## ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FOR CALENDAR YEAR \_\_\_\_

The Code of Ethics of Ulster County requires certain elected or appointed officials and employees to file this statement prior to May 15 of the following year. Please answer all questions completely. Indicate not applicable (N/A) where appropriate. Attach additional pages if necessary. The filing of this statement does not effect other reporting requirements. <sup>2</sup>

1. Reporting Individual

N	Name:
	Title of County Position Held:
D	Department or Agency:
C	Current Office Address:
C	Current Office Telephone Number(including extension):
If Si	You are currently an officer or employee required to file a Financial Disclosure tatement and a candidate for an elective office subject to disclosure, indicate the tle of the office:
d	To the best of your knowledge and belief, do you, your spouse, your children or dependent(s) or any relatives as defined in Section 2(g) have <i>any</i> of the following elationships with Ulster County? (If yes, check the appropriate boxes)
	Do business with Ulster County
	Receive any benefits, payment or gift in excess of that allowed in Section 3(a) from any person, firm, company or organization either doing business with Ulster County or licensed or regulated by Ulster County
	Own five (5) per cent or more of stock in a firm doing business with with Ulster County
Chec	k all boxes above that are applicable
If you check	ed a box in question 2 above, go on to page 2. Do not complete the certification below.
	check a box above, complete the certification below and file the Statement with the Ulster County Legislature, PO Box 1800, 244 Fair Street, Kingston, NY 12402
STATE OF NEW	YORK ) )ss.:
COUNTY OF UL	STER )
the Relationships of and complete to the	der penalty of perjury that neither I nor any of the members of my Immediate Family have any of described in Question 2 and that the information on this statement set forth above is true, accurate, he best of my ability.
	(signature)

## DO NOT COMPLETE QUESTIONS 3-6 UNLESS YOU CHECKED A BOX IN QUESTION 2

3.	Identify	the following for all boxes checked in Question 2.  a. The name of the individual
		b. The Relationship with Ulster County
		c. The value of Relationship as best can be determined
		d. The dates the Relationship began and ended (or will end)
4.	payments	y individual identified in Question 3, including yourself, identify any gifts, or personal entertainment having an annual cumulative value in excess of lirectly from:
	a.	Any person or entity doing business with Ulster County.
	b.	Any person or entity regulated or licensed by Ulster County.
5.	or promis	v individual identified in Question 3, including yourself, identify any agreement see of future employment or payment including transfers of anything of a ve value in excess of \$100.00 from:
	a.	The County of Ulster.
	b.	Any person or entity doing business with Ulster County.
	c.	Any person or entity regulated or licensed by Ulster County.

6.	For every individual identified in Question 3, including yourself, identify any real property which each owns either in or contiguous to Ulster County. The identification should include at a minimum the street address, municipality, property size, property use, and acquisition date. Include all property, whether the interest is vested or contingent, where fifty percent (50%) or more of the equitable interest in the property is held by the reporting person or relatives.		
Exclude any primary personal residence not exceeding five (5) acres.			
the Ethic.	With respect to items reported concerning "relatives", as defined, a demonstration of good faith effort to s Board shall be evidence of compliance.		
	If you completed Questions 3-6, complete the Certification below prior to filing with the Clerk of the Legislature.		
<u> </u>			
The reporting of information on this statement is required by law. Improper use of the information contained in this statement by any person or entity in violation of privacy or other rights is separately punishable in accordance with law. No inference of unethical or illegal conduct or behavior shall be drawn merely from the lawful compliance with disclosure requirements			
STATE	OF NEW YORK ) )ss.:		
COUNT	ΓY OF ULSTER )		
I hereby affirm under penalty of perjury that the information on this statement set forth above is true, accurate and complete to the best of my ability.			
Dated:_	(signature)		
	(signame)		