



# Rhode Island Ethics Commission

## 2013 Yearly Financial Statement

### For SAMUEL D ZURIER

All questions refer to the calendar year January 1, 2013 through December 31, 2013 unless otherwise specified.

**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 2013 Yearly Financial Statement in the mail but believe you did not hold a public position in 2013 or 2014 that requires such filing, you should contact the Ethics Commission.

### Personal Information

Name	Mailing Address	Home Address
SAMUEL D ZURIER	330 GROTTO AVENUE, PROVIDENCE, RI 02906	330 GROTTO AVENUE, PROVIDENCE, RI 02906

### Current Positions

Public Position(s)	Municipality, State or Regional	Date elected, appointed or hired	Date of termination or resignation
COUNCIL, CITY, TOWN	PROVIDENCE	1-1-2011	

### Description of Voluntary Position(s):

Description of Voluntary Position(s):	Filed On
-	03/26/2014 at 07:15AM

### Elected Office Candidacies

Not Applicable.

## Family Members

List name of spouse if you were married or were a party to a civil union.

Spouse Name	Filed On
Lauren Zurier	03/26/2014 at 07:15AM

## Family Income Sources

List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2013. 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 provides you with an amount of gross income in excess of \$250 it must be listed. If this question applies to you choose, Add a Response.

Family Member Name	Self Employed ?	Business or Employer Name	Title/Occupation and Date of Employment	Address of Business	Services Rendered ?	Date & Nature of Services	Filed On
Lauren Zurier	No	R.I. Department of Attorney General	Special Assistant Attorney General	150 South Main Street, Providence, RI 02903	Yes	Entire year, Attorney, Appellate Division	03/26/2014 at 07:15AM
Self	Yes	Law Practice	Samuel D. Zurier, Esq. (Proprietor) Entire Year	55 Dorrance St., Suite 400, Providence, RI 02903	No	-	03/26/2014 at 07:15AM
Samuel D. Zurier	No	Providence City Council	Member	Providence City Hall, 25 Dorrance Street, Providence, RI 02903	Yes	Entire year Member, Providence City Council	03/26/2014 at 07:15AM

## Real Estate

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.

Not Applicable.

## Trust Incomes

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.

## Family Executive Positions

List the name and address of any business or 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.

Family Member Name	Name of Business or Organization	Position	Address of Business	Filed On
Samuel Zurier	Jewish Family Service	Honorary Board Member	1159 North Main Street, Providence, RI 02904	03/26/2014 at 07:15AM
Self	Bertram and Helene Bernhardt Foundation	Secretary	55 Dorrance St., Suite 400, Providence, RI 02903	03/26/2014 at 07:15AM

## Out-of-State Travel

If during the filing year any person or entity provided you with out-of-state travel valued at over \$250, AND you would not have been provided with such travel but for the fact that you held a public office or position, you must list the source, value and description of the travel and related expenses below.

Out-of-state travel includes all related expenses such as transportation, lodging, meals and entertainment. All of these expenses are considered together when determining whether the \$250 limit has been reached.

EXCEPTIONS: You do NOT have to disclose out-of-state travel that is provided to you either by your regular private employer OR by the state or municipal agency of which you are a member or by which you are employed.

Not Applicable.

## Last Year Business Ownership Interests

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.

Did the business listed above do business in excess of a total of \$250 in a calendar year 2013 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? If yes, enter the name of agency, the date of transaction and the nature of the transaction.

Was the business listed above 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?

Family Member Name	Name of Business	Address of Business	Agency Name, Transaction Nature and Date	Regulating Agency Name	Filed On
Self	Samuel D. Zurier, Esq.	55 Dorrance St., Suite 400, Providence, RI 02903, USA	-	Not applicable	03/26/2014 at 07:15AM

## This Year Business Ownership Interests - Regulation

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, 2014 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 or legislative authority, choose Add a Response.

Not Applicable.

## This Year Business Ownership Interests - Business

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, 2014 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, choose Add a Response. (Do Not List Amounts)

Not Applicable.

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## Family Debts

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:

- (1) Any person related to you, your spouse or dependent child at any time within the third degree of consanguinity;
- (2) 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;
- (3) Any indebtedness arising from transactions involving credit cards;

Choose, Add a Response.

Not Applicable.

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*Originally filed online by SAMUEL D ZURIER on 03/26/2014 at 07:15AM, under the pains and penalties of perjury.*