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Financial Disclosure Statement: Hochul

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 '2014' 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 2014, 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 | X Delete Item * indicates a required field **FDS FOR CALENDAR YEAR:** YEAR 2014 🗸 PRE-FILL TO FILL FORM WITH ANSWERS FROM YOUR PREVIOUS FILINGS: (Optional) (1) Select year from drop-down menu. (2) Click Pre-fill button. Select year ... V (NOTE: The pre-fill option will overwrite any data that you may already have in the form below.) 1. NAME (First) (MI) (Last) Hochul Kathleen 2. POSITION (a) TITLE OF POSITION (b) DEPARTMENT, AGENCY OR OTHER GOVERNMENTAL ENTITY OFFICE OF THE LIEUTENANT GOV Lieutenant Governor (c) OFFICE ADDRESS (d) OFFICE TELEPHONE 518-402-2292 State Capitol Albany, NY 12224 3. FAMILY (a) MARITAL STATUS SPOUSE'S FULL NAME (incl. maiden) Help @ Married William J. Hochul (b) FOR EACH UNEMANCIPATED CHILD, TYPE NAME, CLICK 'ADD' 4. OUTSIDE ACTIVITIES (a) List any office, trusteeship, directorship, partnership, or position of any nature, whether compensated or not, held by the reporting Help @ individual with any firm, corporation, association, partnership, or other organization other than the State of New York. Include NONE 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 LOCAGENCY	CAL
	× Group Vice President M & T Bank NYS DF	e
(b) List any office, trusteeship, directorship, pa any nature, whether compensated or not, it unemancipated child of the reporting individence of the compensated or other the State of New York. Include compensated NOT list membership or uncompensated hor listed entity was licensed by any state or local by any state regulatory agency or local agency significant part of the business or activity of swith, or had matters other than ministerial mor local agency, list the name of any such agent		pouse or any firm, ther than itions; do iss. If the regulated gular and business
	POSITION ORGANIZATION AGENCY	
	× United States Attorney (NYWD) USDOJ	n/a
E CLIPATRE PURI CURLENT		
5. OUTSIDE EMPLOYMENT Help NONE	(a) List the name, address and description of any of employment (other than the employment listed under Item trade, business or profession engaged in by the reporting ind such activity was licensed by any state or local agency, was by any state regulatory agency or local agency, or, as a re significant part of the business or activity of said entity, did with, or had matters other than ministerial matters before, or local agency, list the name of any such agency.	2 above), ividual. If regulated gular and l business
□ NONE	(b) If the spouse or unemancipated child of the reporting was engaged in any occupation, employment, trade, bu profession which activity was licensed by any state or loca was regulated by any state regulatory agency or local agency regular and significant part of the business or activity of said business with, or had matters other than ministeria before, any state or local agency, list the name, add description of such occupation, employment, trade, but profession and the name of any such agency.	siness or I agency, y, or, as a entity, I matters Iress and siness or
	POSITION ORGANIZATION DESCRIPTION	STATE OR LOCAL AGENCY
1 5	X US Office, 138 US NYS Office of Court Administration of the Court Administration of	
6. CONTRACTS Help ✓ NONE	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 Help NONE	List any position the reporting individual held as an office political party or political organization, as a member of an party committee, or as a political party district leader. "party" shall have the same meaning as "party" in the ele The term "political organization" means any party or included as defined in the election law or any organization affiliated with or a subsidiary of a party or independent body	y political The term ction law. dependent n that is
8. PROFESSION & BUSINESS	(a) If the reporting individual practices law, is license	d by the
Help NONE	department of state as a real estate broker or agent or p profession licensed by the department of education, or w member or employee of a firm required to register pursuant one-e of the legislative law as a lobbyist, DESCRIBE THE RENDERED FOR WHICH COMPENSATION WAS PAID INCL GENERAL description of the principal subject areas of undertaken by such individual AND PRINCIPAL DUTIES PEI	oractices a orks as a to section SERVICES LUDING A f matters

SPECIFICALLY STATE WHETHER THE REPORTING INDIVIDUAL PROVIDES SERVICES DIRECTLY TO CLIENTS. 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.

