

Governance Information (Authority-Related)

Question	Response	URL (if applicable)
1. Has the Authority prepared its annual report on operations and accomplishments for the reporting period as required by section 2800 of PAL?	Yes	http://www.chautauqualandbank.org/resources/financial-information
2. As required by section 2800(9) of PAL, did the Authority prepare an assessment of the effectiveness of its internal controls?	Yes	http://www.chautauqualandbank.org/resources/financial-information
3. Has the lead audit partner for the independent audit firm changed in the last five years in accordance with section 2802(4) of PAL?	Yes	N/A
4. Does the independent auditor provide non-audit services to the Authority?	No	N/A
5. Does the Authority have an organization chart?	Yes	http://www.chautauqualandbank.org/about/organizational-structure
6. Are any Authority staff also employed by another government agency?	No	
7. Has the Authority posted their mission statement to their website?	Yes	http://www.chautauqualandbank.org/history-success-community-revitalization
8. Has the Authority's mission statement been revised and adopted during the reporting period?	No	N/A
9. Attach the Authority's measurement report, as required by section 2824-a of PAL and provide the URL.		http://www.chautauqualandbank.org/resources/financial-information

Governance Information (Board-Related)

Question	Response	URL
1. Has the Board established a Governance Committee in accordance with Section 2824(7) of PAL?	Yes	N/A
2. Has the Board established an Audit Committee in accordance with Section 2824(4) of PAL?	Yes	N/A
3. Has the Board established Finance Committee in accordance with Section 2824(8) of PAL?	Yes	N/A
4. Provide a URL link where a list of Board committees can be found (including the name of the committee and the date established):		http://www.chautauqualandbank.org/about/who-we-are
5. Does the majority of the Board meet the independence requirements of Section 2825(2) of PAL?	Yes	N/A
6. Provide a URL link to the minutes of the Board and committee meetings held during the covered fiscal year		http://www.chautauqualandbank.org/resources/meeting-minutes
7. Has the Board adopted bylaws and made them available to Board members and staff?	Yes	http://www.chautauqualandbank.org/resources/bylaws
8. Has the Board adopted a code of ethics for Board members and staff?	Yes	http://www.chautauqualandbank.org/resources/organizational-materials
9. Does the Board review and monitor the Authority's implementation of financial and management controls?	Yes	N/A
10. Does the Board execute direct oversight of the CEO and management in accordance with Section 2824(1) of PAL?	Yes	N/A
11. Has the Board adopted policies for the following in accordance with Section 2824(1) of PAL?		
Salary and Compensation	Yes	N/A
Time and Attendance	Yes	N/A
Whistleblower Protection	Yes	N/A
Defense and Indemnification of Board Members	Yes	N/A
12. Has the Board adopted a policy prohibiting the extension of credit to Board members and staff in accordance with Section 2824(5) of PAL?	Yes	N/A
13. Are the Authority's Board members, officers, and staff required to submit financial disclosure forms in accordance with Section 2825(3) of PAL?	Yes	N/A
14. Was a performance evaluation of the board completed?	Yes	N/A
15. Was compensation paid by the Authority made in accordance with employee or union contracts?	Yes	N/A
16. Has the board adopted a conditional/additional compensation policy governing all employees?	Yes	http://www.chautauqualandbank.org/resources/organizational-materials

Board of Directors Listing

Name	Vacant	Name	Resnick, Aaron J
Chair of Board		Chair of Board	No
If yes, Chair designated By.		If yes, Chair designated By.	
Term Start Date		Term Start Date	01/01/2016
Term Expiration Date		Term Expiration Date	01/01/2018
Title		Title	
Has the Board member appointed a designee?		Has the Board member appointed a designee?	
Designee Name		Designee Name	
Ex-officio		Ex-officio	No
Nominated By	Local	Nominated By	Local
Appointed By	Local	Appointed By	Local
Confirmed by Senate?		Confirmed by Senate?	Yes
Has the Board member/designee signed the acknowledgement of fiduciary duty?		Has the Board member/designee signed the acknowledgement of fiduciary duty?	Yes
Complied with training requirement of Section 2824?		Complied with training requirement of Section 2824?	Yes
Does the Board member/designee also hold an elected or appointed State gove		Does the Board member/designee also hold an elected or appointed State gove	No
Does the Board member/designee also hold an elected or appointed municipal government position?		Does the Board member/designee also hold an elected or appointed municipal government position?	No

