2022 Disclosure Form for the City of New Haven Employees, Officials & Members of Boards and Commissions Section I. Personal Information First Name Middle Name Last Name Shante Kolonder Street Address (Home) City 560 Jantain New Employer Position Held Director Waterbry Promise Executive Street Address (Business) 120 06702 Waterbur 236 Grand Home Phone **Business Phone** Cell Phone 203-88 Board, Commission or Task Force (if applicable) Term Expires (if applicable) for 16 moul 15 a gover il , com Email Address: Section II. Interests Requiring Disclosure Please provide the following information for the calendar year 2021. Some questions may request information about your immediate family or household. Immediate family means: your spouse or partner, your parent, sibling or child, your spouse's parent, sibling or child, the spouse or partner of said child, or other dependent relative who resides in your house. Household means: all individuals residing in a single housing unit, including related and unrelated people. If the answer to any question is none, please indicate NONE in the space provided. Please attach additional pages as needed. Relationship Position Held Term Expires (if applicable) Zistell. 2. Do you have a financial or personal interest in any City of New Haven contract, including any contract entered into prior to your nomination, appointment, election or employment to your position? **Expiration Date of Contract** Contract Name Contract Amount Livable City Fritighive 19,571.00 1/4/27 on wafter tiveyear 3. Are you seeking or have you obtained employment with a person, company or corporation engaged in business with the City of New Haven? Person, company or corporation Position sought or gained 4. Have you or a member of your immediate family or household applied for a City of New Haven program or benefit over which you have actual or apparent control, influence or discretionary authority? City program or benefit

	of necessary expenses incurred that are due to an article, appearance, or speech, y event in your official capacity. Please attach additional pages as needed.
program established b	ffer of employment, whether paid or unpaid, by the City of New Haven or by a the board, commission or task force of which you are a part?
Agency, business or institu	on I
	icipal (including nonprofit) agency, or entity by which you are employed which is prized or provided by the City of New Haven.
has been, or is likely t	or other organization of which you are a member of the governing board that is, be engaged in the application for federal or state funding or local funding ared by the City of New Haven.
Agency, business or institu	on
will be lobbying for sp	
said orga nization is, h	t or other organization of which you are a member of the governing board where s been or may become engaged in litigation against the City of New Haven.
Agency, business or institu	ion (MA)
conduct for public off New Have	
	Please initial that you will comply with this section
avoid both actual imprequested in this form board, commission, o the information on this form constitutes pub employment or finantial dealings with	public employee or official I am held to a high standard of ethical behavior. I will oprieties and the appearance of improprieties. I understand that the disclosures are related to all of my interests, not just those relating to the City department, task force with which I am affiliated. I understand that I am responsible for updating form immediately upon any change in circumstance. I further understand that this c information and will be disclosed upon request. If I am considering outside ial arrangements with a business or person who transacts business or has the City of New Haven, I will consult with Senior Corporation Counsel at 203-946-al or potential ethical issues before taking any action.
Signature	Date 11/19/22 Rev. 3/11 CC/HF