APPENDIX "B"





### **COUNTY OF ULSTER**

# ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

Brian Gh, 1/ NAME (Please Print)

Lesislator LegisLature POSITION and DEPARTMENT

2022 CALENDAR YEAR

RECEIVED

MAR 0 7 2023

ULSTER COUNTY LEGISLATURE



### COUNTY OF ULSTER ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM FOR THE CALENDAR YEAR 2022

Please print clearly and return to the Uister	County Legislature by May 1st
Igt Name First Name	
Eds. Namo	
	.egislature
Title/Capacity in which statement is required Departme	nt/Agency in which this function reports
244 Fair St. Bingston NY	340-3800 Work Telephone Number
Work Address	Work Telephone Number
Real estate ownership. List the address of each within one mile of the County's boundary that you, of household own or have a financial interest in.  None (Check if appropriate)	piece of property within Ulster County or or an immediate family member or member
Address of Real Estate	Type of Interest
	Guner
2. Outside employment/business. List the name of immediate family member, or member of hour rendered or goods sold or produced or of which you of household are a member of a board of directors in which you, an immediate family member, or me except a corporation with less than ten percent of	osehold receive compensation for services ou, an immediate family member, or member s, officer, or employee. Also include any entity mber of household has an ownership interest,
None (Check if appropriate)	
Family Member Name of Business/Er	mployer Relationship to Business
Solf IBM	Employee
Debricahill was Suny U	ster Wite
	(42)

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 Employment. Identify the source and nature of any income received from the County of Ulster in excess of \$1,000.00 per year for you, or an immediate family member or member of household during the reportable year. This, however, does not include any maintenance connected with a matrimonial action, alimony or child support payments.
None (Check if appropriate)
Name of Family Member/Member of Household County Department/Division/Office
Security Bopantinonly Division/Onice
year from any source not described above, including employment income, teaching income lecture fees, consultant fees, contractual income, or other income of any nature, for you, are immediate family member, or member of household during the reportable year. This, however, does not include any maintenance connected with a matrimonial action, alimony or child support payments.
None (Check if appropriate)
Name & Address Nature of Name of Family Member of Income Source Investment
Dobra Suny Uster Employee
5. Immediate Family Member/Member of Household in Ulster County service. List each relative who is an officer or employee of Ulster County, whether paid or unpaid, including relative name, relationship to you, title, and department. Immediate family members or members or household include a spouse, un-emancipated child or person claimed as a dependent on the County officer's or employee's latest individual or joint state income tax return or unrelated persons who are continually or at regular intervals living or in the preceding calendar year continually or at regular intervals lived in the same household.
None (Check if appropriate)
Name of Relative Relationship to You Title Department

6. Money you owe. List any debts of \$1 Ulster County or anyone that you are a debts that you owe to banking compactounty.	ware of who	does business with	Ulster County. D	o not list
None (Check if appropriate)		A.	Q 29 SI	9 2
	£7 - 1⊈1 		r (	
Creditor	Typ	oe of Obligation		· ·
		¥E		2.3
•				<del></del> '
	-			*11
6 a. Money owed to you. List any deb County or anyone that you are aware				
None (Check if appropriate)			W	
<u>Debtor</u>	Typ	oe of Obligation		
¥ 4			8 4	\$1
		-		
7	*			
<ol><li>Interest in Contracts. Describe any in household have in any contract involving</li></ol>			y member, or me	ITIDEI OI
None (Check if appropriate)	ng me ecom,	Orosion.	w <sup>(2)</sup>	
None (Check if appropriate)		# 1	n	
		ontract Description	<u>n</u>	
None (Check if appropriate)		# 1	<u>n</u>	
None (Check if appropriate)		# 1	<u>n</u>	
None (Check if appropriate)	Co ————————————————————————————————————	entract Description on excess of \$5,000 on other assets inclusion	0.00 or five percer uding stocks, bond ily member, or me	ds, loans, ember of
None (Check if appropriate)  Name of Family Member  8. Investments. Itemize and describe a the value in any business, corporation, pledged collateral, and other investments in put None (Check if appropriate)	Il investments in partnership, of ents, for you, a blicly traded so	entract Description on excess of \$5,000 of other assets inclu n immediate fam ecurities and inter	0.00 or five percer uding stocks, bond ily member, or me est in real propert	ds, loans, ember of y.
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relative, for you, an immed None (Check if approp	riate)	#	y n e
Name of Family Membe	<u>Trustee/Executor</u>		Description of <u>Trust/Estate</u>
10. Gifts and Honorariums. during the last year by you, gifts from a relative. The terncome from property, with an interest free or reduced constitute the making of a gor other items or services of Ethics Law.	m "gifts" shall mean the gir but expecting to receive so nterest loan or the sale of c ift. "Gift" does not include c nerwise excluded as gifts as	nber, or member, or member, or some it is mething of at it is in item for less to amorgian contract.	er of household excluding em of value, or the use of least equal value in return than fair market value also
None (Check if approp	iate)		
		(*)	
Name of Family Member	Name & Address	of Donor	
Name of Family Member	Name & Address	of Donor	
Name of Family Member	Name & Address	of Donor	
0 a. Complimentary Attend of of the County Ethics Law oona fide charitable or po amily member, or member	ance. List all complimentar, at a value greater than \$ itical events received duriof household.	y attendance,	or food and less
0 a. Complimentary Attend if of the County Ethics Law bona fide charitable or po	ance. List all complimentar, at a value greater than \$ itical events received duriof household.	y attendance, 375.00, includin ng the last ye	or food and less
0 a. Complimentary Attend is of the County Ethics Law bona fide charitable or po amily member, or member	ance. List all complimentar, at a value greater than \$ itical events received duri of household.	y attendance, 375.00, includin ng the last ye	or food and less
0 a. Complimentary Attend F of the County Ethics Law oona fide charitable or po amily member, or member	ance. List all complimentar, at a value greater than \$ itical events received duri of household.	y attendance, 375.00, includin ng the last ye	or food and less
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O a. Complimentary Attends F of the County Ethics Law iona fide charitable or po- amily member, or member  Name of Family Member  1. Loans. Describe all loans access of \$5,000.00. This does hancial institution to finance primary or secondary resider	ance. List all complimentar, at a value greater than \$ itical events received during thousehold.  Name & Address of the control of the contro	y attendance, 375.00, including the last year of Donor of Donor of Including the last year of Including the Including	g food and beverage, at ar by you, an immediate member of household in any course of business by a chase or improvements for materials because held
O a. Complimentary Attends F of the County Ethics Law iona fide charitable or po- amily member, or member  Name of Family Member  1. Loans. Describe all loans access of \$5,000.00. This does hancial institution to finance primary or secondary residentiture or appliances. If and the liability and name of the	ance. List all complimentar, at a value greater than \$ itical events received during thousehold.  Name & Address of a period o	y attendance, 375.00, including the last year of Donor of Donor of Including the last year of Including the Including	g food and beverage, at ar by you, an immediate member of household in any course of business by a chase or improvements for materials because held
0 a. Complimentary Attend F of the County Ethics Law ona fide charitable or po amily member, or member	ance. List all complimentar, at a value greater than \$ itical events received during thousehold.  Name & Address of a period o	y attendance, 375.00, including the last year of Donor  The property of the pure of the pure of the pure of the pure of the guarante of the guarante of the guarante of the pure of the pu	g food and beverage, at ar by you, an immediate member of household in any course of business by a chase or improvements for materials because held

12. Political committee, years. The te is affiliated voice electing of	candidat rm "polition vith or a s	e campo cal organ ubsidiary	aign co ization' of a po	mmittee ' include olitical p	e, or poles any inc arty or a	itical or depend ny com	ganization	on within y or any c	the last organizati	five (5) on that
□ None UISta	(Check if o	ppropriate	e) Co	เทาก	1,77	-66	>	2	# 10 /ac 1	10
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13. Not-for- organization organization	within	the repo ganized p	orting y oursuar	ear. Th	e term	"nonpr	ofit org	anization	" includ	
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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.

	- 100 mg
C	ereby acknowledge my continuing responsibility to disclose any conflicts of interest or potential onflicts of interest and/or resgue myself from any act or action as required by Ulster County's
	and carry out this responsibility to the best of my ability.
	3/7/2023
3	Date
1	State of New York }
	County of Uster) ss.:
	-3th $M$
	On the 7th day of Mach in the year 2023 before me the
	undersigned, a Notary Public in and for said State, personally appeared Beian Cahil 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
	A COLUMNIA DE COLU
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	nent)

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



#### **COUNTY OF ULSTER**

## ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

NAME (Please Print)

Logis Later - Logislature POSITION and DEPARTMENT

January 1, 2022 – December 31, 2022 CALENDAR YEAR

RECEIVED
FEB 1 4 2023

ULSTER COUNTY LEGISLATURE



## COUNTY OF ULSTER ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM FOR THE CALENDAR YEAR 2022

Please plini clearly and	a reform to the dister coor	ily Legislatore by May 131
(ahill	Drien	D Niedallo Jalia
Last Name	First Name	Middle Initial
Lesislator	Le	g1 S) ature ency in which this function reports
Title/Capacity in which statement is rec	uired Department/Age	ency in which this function reports
244 Fair St	3- 11	340-3900
Work Address		Work Telephone Number
	r's boundary that you, yo e a financial interest in.	of property within Ulster County or our spouse, domestic partner or
Address of Real Estate		Type of Interest
		0 wner
Name of the Control o	nangah ada maka da maka da maka maka maka maka	
	Control of the Contro	
And the second s		
your spouse, domestic partner rendered or goods sold or prodependent children are a minclude any entity in which you an ownership interest, excepstock owned.  None (Check if appropriate)	er or dependent childrer oduced or of which you, ember of a board of dire ou, your spouse, domesting a corporation with less	outside employer* from which you, a receive compensation for services your spouse, domestic partner or ectors, officer, or employee. Also c partner or dependent children ho than five percent of the outstanding Relationship to Business
Self Wife	IBM Suny Ulstur	Employed Employed

children are employees include any maintenance payments.  None (Check if appropri	e connected with a matrimonial actificate)	tion, alimony or child support
	Name & Address	Nature of
Name of Family Membe	of Income Source	<u>Investment</u>
County, whether paid or department. Relatives ir brother, sister, parent, ste	v service. List each relative who is an unpaid, including relative's name, resclude your spouse, domestic partne apparent, plus any person you claime and that dependent's spouse or domestic)	elationship to you, title, and r, child, stepchild, grandchild, ed as a dependent on your
County, whether paid or department. Relatives in brother, sister, parent, stellatest income tax return,	unpaid, including relative's name, resclude your spouse, domestic partne epparent, plus any person you claims and that dependent's spouse or do	elationship to you, title, and r, child, stepchild, grandchild, ed as a dependent on your
County, whether paid or department. Relatives in brother, sister, parent, stellatest income tax return,  None (Check if appro	unpaid, including relative's name, re iclude your spouse, domestic partne epparent, plus any person you claime and that dependent's spouse or do priate)	elationship to you, title, and r, child, stepchild, grandchild, ed as a dependent on your mestic partner.  Department
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County, whether paid or department. Relatives in brother, sister, parent, stellatest income tax return, None (Check if appro  Name of Relative  Ch. 11  Money you owe. List any of Ulster County or anyon	unpaid, including relative's name, resclude your spouse, domestic partner epparent, plus any person you claime and that dependent's spouse or dorpriate)  Relationship to You  Title  Lier  debts of \$10,000 or more that you on the that you are aware of who does be	elationship to you, title, and r, child, stepchild, grandchild, ed as a dependent on your mestic partner.  Department Suny //STer- we to an officer or employee ousiness with Ulster County. Do
County, whether paid or department. Relatives in brother, sister, parent, stellatest income tax return, None (Check if appro  Name of Relative  Ch. 11  Money you owe. List any of Ulster County or anyon	unpaid, including relative's name, resclude your spouse, domestic partner epparent, plus any person you claime and that dependent's spouse or dorpriate)  Relationship to You  Title  Lie  Clean  debts of \$10,000 or more that you or	elationship to you, title, and r, child, stepchild, grandchild, ed as a dependent on your mestic partner.  Department Suny //STer- we to an officer or employee ousiness with Ulster County. Do

4	None (Check if appropriate)			
254	Debtor		Type of Obligation	<u>n</u>
1				
	Interest in Contracts. Describe dependent children have in a			
Ļ	None (Check if appropriate)			
	Name of Family Member		Contract Descrip	tion
			Auditoria de la companio de la comp	
				V
	Investments. Itemize and desc			
	Investments. Itemize and description of the value in any business, combonds, loans, pledged collater partner or dependent children interest in real property.  None (Check if appropriate)	orporation, par ral, and other in	tnership, or other ass nvestments, for you,	sets including stocks, your spouse, domestic
	of the value in any business, co bonds, loans, pledged collater partner or dependent children interest in real property.	orporation, par ral, and other in excluding inve	tnership, or other ass nvestments, for you,	sets including stocks, your spouse, domestic
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[	of the value in any business, coloreds, loans, pledged collater partner or dependent children interest in real property.  None (Check if appropriate)  Name of Family Member	orporation, par ral, and other in excluding inve Name & Ad	Inership, or other assovestments, for you, estments in publically address of Business  f Real Estate	sets including stocks, your spouse, domestic y traded securities and  Description of Asset  Description of
[	of the value in any business, coloreds, loans, pledged collater partner or dependent children interest in real property.  None (Check if appropriate)  Name of Family Member	Name & Ad  Location o  (including)	Inership, or other assovestments, for you, estments in publically didress of Business  If Real Estate mome, if owned)  The or similar beneficion in the publical strength of the publical strength o	Description of Asset  Description of Investment  al interest in any assets is erests in an estate or trus

9. Gifts and Honorariums. List the during the last year by you, you gifts from a relative. The term "payments to third-parties on you payments whether or not they contributions made to a politic None (Check if appropriate)	ur spouse, domestic partner of 'gifts" includes gifts of cash, pour behalf, forgiveness of deb are reportable as income. The	or dependent children excluding property, personal items, pt, honorariums and any other
Name of Family Member	Name & Address of Dono	<u>r</u>
home purchase or improvement personally owned motor vehicle loan has been guaranteed by None (Check if appropriate)	of \$5,000.00. This does not income financial institution to financial institution to financial financial institution to financial for a primary or secondary e, household furniture or apparty third party, list the liability	clude any loan issued in the ce educational costs, the cost of y residence, or purchase of a cliances. If any such reportable y and name of the guarantor.  Type of loan &
Name of rainily Member Nam	ne & Address of Creditor	Collateral, if any
11. Political Parties. List any position committee or political organization organization includes any indesubsidiary of a political party.  None (Check if appropriate)  Committee Me M	ation within the last five (5) year ependent body or any organ	ars. The term "political ization that is affiliated with or a

I hereby certify under penalty of perjury, that the inform complete to the best of my knowledge.	nation disclosed on this form is true and
I hereby acknowledge my continuing responsibility to depotential conflicts of interest and/or rescue myself from undertake and conflicts and conflicts of interest and/or rescue myself from undertake and conflicts of interest and/or rescue myself from undertake and conflicts of interest and/or rescue myself from undertake and conflicts of interest and/or rescue myself from undertake and conflicts of interest and/or rescue myself from undertake and conflicts of interest and/or rescue myself from undertake and conflicts of interest and/or rescue myself from undertake and conflicts of interest and/or rescue myself from undertake and conflicts of interest and/or rescue myself from undertake and conflicts of interest and/or rescue myself from undertake and conflicts of interest and/or rescue myself from undertake and conflicts of interest and/or rescue myself from undertake and conflicts of interest and/or rescue myself from undertake and conflicts of interest and/or rescue myself from undertake and conflicts of interest and/or rescue myself from undertake and conflicts of interest and conflicts of	isclose any conflicts of interest or any act or action as required by Ulster carry out this responsibility to the best of
	2/14/2023 Date
0.9.1.0.0	

State of New York } County of Usec }ss.:	
On the day of February in the year 2023 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	38
en	

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

\* 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.