Board of Directors Listing

Name	Gossett, Jeffrey	Name	Butler, Hugh
Chair of Board	No	Chair of Board	No
If yes, Chair designated By.		If yes, Chair designated By.	
Term Start Date	04/01/2012	Term Start Date	02/26/2014
Term Expiration Date	03/31/2016	Term Expiration Date	03/31/2016
Title		Title	
Has the Board member appointed a designee?		Has the Board member appointed a designee?	
Designee Name		Designee Name	
Ex-officio	No	Ex-officio	No
Nominated By	Local	Nominated By	Local
Appointed By	Local	Appointed By	Local
Confirmed by Senate?		Confirmed by Senate?	
Has the Board member/designee signed the acknowledgement of fiduciary duty?	Yes	Has the Board member/designee signed the acknowledgement of fiduciary duty?	Yes
Complied with training requirement of Section 2824?	Yes	Complied with training requirement of Section 2824?	Yes
Does the Board member/designee also hold an elected or appointed State gove	No	Does the Board member/designee also hold an elected or appointed State gove	No
Does the Board member/designee also hold an elected or appointed municipal government position?	No	Does the Board member/designee also hold an elected or appointed municipal government position?	No

Board of Directors Listing

Name	Vacant	Name	Hemmer, John
Chair of Board		Chair of Board	No
If yes, Chair designated By.		If yes, Chair designated By.	
Term Start Date		Term Start Date	04/01/2012
Term Expiration Date		Term Expiration Date	03/31/2016
Title		Title	
Has the Board member appointed a designee?		Has the Board member appointed a designee?	
Designee Name		Designee Name	
Ex-officio		Ex-officio	No
Nominated By	Local	Nominated By	Local
Appointed By	Local	Appointed By	Local
Confirmed by Senate?		Confirmed by Senate?	
Has the Board member/designee signed the acknowledgement of fiduciary duty?		Has the Board member/designee signed the acknowledgement of fiduciary duty?	Yes
Complied with training requirement of Section 2824?		Complied with training requirement of Section 2824?	Yes
Does the Board member/designee also hold an elected or appointed State gove		Does the Board member/designee also hold an elected or appointed State gove	No
Does the Board member/designee also hold an elected or appointed municipal government position?		Does the Board member/designee also hold an elected or appointed municipal government position?	Yes

Board of Directors Listing

Name	Carlson, William	Name	Butler, Scott
Chair of Board	No	Chair of Board	No
If yes, Chair designated By.		If yes, Chair designated By.	
Term Start Date	04/01/2012	Term Start Date	02/26/2014
Term Expiration Date	03/31/2016	Term Expiration Date	03/31/2016
Title		Title	
Has the Board member appointed a designee?		Has the Board member appointed a designee?	
Designee Name		Designee Name	
Ex-officio	No	Ex-officio	No
Nominated By	Local	Nominated By	Local
Appointed By	Local	Appointed By	Local
Confirmed by Senate?		Confirmed by Senate?	
Has the Board member/designee signed the acknowledgement of fiduciary duty?	Yes	Has the Board member/designee signed the acknowledgement of fiduciary duty?	Yes
Complied with training requirement of Section 2824?	Yes	Complied with training requirement of Section 2824?	Yes
Does the Board member/designee also hold an elected or appointed State gove	No	Does the Board member/designee also hold an elected or appointed State gove	No
Does the Board member/designee also hold an elected or appointed municipal government position?	No	Does the Board member/designee also hold an elected or appointed municipal government position?	No

Board of Directors Listing

Name	Lombardi, Peter	Name	Caflisch, Jim
Chair of Board	Yes	Chair of Board	No
If yes, Chair designated By.	Elected by Board	If yes, Chair designated By.	
Term Start Date	04/01/2012	Term Start Date	04/01/2012
Term Expiration Date	03/31/2016	Term Expiration Date	03/31/2016
Title		Title	
Has the Board member appointed a designee?		Has the Board member appointed a designee?	
Designee Name		Designee Name	
Ex-officio	No	Ex-officio	No
Nominated By	Local	Nominated By	Local
Appointed By	Local	Appointed By	Local
Confirmed by Senate?		Confirmed by Senate?	
Has the Board member/designee signed the acknowledgement of fiduciary duty?	Yes	Has the Board member/designee signed the acknowledgement of fiduciary duty?	Yes
Complied with training requirement of Section 2824?	Yes	Complied with training requirement of Section 2824?	Yes
Does the Board member/designee also hold an elected or appointed State gove	No	Does the Board member/designee also hold an elected or appointed State gove	No
Does the Board member/designee also hold an elected or appointed municipal government position?	No	Does the Board member/designee also hold an elected or appointed municipal government position?	Yes

