RS Global Natural	Mutual Funds	N/A	E	\$20,000-50,000
Self	Schwab NY AMT Tax Free Money Mark Fund	Money Market Fund	N/A	L	\$750,000-1,000,000
Self	Symons Value Fund	Mutual Funds	N/A	I	\$150,000-250,000
Self	Third Avenue Real Estate	Mutual Funds	N/A	E	\$20,000-50,000
Self	Van Eck Global Hard Asset Fund	Mutual Funds	N/A	E	\$20,000-50,000
Self	Vanguard Health Care Fund	Mutual Funds	N/A	E	\$20,000-50,000
Self	Vanguard Materials	Traded Funds	N/A	E	\$20,000-50,000
Self	Virtus Emerging Markets Fund	Mutual Funds	N/A	D	\$5,000-20,000

18. MONEY DUE NONE[Help](#)

List below all notes and accounts receivable, other than from goods or services sold, held by the reporting individual at the close of the taxable year last occurring prior to the date of filing and other debts owed to such individual at the close of the taxable year last occurring prior to the date of filing, in EXCESS of \$1,000, including the name of the debtor, type of obligation, date due and the nature of the collateral securing payment of each, if any, excluding securities reported in item 16 hereinabove. Debts, notes and accounts receivable owed to the individual by a relative shall not be reported.

19. DEBTS NONE[Help](#)

List below all liabilities of the reporting individual and such individual's spouse, in EXCESS of \$10,000 as of the date of filing of this statement, other than liabilities to a relative. Do NOT list liabilities incurred by, or guarantees made by, the reporting individual or such individual's spouse or by any proprietorship, partnership or corporation in which the reporting individual or such individual's spouse has an interest, when incurred or made in the ordinary course of the trade, business or professional practice of the reporting individual or such individual's spouse. Include the name of the creditor and any collateral pledged by such individual to secure payment of ... [\[click for more\]](#)

20. AGREEMENT

I agree, and it is my intent, to sign this annual financial disclosure statement (FDS) by electronically submitting this filing to the Joint Commission on Public Ethics. I understand that my signing and submitting this FDS electronically is the legal equivalent of having placed my handwritten signature on an FDS. I understand and agree that by electronically signing and submitting this FDS I am affirming to the truth of the information contained therein.

Check box to agree with previous statements:

INCOMPLETE QUESTIONS

Complete

AMENDMENTReceived **Attachments**Schneiderman 2013 Financial Disclosure Addendum-Question 16--Investments (FINAL).pdf Delete