



CITY OF NEW ROCHELLE

2024 FINANCIAL DISCLOSURE



ELECTED OFFICIALS, STAFF MEMBERS IN POLICY POSITIONS AND ADVISORY BOARD, COMMITTEE AND COMMISSION MEMBERS

Date: 02/28/2025

1. Name: Shane A Osinloye Email: shane4newro@gmail.com
2. Address: [REDACTED] New Rochelle Zip Code: 10805
3. Title of Position: City Council Member
4. Department, Agency or Governmental Entity:

NAME OF DEPARTMENT/ AGENCY/GOVERNMENTAL ENTITY	ADDRESS	TELEPHONE
The City of New Rochelle	515 North Avenue, New Rochelle, NY 10801	914-654-2000

5. Marital Status: ☒ Single ☐ Married ☐ Divorced

If married, give spouse's full name, including maiden name _____

6. List names and ages of all dependent children:

NAME(S)	AGE(S)

7. (A) BUSINESS POSITIONS

List any office, Trusteeship, Directorship, Partnership, or other position in any Business, Corporation, Association, Proprietary, or Not-for-Profit Organization held by you, or your spouse and dependent children, if any, indicate whether these businesses are involved with the City of New Rochelle in any manner.

FAMILY MEMBER	POSITION	NAME, ADDRESS AND DESCRIPTION OF ORGANIZATION	DEPARTMENT OF AGENCY AND NATURE OF INVOLVEMENT, INCLUDING % OF OWNERSHIP
Me	Executive Director	Urban Legacy, 29 Davenport Avenue, 3A, New Rochelle, NY 10805	Executive Board, 0% ownership
Me	Trustee	Bethesda Baptist Church, 71 Lincoln Avenue, New Rochelle, NY 10801	Trustee Board, 0% ownership
ME	Treasurer	Lincoln Attendance Zone PTSA, 95 Lincoln Avenue, New Rochelle, NY 10801	Executive Board, 0% ownership

Describe involvement, if any, with City of New Rochelle **See Accompanying Letter A**



CITY OF NEW ROCHELLE

2024 FINANCIAL DISCLOSURE

DATE & TIME
STAMP

2025 APR 10 PM 4:02

ELECTED OFFICIALS, STAFF MEMBERS IN POLICY POSITIONS AND ADVISORY BOARD, COMMITTEE AND COMMISSION MEMBERS

Date: 04/08/2025

1. Name: Shane A Osinloye

Email: shane4newro@gmail.com

2. Address: [REDACTED] New Rochelle, NY [REDACTED] Zip Code: 10805

3. Title of Position: City Council Member

4. Department, Agency or Governmental Entity:

NAME OF DEPARTMENT/ AGENCY/GOVERNMENTAL ENTITY	ADDRESS	TELEPHONE
The City of New Rochelle	515 North Avenue, New Rochelle, NY 10801	914-654-2000

5. Marital Status: ☐ Single ☒ Married ☐ Divorced

If married, give spouse's full name, including maiden name Janai A Osinloye - Maiden Name: White

6. List names and ages of all dependent children:

NAME(S)	AGE(S)
N/A	N/A

7. (A) BUSINESS POSITIONS

List any office, Trusteeship, Directorship, Partnership, or other position in any Business, Corporation, Association, Proprietary, or Not-for-Profit Organization held by you, or your spouse and dependent children, if any, indicate whether these businesses are involved with the City of New Rochelle in any manner.

FAMILY MEMBER	POSITION	NAME, ADDRESS AND DESCRIPTION OF ORGANIZATION	DEPARTMENT OF AGENCY AND NATURE OF INVOLVEMENT, INCLUDING % OF OWNERSHIP
Me	Executive Director	Urban Legacy Foundation, Ltd.	Executive Board, 0% Ownership
Me	Trustee	Bethesda Baptist Church, 71 Lincoln Avenue, New Rochelle, NY 10801	Executive Board, 0% Ownership
ME	Treasurer	Lincoln Attendance Zone PTSA, 95 Lincoln Avenue, New Rochelle, NY 10801	Executive Board, 0% Ownership

Describe involvement, if any, with City of New Rochelle See Accompanying Letter A

(B) FUTURE EMPLOYMENT

Describe any contact, promise or other agreement between you and anyone else with respect to your employment after leaving your City office or position:

None. I have not made any such agreement.

(C) 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 teaching income, lecture fees, consulting fees, contractual income, or other income of any nature, for you and your spouse, and your dependent children, if any.

FAMILY MEMBER	SOURCE OF INCOME	DESCRIPTION OF INCOME
Me	Singularity Consulting	Consulting Fees

(D) INVESTMENTS

Itemize and describe all investments or other assets in excess of \$5000 or five percent (5%) of the value in any business, corporation or partnership, including stocks, bonds, loans, pledged collateral, and other investments, for you and your spouse and dependent children, if any. (Attach separate sheet if necessary).

