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Rhode Island Ethics Commission

2010 YEARLY FINANCIAL STATEMENT

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ETHICS COMMISSION
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ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2010 THROUGH DECEMBER 31, 2010 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER **ALL QUESTIONS** AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2010 Yearly Financial Statement in the mail but believe you did not hold a public position in 2010 or 2011 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

Zurier

Samuel

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1. NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)
330 Grotto Avenue Providence 02906

2. HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)
Same

MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit
Member, City Council Providence

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 11/3/10 (date) I was appointed on _____ (date) I was hired on _____ (date)

If you no longer hold a public position, state date of termination or resignation _____

4. List elected office(s) for which you were/are a candidate in either calendar year 2010 or 2011 (Read instruction #4)
Providence City Council

5. List name of Spouse:
Lauren S. Zurier



6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2010. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
Lauren S. Zurier	Rhode Island Department of Attorney General 150 South Main Street Providence, RI 02903	Special Assistant Attorney General Employed for entire year
Samuel D. Zurier	Of Counsel, Oliverio & Marcaccio LLP 55 Dorrance Street, Suite 400 Providence, RI 02903	Private practice of law Full time position

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
Not applicable.		

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

Not applicable.

NAME OF TRUST: _____

NAME OF TRUSTEE AND ADDRESS: _____

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: _____

ASSETS: _____

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
Samuel D. Zurier	Jewish Family Service 959 North Main Street Providence, RI 02904	Honorary Board Member
Samuel D. Zurier	Classical High School Alumni Association 770 Westminster Street Providence, RI 02903	Board Member (Resigned)
Samuel D. Zurier	Temple Beth El 70 Orchard Avenue Providence, RI 02906	Board Member (Resigned)

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2010 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

Not applicable.

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

Samuel D. Zurier

Personal law practice - Samuel D. Zurier, Esq.
55 Dorrance Street, Suite 400
Providence, RI 02903

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2010 with a state or municipal agency, AND you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

Personal Law Practice
55 Dorrance Street, Suite 400
Providence, RI 02903

Providence Water Supply Board

Special litigation counsel
July 19, 2010 --

Personal Law Practice
55 Dorrance Street, Suite 400
Providence, RI 02903

Providence City Council

Litigation counsel
January -- February, 2010

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, AND you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

Not applicable.

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2011 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

Not applicable.

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2011 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESS

DESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)

NAME OF STATE
OR MUNICIPAL AGENCY

Not applicable.

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

Not applicable.

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2010 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

State of Rhode Island

County of Providence

[Signature]
SIGNATURE

Subscribed and sworn to before me at Providence this 20th day of April 2011.

My Commission expires: 10/23/12

[Signature]
SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.