✓ NONE

(b) APPLICABLE ONLY TO NEW CLIENTS OR CUSTOMERS FOR WHOM SERVICES ARE PROVIDED ON OR AFTER JULY FIRST, TWO THOUSAND TWELVE AND BEFORE DECEMBER THIRTY-FIRST, TWO THOUSAND FIFTEEN, 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 AND BEFORE DECEMBER THIRTY-FIRST TWO THOUSAND FIFTEEN: 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 reffered 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

Help @

✓ NONE

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

Help @

✓ NONE

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

Help 🕡

☐ NONE

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)*

V Category D - \$5,000 to under Fidelity ADV SMALL CAP-CL T \$20,000 Fidelity ADV STRATEGIC Category D - \$5,000 to under INCOME-CL T Category E - \$20,000 to Fidelity ADV NEW INSIGHTSunder \$50,000 Category D - \$5,000 to under Fidelity ADV TOTAL BOND-CL T \$20,000 Category D - \$5,000 to under Fidelity ADV MID CAP II-CL T \$20,000 Fidelity ADV CONSUMER Category D - \$5,000 to under STAPLES-CL T \$20,000 Category D - \$5,000 to under Fidelity ADV CANADA-CL T \$20,000 Fidelity ADV TOTAL INTL Category C - \$1,000 to under EQUITY-CL T \$5,000 Category D - \$5,000 to under Oppenheimer Retirement \$20,000

12. EMPLOYMENT (a) Describe the terms of, and the parties to, any contract, promise, or other agreement between the reporting individual and any person, **AGREEMENTS** firm, or corporation with respect to the employment of such individual Help @ 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 ✓ NONE 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 from EACH SOURCE for the reporting individual and such individual's Help @ spouse for the taxable year last occurring prior to the date of filing. EACH SOURCE MUST BE DESCRIBED WITH PARTICULARITY. Nature of NONE 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] CATEGORY OF AMOUNT (IN TABLE I) SELF/SPOUSE SOURCE NATURE Category J -\$250,000 -Salary Self M & T Bank \$350,000 Category I -**US** Department Salary \$150,000 -Spouse of Justice \$250,000 Category C -529 Plan Self Interest \$1,000 - \$5,000 Category D -Self & Merrill Lynch Dividends \$5,000 - \$20,000 Spouse Category D -Self & Merrill Lynch Dividends \$5,000 - \$20,000 Spouse Self & Category D -Merrill Lynch Dividends Spouse \$5,000 - \$20,000 14. INCOME DUE 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 **✓** NONE 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 / List each assignment of income in EXCESS of \$1,000, and each transfer other than to a relative during the reporting period for which **ASSET TRANSFER** this statement is filed for less than fair consideration of an interest in a trust, estate or other beneficial interest, securities or real property, Help @ by the reporting individual, in excess of \$1,000, which would ✓ NONE otherwise be required to be reported herein and is not or has not been so reported. 16. INVESTMENTS 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 Help @ occurring prior to the date of filing, including the name of the issuing ■ NONE entity exclusive of securities held by the reporting individual issued by a professional corporation. Whenever an interest in securities exists Have a lot of investments? You through a beneficial interest in a trust, the securities held in such trust can now upload all of them at shall be listed ONLY ... [click for more] once in Excel or PDF format: click HERE! TYPE OF SECURITY SELF/SPOUSE **ISSUING ENTITY** (Will appear at bottom of form.) PERCENTAGE OF CATEGORY OF MARKET VALUE AS OF THE CLOSE OF THE TAXABLE YEAR LAST CORPORATE STOCK OCCURRING PRIOR TO THE FILING OF THIS OWNED OR CONTROLLED (IF MORE STATEMENT (IN TABLE II) THAN 5% OF PUBLICLY

TRADED STOCK, OR

MORE THAN 10% IF STOCK NOT PUBLICLY TRADED IS HELD)