Board of Directors Listing

Name	Whitford, Paul
Chair of Board	No
If yes, Chair designated By.	
Term Start Date	02/26/2014
Term Expiration Date	03/31/2016
Title	
Has the Board member appointed a designee?	
Designee Name	
Ex-officio	No
Nominated By	Local
Appointed By	Local
Confirmed by Senate?	
Has the Board member/designee signed the acknowledgement of fiduciary duty?	Yes
Complied with training requirement of Section 2824?	Yes
Does the Board member/designee also hold an elected or appointed State gove	No
Does the Board member/designee also hold an elected or appointed municipal government position?	Yes

Staff Listing

Name	Title	Group	Department / Subsidiary	Union Name	Bargaining Unit	Full Time/ Part Time	Exempt	Base Annualized Salary	Actual salary paid to the Individual	Over time paid by Authority	Performance Bonus	Extra Pay	Other Compensation/Allowances/Adjustments	Total Compensation	Individual also paid by another entity to perform the work of the Authority	If yes, Is the payment made by a State or local government
Cameron, Jennifer	Program Specialist	Professional				PT	Yes	26,000.00	23,100	0	0	0	0	23,100	No	
Geise, Mark	Executive Director	Executive				PT	Yes	6,500.00	6,500	0	0	0	0	6,500	No	
Paradis, Gina C	Administrative Director	Executive				FT	Yes	60,140.00	60,140	0	0	0	30,000	90,140	No	

Benefit Information

During the fiscal year, did the Authority continue to pay for any of the above mentioned benefits for

No

Board Members

Name	Title	Severance Package	Payment for Unused Leave	Club Member-ships	Use of Corporate Credit Cards	Personal Loans	Auto	Transportation	Housing Allowance	Spousal / Dependent Life Insurance	Tuition Assistance	Multi-Year Employment	None of These Benefits	Other
Vacant	Board of Directors												X	
Vacant	Board of Directors												X	
Resnick, Aaron J	Board of Directors												X	
Whitford, Paul	Board of Directors												X	
Gossett, Jeffrey	Board of Directors												X	
Butler, Hugh	Board of Directors												X	
Lombardi, Peter	Board of Directors												X	
Butler, Scott	Board of Directors												X	
Caflisch, Jim	Board of Directors												X	
Hemmer, John	Board of Directors												X	
Carlson, William	Board of Directors												X	

Staff

Name	Title	Severance Package	Payment for Unused Leave	Club Member-ships	Use of Corporate Credit Cards	Personal Loans	Auto	Transportation	Housing Allowance	Spousal / Dependent Life Insurance	Tuition Assistance	Multi-Year Employment	None of These Benefits	Other
No Data has been entered by the Authority for this section in PARIS														

Subsidiary/Component Unit Verification

Is the list of subsidiaries, as assembled by the Office of the State Comptroller, correct? Yes
 Are there other subsidiaries or component units of the Authority that are active, not included in the PARIS reports submitted by this Aut No

Name of Subsidiary/Component Unit	Status	Requested Changes
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Subsidiary/Component Unit Creation

Name of Subsidiary/Component Unit	Establishment Date	Entity Purpose
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Subsidiary/Component Unit Termination

Name of Subsidiary/Component Unit	Termination Date	Termination Reason	Proof of Termination
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No Data has been entered by the Authority for this section in PARIS

Summary Financial Information

SUMMARY STATEMENT OF NET ASSETS

<u>Assets</u>	
Current Assets	
Cash and cash equivalents	\$431,768
Investments	\$0
Receivables, net	\$20,114
Other assets	\$2,015
Total Current Assets	\$453,897
Noncurrent Assets	
Restricted cash and investments	\$0
Long-term receivables, net	\$0
Other assets	\$216,516
Capital Assets	
Land and other nondepreciable property	\$0
Buildings and equipment	\$0
Infrastructure	\$0
Accumulated depreciation	\$0
Net Capital Assets	\$0
Total Noncurrent Assets	\$216,516
Total Assets	\$670,413

