

COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

RECEIVED
JUL 1 8 2024

ULSTER COUNTY LEGISLATURE

RECEIVED

ULSTED COUNTY LEGISLATURE

AA(O) J Levine
NAME (Please Print)

Ulster County Legislator, District | POSITION and DEPARTMENT

January 1, 2023 - December 31, 2023

CALENDAR YEAR



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the address boundary t nancial inte	s of each	work piece of p	oroperty w	vithin Ulste	er County o
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boundary t nancial inte	that you,	n piece of p or an immed	oroperty w diate famil	vithin Ulste ly membe	er County o rormembe
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		Type o	f Interest		
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or membe duced or of a board of mily memb	r of hou which you directors er, or me	usehold rec ou, an imme s, officer, or mber of hou	eive comediate fam employee Usehold ho	pensation lly memb . Also inclus as an own	n for servic er, or memb ude any ent
e)	•				
<u>Name of Bu</u>	Jsiness/Er	nployer	<u>Relation</u>	nship to Bu	<u>ısiness</u>
Extreme	Facilit,	Y Services;	Inc.	Ma	nager
EXTIEME	racii7,	r serv _i ces; 	4nc.	1"10	nager
	or membeduced or offa board of a board of a mily membethan ten petel barren of Bunder	or member of hound duced or of which you fail to be a sound of directors are also made in the control of the co	or member of household recoduced or of which you, an immer of a board of directors, officer, or imily member, or member of how than ten percent of the outstarte) Name of Business/Employer	or member of household receive com duced or of which you, an immediate fam f a board of directors, officer, or employee imily member, or member of household ho than ten percent of the outstanding stock te)	Name of Business/Employer Relationship to Bu

¹ Outside employment includes the practice of law, a NYS Department of State licensed real estate broker or agent, or practice of a profession licensed by the Department of Education. If an individual practices with a firm or corporation and is a partner or shareholder of the firm or corporation, provide a general description of principal subject areas of matters undertaken by the firm or corporation. Do not list names of individual clients, customers or patients.

3. Income From County Employ from the County of Ulster in exce	ss of \$1,000.00 per year fo	or you, or an	immediate family me	ember
or member of household during maintenance connected with a	g the reportable year. I matrimonial action, alii	This, howe mony or chil	ver, does not include d support pavments.	e any
None (Check if appropriate)				
Name of Family Member/Memb	per of Household Coun	ity Departme	nt/Division/Office	
GOLF		and the second s		SONT
		2010(17	From VISTER CO	Ture
		·		
year from any source not described to lecture fees, consultant fees, commediate family member, or magnetic to the does not include any maintenation of the support payments.	ontractual income, or of nember of household du	ther income ring the repo	of any nature, for yo ortable year. This, how	ou, an vever,
None (Check if appropriate)				
Name of Family Member	Name & Address of Income Source		Nature of Investment	en.
				
5. Immediate Family Member/Member/Member or employee name, relationship to you, title, household include a spouse, uncounty officer's or employee's persons who are continually or continually or at regular intervals	of Ulster County, wheth and department. Immo -emancipated child or p latest individual or joint at regular intervals living	ner paid or usediate famili person claim state incoring or in the	unpaid, including relo y members or memb led as a dependent o me tax return or unre	ative's pers of on the elated
None (Check if appropria	te)			
Name of Relative Re	elationship to You	<u>Title</u>	<u>Departmer</u>	<u>1</u> †
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debts that you owe to banking co	mpanies that have an official banking relationship	with Ulster
None (Check if appropriate)		
		£ .
Creditor	Type of Obligation	
		,
6 a. Money owed to you. List any County or anyone that you are as	debts of \$10,000 or more that officers or employee vare of who does business with Ulster County owes y	es of Ulster Ou.
None (Check if appropriate)	· · · · · · · · · · · · · · · · · · ·	
<u>Debtor</u>	Type of Obligation	
		•
7 Interest to Co. 1		
household have in any control in	ny interest you, an immediate family member, or m	nember of
None (Check if appropriate)	volving the County of Ulster.	
	volving the County of Ulster. <u>Contract Description</u>	
None (Check if appropriate)		
None (Check if appropriate) Name of Family Member	Contract Description	
None (Check if appropriate) Name of Family Member 8. Investments. Itemize and describe value in any business, corpora pledged collateral, and other investments.		nds, loans, nember of
None (Check if appropriate) Name of Family Member 8. Investments. Itemize and describe value in any business, corpora pledged collateral, and other investments.	Contract Description De all investments in excess of \$5,000.00 or five perceion, partnership, or other assets including stocks, bostments, for you, an immediate family member, or respectively.	nds, loans, nember of
None (Check if appropriate) Name of Family Member 8. Investments. Itemize and describe value in any business, corpora pledged collateral, and other investments in the value in excluding investments in the value	Contract Description De all investments in excess of \$5,000.00 or five perceion, partnership, or other assets including stocks, bostments, for you, an immediate family member, or respectively.	nds, loans, nember of erty.
None (Check if appropriate) Name of Family Member 8. Investments. Itemize and describe value in any business, corpora pledged collateral, and other investments in the None (Check if appropriate)	Contract Description De all investments in excess of \$5,000.00 or five perceion, partnership, or other assets including stocks, both stments, for you, an immediate family member, or not publicly traded securities and interest in real properties. Name & Address of Business	nds, loans, nember of erty. <u>Asset</u>
None (Check if appropriate) Name of Family Member 8. Investments. Itemize and describe value in any business, corpora pledged collateral, and other investments in the value in any business of Family Member	Contract Description Dee all investments in excess of \$5,000.00 or five perceion, partnership, or other assets including stocks, both streets, for you, an immediate family member, or not publicly traded securities and interest in real properties. Name & Address of Business MML Investors Mutual Fullings	nds, loans, nember of erty. <u>Asset</u>
None (Check if appropriate) Name of Family Member 8. Investments. Itemize and describe value in any business, corpora pledged collateral, and other investments in the value in any business. None (Check if appropriate) Name of Family Member Self	Contract Description Description Description Description Name & Address of Business Name & Address of Busines	nds, loans, nember of erty. <u>Asset</u>
Name of Family Member 8. Investments. Itemize and descrit the value in any business, corpora pledged collateral, and other inve household excluding investments i None (Check if appropriate) Name of Family Member Self Name of Family Member	Contract Description Description Description Description Contract Description Description Description Address of Business MML Trivestors Po Box Sogg String Field, MA 01/02 Location of Real Estate Location Description Contract Description String Field, MA 01/02 Description of Contract Description Description Of Contract Description Description Of Contract Description Descri	nds, loans, nember of erty. <u>Asset</u>

Mone (Check if appropri	істе)	
Name of Family Member	<u>Trustee/Executor</u>	Description of <u>Trust/Estate</u>
noting the last year by you, lifts from a relative. The term acome from property, without interest free or reduced in constitute the making of a given other items or services other thics Law.	an immediate family member, on "gifts" shall mean the giving of ut expecting to receive somethin terest loan or the sale of an item ft. "Gift" does not include campai erwise excluded as gifts as provid	ating in excess of \$75.00 received remember of household excluding some item of value, or the use on a feast equal value in return for less than fair market value also gn contributions authorized by law ded for in Section 5F of the Countributions.
M None (Check if appropr	ate)	
Name of Family Member	Name & Address of Don	<u>or</u>
- of the County Ethics Law, ona fide charitable or pol	at a value greater than \$75,00, tical events received during the	including food and beverage c
r of the County Ethics Law,	at a value greater than \$75,00, tical events received during the	ndance, as provided for in Section including food and beverage, a last year by you, an immediate
r of the County Ethics Law, ona fide charitable or pol amily member, or member o	at a value greater than \$75.00, tical events received during the of household.	including food and beverage, a last year by you, an immediate
na fide charitable or policemily member, or member of the charitable or policemily member, or member of the control of the charitable of t	tical events received during the of household. Name & Address of Done Name & Address of Done to you, an immediate family me not include any loan issued in the educational costs, the cost of home of a personally such reportable loan has been to the cost of	including food and beverage, c last year by you, an immediate
nona fide charitable or politically member, or member of the charitable or politically member of the charitable of political member of the charitable of the	tical events received during the of household. Name & Address of Done Name & Address of Done to you, an immediate family me not include any loan issued in the educational costs, the cost of home of a personally such reportable loan has been guarantor.	including food and beverage, of last year by you, an immediate of last year by you, an immediate of last year by you, an immediate of last year by your of last year by last your of last y

12. Political Parties. List any position you held committee, candidate campaign committee, years. The term "political organization" includes a saffiliated with or a subsidiary of a political part of electing or defeating a candidate or ballot in	any independent body or any organization that ty or any committee organized for the purpose
None (Check if appropriate) Member of Ulster Count	ITY Democratic Committee
member of saugertie	S Democratic Committee For ED
13. Not-for-Profit Organizations. List any position organization within the reporting year. The organization that is organized pursuant to the News	term "nonprofit organization" includes any
None (Check if appropriate)	

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Certification:

I hereby certify under penalty of perjury, that the information disclosed on this form is true and complete to the best of my knowledge.

I hereby acknowledge my continuing responsibility to disclose any conflicts of interest or potential conflicts of interest and/or rescue myself from any act or action as required by Ulster County's Ethics Law Learlify that Lwill undertake and carry out this responsibility to the best of my ability.

Signature

Date

State of New York }
County of Uster } ss.:

On the 16 day of July in the year 2024 before me the

undersigned, a Notary Public in and for said State, personally appeared personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity and that by his/her signature on the instrument, the individual, or person upon behalf of which the

The deadline for filling is May 1st. Please return the completed form to the Ulster County Legislature at 244 Fair Street, 6th floor, Kingston, NY 12401.

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