		%				~
×	Self	ML BANK DEPOSIT PROGRAM	Money Accounts	n/a	Category D - \$5,000 to under \$20,000	
x	Self	ML BANK DEPOSIT PROGRAM	Money Accounts	n/a	Category D - \$5,000 to under \$20,000	
×	Self	ML BANK DEPOSIT PROGRAM	Money Accounts	n/a	Category D - \$5,000 to under \$20,000	
×	Self	LOOMIS SAYLES STRATEGIC ALPHA FUND CL Y	Mutual Fund	n/a	Category D - \$5,000 to under \$20,000	
ĸ	Self	LOOMIS SAYLES STRATEGIC INCOME FUND CL Y	Mutual Fund	n/a	Category D - \$5,000 to under \$20,000	
x	Self	LORD ABBETT FLOATING RATE FUND CL F	Mutual Fund	n/a	Category D - \$5,000 to under \$20,000	
x	Self	ML BANK DEPOSIT PROGRAM	Money Accounts	n/a	Category D - \$5,000 to under \$20,000	
×	Self	VIRTUS DYNAMIC ALPHASECTOR FUND CL I	Mutual Fund	n/a	Category D - \$5,000 to under \$20,000	
×	Self	BLACKROCK MULTI ASSET INCOME PORTFOLIO INSTL	Mutual Fund	n/a	Category D - \$5,000 to under \$20,000	
x	Self	CSX CORP	Stock	n/a	Category D - \$5,000 to under \$20,000	
x	Self	EXXON MOBIL CORP COM	Stock	n/a	Category D - \$5,000 to under \$20,000	
x	Self	LINEAR TECHNOLOGY CORP	Stock	n/a	Category D - \$5,000 to under \$20,000	
x	Self	DWS FLOATING RATE FD S	Mutual Fund	n/a	Category D - \$5,000 to under \$20,000	
×	Self	PAYCHEX INC	Stock	n/a	Category D - \$5,000 to under \$20,000	
x	Self	JOHNSON AND JOHNSON COM	Stock	n/a	Category D - \$5,000 to under \$20,000	
x	Self	PROCTER & GAMBLE CO	Stock	n/a	Category D - \$5,000 to under \$20,000	
x	Self	WAL-MART STORES INC	Stock	n/a	under \$20,000	
x	Self	AUTOMATIC DATA PROC	Stock	n/a	under \$20,000	
x	Self	EMERSON ELEC CO	Stock	n/a	under \$20,000	
x	Self	MEDTRONIC INC	Stock	n/a	under \$75,000	
X	Self	MCDONALDS CORP COM	Stock	n/a	under \$75,000	
×	Self	GENUINE PARTS CO	Stock	n/a	Category F - \$50,000 to under \$75,000	
x	Self	UNITED TECHS CORP	Stock	n/a	Category F - \$50,000 to	

					under \$75,000
X	Self	NORTHROP GRUMMAN CORP	Stock	n/a	Category F - \$50,000 to under \$75,000
×	Self	RAYTHEON CO DELAWARE NEW	Stock	n/a	Category F - \$50,000 to under \$75,000
x	Self	CALAMOS MARKET NEUTRAL INCOME FD CL I	Mutual Fund	n/a	Category F - \$50,000 to under \$75,000
x	Self	SPDR S P DIVID ETF	Stock	n/a	Category F - \$50,000 to under \$75,000
X	Self	GABELLI ABC FUND ADV CL	Mutual Fund	n/a	Category F - \$50,000 to under \$75,000
x	Self	THE MERGER FUND CL N	Mutual Fund	n/a	Category F - \$50,000 to under \$75,000
X	Self	ISHARES SELECT DIVIDEND ETF	Stock	n/a	Category F - \$50,000 to under \$75,000
×	Self	MAINSTAY MARKETFIELD FUND CL I	Mutual Fund	n/a	Category F - \$50,000 to under \$75,000
x	Self	WELLS FARGO ASSET ALLOCATION FD ADMI	Mutual Fund	n/a	Category F - \$50,000 to under \$75,000
x	Self	WELLS FARGO ABSOLUTE RETURN FD CL ADM	Mutual Fund	n/a	Category F - \$50,000 to under \$75,000
x	Self	VIRTUS PREMIUM ALPHA SECTOR FUND CL I	Mutual Fund	n/a	Category F - \$50,000 to under \$75,000
x	Self	BLACKROCK GLOBAL LONG SHORT CREDIT FUND CL I	Mutual Fund	n/a	Category F - \$50,000 to under \$75,000
X	Self	FIRST EAGLE GLOBAL CLASS I	Mutual Fund	n/a	Category F - \$50,000 to under \$75,000
X	Self	BLACKROCK GLOBAL ALLOCATION FD INC INSTL	Mutual Fund	n/a	Category G - \$75,000 to under \$100,000
X	Self	IVY ASSET STRATEGY FUND CL I	Mutual Fund	n/a	Category G - \$75,000 to under \$100,000

under \$75 000

17. REAL ESTATE

Help @

✓ NONE

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.

18. MONEY DUE

Help 🕡

✓ NONE

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

Help 0

✓ NONE

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 filling 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	
AMENDMENT	Received	