FAMILY MEMBER	NAME & ADDRESS OF BUSINESS	DESCRIPTION OF INVESTMENT
N/A	N/A	N/A

(E) TRUSTS

Identify each interest in a trust or estate or similar beneficial interest in any assets in excess of \$2,000, except for retirement plans of the State or City on New Rochelle and deferred compensation plans established in accordance with the Internal Revenue Code or interest in an estate or trust of a relative

FAMILY MEMBER	TRUSTEE/EXECUTOR	DESCRIPTION OF TRUST/ESTATE
N/A	N/A	N/A

(F) INTEREST IN CONTRACTS

List any interests in any contract made or executed by the City of New Rochelle 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 list any interest in any such contract on which final payment has been made and all obligations under the contract except from guarantees have been performed, provided however that such an interest must be listed if there has been an ongoing dispute during the calendar year for which this statement is filed with respect to any such guarantees or warranties. Do not list any interest in a contract made or executed by a State, County or City Agency after public notice and pursuant to a process for competitive bidding or a process for competitive request for proposals

FAMILY MEMBER	ENTITY WITH INTEREST IN CONTRACT	RELATIONSHIP TO ENTITY AND INTEREST
N/A	N/A	N/A

(G) POLITICAL AFFILIATIONS

List any position the reporting individual held as an officer or any political party or political organization as a member of any political party committee, or as a political party district leader.

District Leader, New Rochelle Democratic Committee, District Leader - Westchester County Democratic Party.

8. GIFTS AND HONORARIUMS

List the source of all gifts aggregating in excess of \$250 received during the year by you, your spouse or dependent child, excluding gifts from a relative, reimbursement and campaign contributions. 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.

FAMILY MEMBER	NAME AND ADDRESS OF DONOR
N/A	N/A

9. THIRD PARTY REIMBURSEMENT

Identify and describe the source of any third-party reimbursement for travel-related expenditures in excess of \$1,000 for any matter that relates to your official duties. The term "reimbursement" includes any travel-related expenses provided by anyone other than the City of New Rochelle for speaking engagements, conferences, or fact-finding events that related to your official duties.

SOURCE	DESCRIPTION
N/A	N/A

10. DEBTS

Describe all debts of you, your spouse, and dependent children in excess of \$5,000.

FAMILY MEMBER	NAME AND ADDRESS OF CREDITOR
N/A	N/A

11. REAL PROPERTY

List below the ownership in real property, either in whole or in part, owned by the reporting individual, the spouse of a reporting individual, or the dependent children of a reporting individual, or corporation of whom the reporting individual is an officer, or partnership of which the individual is a member. *Do not list any real property which is the primary or secondary residence of the reporting individual or spouse, except where there is a co-owner who is not a relative.*

FAMILY MEMBER	ADDRESS OF PREMISES OWNED	DATE OF ACQUISITION	CATEGORY
N/A	N/A	N/A	

The reporting individual acknowledges a continuing obligation to provide disclosure as required herein on an annual date designated by the City Council of the City of New Rochelle as such information is required by the reporting individual, the spouse of the reporting individual or any dependent child of the reporting individual.

The Financial Disclosure Statement shall be filed with the appropriate office designated by the City Council of the City of New Rochelle, which shall be the City Clerk. A reporting individual who knowingly and willfully fails to file an annual statement of Financial Disclosure as required herein or who knowingly and willfully with intent to deceive makes a false statement or gives information which such individual knows to be false on such Statement of Financial Disclosure, filed pursuant to this requirement, on an annual basis, shall be subject to such discipline and sanctions as are enunciated under any State or Local Ethics Code as now enacted or as hereinafter amended from time to time, or as otherwise required under any collective or contractual bargaining agreement between the City of New Rochelle and the reporting individual.

Nothing contained in this section shall be construed as precluding any public authority or municipal corporation from exercising any authority or power, now or hereafter existing to require any of its members, directors, officers or employees to file Financial Disclosure Statements that are the same as, different from, or supplemental to any of the requirements contained herein.

The employees, officers, elected officials and appointees acknowledges the receipt of a copy of the Code of Ethics of the City of New Rochelle, New York and that the information provided in this disclosure is true and correct to the best of my ability.

Print Name: Shane A Osinloye

Date: 04/08/2025

Signature: 

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FOR OFFICIAL USE ONLY

City Clerk:

DATE RECEIVED	<u>4/10/25</u>	INITIALS:	<u>AD</u>
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Board of Ethics Board Members:

DATE REVIEWED:	<u>4/25/25</u>	INITIALS:	<u>121/5-</u>
DATE REVIEWED:	<u>4-25-25</u>	INITIALS:	<u>121/5</u>
DATE REVIEWED:	<u>4-25-25</u>	INITIALS:	<u>121/5</u>
DATE REVIEWED:		INITIALS:	

DATE: _____

APPROVED

DENIED

DATE: _____

RESUBMITTED

DEADLINE: FEBRUARY 28, 2025

Accompanying Letter A
February 28th, 2025

Me	Executive Director	Urban Legacy, 29 Davenport Avenue, 3A, New Rochelle, NY 10805	Executive Board, 0% ownership
Me	Trustee	Bethesda Baptist Church of New Rochelle, 71 Lincoln Avenue, New Rochelle, NY 10801	Trustee Board, 0% ownership
Me	Treasurer	Lincoln Academy PTSA, 95 Lincoln Avenue, New Rochelle, NY 10801	Executive Board, 0% ownership
Me	Treasurer	Huguenot Academy PTSA, 140 Huguenot Street, New Rochelle, NY 10801	Executive Board, 0% ownership

- Occasionally, Urban Legacy rents out parks and other facilities that might belong and are rented out by the City of New Rochelle, particularly Lincoln Park. We do not currently have any arrangements but might in the future.
- Bethesda or one of its affiliates is renting out its facilities for community engagement with the LINC, but I'm not sure if that's rented out to the City of New Rochelle, the Industrial Development Agency or the Corporation for Local Development. I do not know the details because I was not in any way a part of making the arrangement.
- The Lincoln Academy PTSA and Huguenot Academy PTSA sometimes have events in partnership with the New Rochelle Board of Education, but nothing with the City of New Rochelle is planned.



Shane Osinloye

City Council Member