Summary Financial Information

SUMMARY STATEMENT OF NET ASSETS

Liabilities

Current Liabilities

Accounts payable	\$57,272
Pension contribution payable	\$0
Other post-employment benefits	\$0
Accrued liabilities	\$0
Deferred revenues	\$270,424
Bonds and notes payable	\$0
Other long-term obligations due within one year	\$50,000
Total Current Liabilities	\$377,696

Noncurrent Liabilities

Pension contribution payable	\$0
Other post-employment benefits	\$0
Bonds and notes payable	\$0
Long Term Leases	\$0
Other long-term obligations	\$0
Total Noncurrent Liabilities	\$0

Total Liabilities **\$377,696**

Net Asset (Deficit)

Net Asset

Invested in capital assets, net of related debt	\$0
Restricted	\$0
Unrestricted	\$292,717
Total Net Assets	\$292,717

Summary Financial InformationSUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGE IN NET ASSETSOperating Revenues

Charges for services	\$0
Rental & financing income	\$0
Other operating revenues	\$186,606
Total Operating Revenue	\$186,606

Operating Expenses

Salaries and wages	\$91,600
Other employee benefits	\$15,572
Professional services contracts	\$19,360
Supplies and materials	\$9,359
Depreciation & amortization	\$0
Other operating expenses	\$524,744
Total Operating Expenses	\$660,635

Operating Income (Loss) **(\$474,029)**

Nonoperating Revenues

Investment earnings	\$0
State subsidies/grants	\$593,389
Federal subsidies/grants	\$0
Municipal subsidies/grants	\$0
Public authority subsidies	\$0
Other nonoperating revenues	\$15,000
Total Nonoperating Revenue	\$608,389

Summary Financial InformationSUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGE IN NET ASSETSNonoperating Expenses

Interest and other financing charges	\$0
Subsidies to other public authorities	\$0
Grants and donations	\$0
Other nonoperating expenses	\$0
Total Nonoperating Expenses	\$0
Income (Loss) Before Contributions	\$134,360
Capital Contributions	\$0
Change in net assets	\$134,360
Net assets (deficit) beginning of year	\$158,357
Other net assets changes	\$0
Net assets (deficit) at end of year	\$292,717

Current Debt

Question	Response
1. Did the Authority have any outstanding debt, including conduit debt, at any point during the reporting period?	No
2. If yes, has the Authority issued any debt during the reporting period?	

New Debt Issuances List by Type of Debt and Program

No Data has been entered by the Authority for this section in PARIS

Schedule of Authority Debt

Type of Debt	Statutory Authorization (\$)	Outstanding Start of Fiscal Year (\$)	New Debt Issuances (\$)	Debt Retired (\$)	Outstanding End of Fiscal Year (\$)
State Obligation					
State Guaranteed					
State Supported					
State Contingent Obligation					
State Moral Obligation					
Other State Funded					
Authority Obligation					
General Obligation					
Revenue					
Other Non-State Funded					
Conduit					
Conduit Debt					
Conduit Debt - Pilot Increment Financing					

Real Property Acquisition/Disposal List

1. Address Line1: 25 Liberty St
Address Line2:
City: JAMESTOWN
State: NY
Postal Code: 14701
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$44,000
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 01/22/2015
Purchase Sale Price: \$55,000.00

Lease Data (If applicable)

Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):

Seller/Purchaser/Tenant Data:

Organization: FNMA
Last Name:
First Name:

Address Line1: 11111
Address Line2:
City: WASHINGTON
State: DC
Postal Code: 20001
Plus4:
Province/Region:
Country: USA

Relation With Board
member/senior authority
management? No

2. Address Line1: 255 Hazeltine Ave
Address Line2:
City: JAMESTOWN
State: NY
Postal Code: 14701
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$21,600
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: DISPOSITION SALE
If Other, Explain:

Transaction Date: 03/26/2015
Purchase Sale Price: \$20,000.00

Lease Data (If applicable)

Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):

Seller/Purchaser/Tenant Data:

Organization: CHRIC
Last Name:
First Name:

Address Line1: 2 Academy St
Address Line2:
City: MAYVILLE
State: NY
Postal Code: 14757
Plus4:
Province/Region:
Country: USA

Relation With Board
member/senior authority
management? No

Real Property Acquisition/Disposal List

3. Address Line1: 4608 Damon Hill Rd
Address Line2:
City: GERRY
State: NY
Postal Code: 14740
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$21,600
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 04/06/2015
Purchase Sale Price: \$1.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: Wells Fargo Bank
Last Name:
First Name:

Address Line1: 8480 Stagecoach Circle
Address Line2:
City: FREDERICK
State: MD
Postal Code: 21701
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

4. Address Line1: 270 Cole Ave
Address Line2:
City: JAMESTOWN
State: NY
Postal Code: 14701
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$31,800
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: DISPOSITION SALE
If Other, Explain:

Transaction Date: 04/24/2015
Purchase Sale Price: \$21,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization:
Last Name: Desmond
First Name: Tim, Sandy and Kane

Address Line1: 3831 Baker St Ex
Address Line2:
City: LAKEWOOD
State: NY
Postal Code: 14750
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

Real Property Acquisition/Disposal List

5. Address Line1: 141 Beechview Ave
Address Line2:
City: JAMESTOWN
State: NY
Postal Code: 14702
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$28,000
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: DISPOSITION SALE
If Other, Explain:

Transaction Date: 04/28/2015
Purchase Sale Price: \$20,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization:
Last Name: Johnson
First Name: Bryce & Beth
Address Line1: 205 Beechview Ave
Address Line2:
City: JAMESTOWN
State: NY
Postal Code: 14702
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

6. Address Line1: 25 Academy St
Address Line2:
City: WESTFIELD
State: NY
Postal Code: 14787
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$27,600
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: DISPOSITION SALE
If Other, Explain:

Transaction Date: 08/06/2015
Purchase Sale Price: \$30,000.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization:
Last Name: Mazza-Foster
First Name: Katherine
Address Line1: 25 Academy St
Address Line2:
City: WESTFIELD
State: NY
Postal Code: 14787
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? No

Real Property Acquisition/Disposal List

7. Address Line1: 62 MCDonough St
Address Line2:
City: DUNKIRK
State: NY
Postal Code: 14048
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$25,200
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 08/07/2015
Purchase Sale Price: \$180.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: County of Chautauqua, New York
Last Name:
First Name:

Address Line1: Gerace Office Building
Address Line2: 3 North Erie St
City: MAYVILLE
State: NY
Postal Code: 14757
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? Yes

8. Address Line1: 76 Kosciuszko Ave
Address Line2:
City: DUNKIRK
State: NY
Postal Code: 14048
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$19,800
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 08/07/2015
Purchase Sale Price: \$180.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: County of Chautauqua, New York
Last Name:
First Name:

Address Line1: Gerace Office Building
Address Line2: 3 North Erie St
City: MAYVILLE
State: NY
Postal Code: 14757
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? Yes

Real Property Acquisition/Disposal List

9. Address Line1: 1913 Main St Ext
Address Line2:
City: FALCONER
State: NY
Postal Code: 14733
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$19,200
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 08/07/2015
Purchase Sale Price: \$790.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: County of Chautauqua, New York
Last Name:
First Name:

Address Line1: Gerace Office Building
Address Line2: 3 North Erie St
City: MAYVILLE
State: NY
Postal Code: 14757
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? Yes

10. Address Line1: 119 Hazeltine ave
Address Line2:
City: JAMESTOWN
State: NY
Postal Code: 14701
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$21,600
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 08/07/2015
Purchase Sale Price: \$180.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: County of Chautauqua, New York
Last Name:
First Name:

Address Line1: Gerace Office Building
Address Line2: 3 North Erie St
City: MAYVILLE
State: NY
Postal Code: 14757
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? Yes

Real Property Acquisition/Disposal List

11. Address Line1: 146-148 Buffalo St
Address Line2:
City: JAMESTOWN
State: NY
Postal Code: 14701
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$19,800
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 08/07/2015
Purchase Sale Price: \$180.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: County of Chautauqua, New York
Last Name:
First Name:

Address Line1: Gerace Office Building
Address Line2: 3 North Erie St
City: MAYVILLE
State: NY
Postal Code: 14757
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? Yes

12. Address Line1: 222 Price St
Address Line2:
City: JAMESTOWN
State: NY
Postal Code: 14701
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$18,000
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 08/07/2015
Purchase Sale Price: \$180.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: County of Chautauqua, New York
Last Name:
First Name:

Address Line1: Gerace Office Building
Address Line2: 3 North Erie St
City: MAYVILLE
State: NY
Postal Code: 14757
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? Yes

Real Property Acquisition/Disposal List

13. Address Line1: 242 Cole Ave
Address Line2:
City: JAMESTOWN
State: NY
Postal Code: 14701
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$15,600
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 08/07/2015
Purchase Sale Price: \$180.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: County of Chautauqua, New York
Last Name:
First Name:

Address Line1: Gerace Office Building
Address Line2: 3 North Erie St
City: MAYVILLE
State: NY
Postal Code: 14757
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? Yes

14. Address Line1: 67 Allendale Ave
Address Line2:
City: JAMESTOWN
State: NY
Postal Code: 14701
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$30,000
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: ACQUISITION
If Other, Explain:

Transaction Date: 08/07/2015
Purchase Sale Price: \$180.00
Lease Data (If applicable)
Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):
Seller/Purchaser/Tenant Data:
Organization: County of Chautauqua, New York
Last Name:
First Name:

Address Line1: Gerace Office Building
Address Line2: 3 North Erie St
City: MAYVILLE
State: NY
Postal Code: 14757
Plus4:
Province/Region:
Country: USA
Relation With Board
member/senior authority
management? Yes

Real Property Acquisition/Disposal List

15. Address Line1: 241 Clyde Ave
Address Line2:
City: JAMESTOWN
State: NY
Postal Code: 14701
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$23,400
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: DISPOSITION SALE
If Other, Explain:

Transaction Date: 10/30/2015
Purchase Sale Price: \$15,000.00

Lease Data (If applicable)

Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):

Seller/Purchaser/Tenant Data:

Organization:
Last Name: Genberg
First Name: Jason

Address Line1: 347 Crossman Ave
Address Line2:

City: JAMESTOWN
State: NY
Postal Code: 14701
Plus4:
Province/Region:
Country: USA

Relation With Board
member/senior authority
management? No

16. Address Line1: 76 Kosciuszko Ave
Address Line2:
City: DUNKIRK
State: NY
Postal Code: 14048
Plus4:
Province/Region:
Country: USA
Property Description: Residential Building
Estimated Fair Market Value: \$19,800
How was the Fair Market Appraisal
Value Determined?:
Transaction Type: DISPOSITION SALE
If Other, Explain:

Transaction Date: 12/23/2015
Purchase Sale Price: \$17,000.00

Lease Data (If applicable)

Market Rate(\$/square foot):
Lease Rate(\$/square foot):
Lease Period (months):

Seller/Purchaser/Tenant Data:

Organization:
Last Name: Schulze
First Name: Robert & Sharon

Address Line1: 11036 Bennett St Rd
Address Line2:

City: FORESTVILLE
State: NY
Postal Code: 14062
Plus4:
Province/Region:
Country: USA

Relation With Board
member/senior authority
management? No

Personal Property

This Authority has indicated that it had no personal property disposals during the reporting period.

Property Documents

Question	Response	URL (if applicable)
1. In accordance with Section 2896(3) of PAL, the Authority is required to prepare a report at least annually of all real property of the Authority. Has this report been prepared?	Yes	http://www.chautauqualandbank.org/programs/rehabs/for-sale
2. Has the Authority prepared policies, procedures, or guidelines regarding the use, awarding, monitoring, and reporting of contracts for the acquisition and disposal of property?	Yes	http://www.chautauqualandbank.org/about/acquisition-disposition-policy
3. In accordance with Section 2896(1) of PAL, has the Authority named a contracting officer who shall be responsible for the Authority's compliance with and enforcement of such guidelines?	Yes	

Grant Information

This Authority has indicated that it did not award any grants during the reporting period.

Loan Information

This Authority has indicated that it did not award any loans during the reporting period.

Bond Information

This Authority has indicated that it did not have any outstanding bonds during the reporting period.

Additional Comments: