2023 Annual Disclosure Form for the City of New Haven Employees, Officials & Members of Boards, Commissions and Task Forces Section I. Personal Information First Name Middle Name Last Name Knerhara Vereen Street Address (Home) City 80 Ronals 06511 NewHow Employer **Position Held** Yale University Unitettere Lactor Street Address (Business) 425 College St 06511 Home Phone **Business Phone** Cell Phone 203-645-7217 Board, Commission or Task Force (if applicable) Term Expires (if applicable) ine Commission Email Address: Section II. Interests Requiring Disclosure Please provide the following information for the calendar year 2023. 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. 1. Are you or any member of your immediate family or household employed by the City of New Haven? Name Relationship Position Held Term Expires (if applicable) 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? Contract Name **Expiration Date of Contract** Contract Amount 3. Are you seeking or have you obtained employment with a person, company or corporation engaged in business with the City of New Haven? N/A 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

5.	List any reimbursement of necessary expenses incurred that are due to an article, appearance, or speech, or for participation in any event in your official capacity. Please attach additional pages as needed.						
à	Expense Reimbursed	Date of Event		Amount of Reimbursement	Date Reimbursement		
6. Have you accepted an offer of employment, whether paid or unpaid, by the City of New Haven or by a program established by the board, commission or task force of which you are a part? Agency, business or institution						or by a	
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7.	lease list any non-municipal (including nonprofit) agency, or entity by which you are employed which is unded by monies authorized or provided by the City of New Haven.						
1	Agency, business or institution		Address		Position Held		
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8.	lease list any nonprofit or other organization of which you are a member of the governing board that is, nas been, or is likely to be engaged in the application for federal or state funding or local funding nuthorized or administered by the City of New Haven.						
	Agency, business or institution						
9.	Please list any nonprofit or other organization of which you are a member of the governing board that is or will be lobbying for specific legislation before the City of New Haven or State of Connecticut legislation,						
	which will result in the City receiving funding administered by the City board, commission or task force of						
	which you are a member. N/H						
	Agency, business or institution						

10. Please list any nonprofit or other organization of which you are a member of the governing board wher said organization is, has been or may become engaged in litigation against the City of New Haven.						oard where	
Agency, business or institution							
Section III. Oath							
A. I understand that I am responsible for learning and complying with all laws regarding standard of compublic officials contained in the City's Ethics Code and Ordinance found at Chapter 12 5/8 of the New Have						f conduct for	
	Ordinances, available for review at www.newhavenct.gov or at the Department of Human Resources Office at 2 Orange StRoom 102, New Haven, CT.						
> Please initial that you will comply with Section III. A.							
В	I understand that as a public employee or official I am held to a high standard of ethical behavior. I will avoid both actual improprieties and the appearance of improprieties. I understand that the disclosures requested in this form						
	are related to all of my interests, not just those relating to the City department, board, commission, or task force						
	with which I am affiliated. I understand that I am responsible for updating the information on this form immediately—upon any change in—						
circumstance. I further understand that this form constitutes public information and will be disclosed request. If I am considering outside employment or financial arrangements with a business or person who tran							
						ho transacts	
	business or has financial dealings with the City of New Haven, I will consult with Senior Corporation Counsel a						
203-946-7969 regarding any actual or potential ethical issues before taking any action.							
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S	ignature			Date	1 / 1		