



DATE & TIME  
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NEW ROCHELLE, N.Y.

CITY OF NEW ROCHELLE

2025 FEB 27 PM 2:11

2024 FINANCIAL DISCLOSURE

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

Date: 2/27/2025

1. Name: DAVID PETERS

Email: \_\_\_\_\_

Zip Code: 10801

3. Title of Position: CITY COUNCIL MEMBER

4. Department, Agency or Governmental Entity:

NAME OF DEPARTMENT/ AGENCY/GOVERNMENTAL ENTITY	ADDRESS	TELEPHONE
<u>CITY OF NEW ROCHELLE, NY</u>	<u>516 NORTH AVENUE</u>	<u>914 272-1029</u>

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)
<u>N/A</u>	<u>N/A</u>

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
<u>N/A</u>			
<u>Me -</u>	<u>IDL</u>	<u>Research Foundation of CUNY</u>	

Describe involvement, if any, with City of New Rochelle \_\_\_\_\_

N/A  
-None-

(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:

N/A

(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	Consulting	Above 1000.00

(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
Mr. David P. P. P.	TRUST CREFS	RETIREMENT

(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
Me,		

(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.

Democratic Party / Federal City Council Member

**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
(MC) Loan	BREMER FOUNDRY OF CREDIT

**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
Orlando Pefes (MC)	112 CHURCHMAN AVENUE		

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: DAVID PETERS

Date: 2/27/2025

Signature: *David Peters*

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**FOR OFFICIAL USE ONLY**

City Clerk:

DATE RECEIVED	<u>2/27/25</u>	INITIALS:	<u>RP</u>
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Board of Ethics Board Members:

DATE REVIEWED:	<u>4-4-25</u>	INITIALS:	<u>JB</u>
DATE REVIEWED:	<u>4-4-25</u>	INITIALS:	<u>JB</u>
DATE REVIEWED:	<u>4-4-25</u>	INITIALS:	<u>JB</u>
DATE REVIEWED:	_____	INITIALS:	_____

DATE: \_\_\_\_\_

☐ APPROVED

☐ DENIED

DATE: \_\_\_\_\_

☐ RESUBMITTED

**DEADLINE: FEBRUARY 28, 2025**