APPENDIX "B"



COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

RECEIVED

SEP 17 2024

ULSTER COUNTY LEGISLATURE

Craig Copet
NAME (Please Print)

POSITION and DEPARTMENT

January 1, 2023 - December 31, 2023

CALENDAR YEAR



Please print clearly and return to the Ulster County Legislature by May 1st Drk Address Work Telephone Number 1. Real estate ownership. List the address of each piece of property within Ulster County or within one mile of the County's boundary that you, or an immediate family member or member of household own or have a financial interest in. None (Check if appropriate). Address of Real Estate 2. Outside employment/business. List the name of any outside employer! from which you, an immediate family member, or member of household receive compensation for services rendered or goods sold or produced or of which you, an immediate family member, or member of household are a member of a board of directors, officer, or employee. Also include any entity in which you, an immediate family member, or member of household has an ownership interest, except a corporation with less than ten percent of the outstanding stock owned. None (Check if appropriate) Family Member Name of Business/Employer Relationship to Business

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.

Name of Family Member/Memb	per of Household Count	ty Department/D	ivision/Office
spersolf	· · · · · · · · · · · · · · · · · · ·	Leg. 51a-	ture
ZEKCKIAN		, .,	
upport payments. None (Check if appropriate	Name & Address		Nature of
Name of Family Member	of Income Source		<u>Investment</u>
Seif Seif	DAC (Disab		Salay Secon
	· · · · · · · · · · · · · · · · · · ·		
i. Immediate Family Member/Mem	of Ulster County, wheth , and department. Immon- n-emancipated child or p latest individual or joint r at regular intervals livi	ner paid or unp ediate family n person claimed t state income ing or in the pr	paid, including relative's nembers or members o as a dependent on the tax return or unrelated
who is an officer or employee name, relationship to you, title, nousehold include a spouse, un County officer's or employee's persons who are continually o	of Ulster County, wheth, and department. Immon- n-emancipated child or platest individual or joint rat regular intervals living living the same house.	ner paid or unp ediate family n person claimed t state income ing or in the pr	paid, including relative's nembers or members o as a dependent on the tax return or unrelated

6. Money you owe. List any debts of Ulster County or anyone that you are debts that you owe to banking com County.	aware of wh	no does business witl	h Ulster County. Do not list
None (Check if appropriate)		•	
	•		
<u>Creditor</u>	•	Type of Obligation	•
	•		
	•		*
	-		
6 a. Money owed to you. List any d County or anyone that you are awa	ebts of \$10,00 ire of who do	00 or more that offic es business with Uiste	ers or employees of Ulster r County owes you.
None (Check if appropriate)			
<u>Debtor</u>	,	Type of Obligation	
	•		
7. Interest in Contracts. Describe any household have in any contract involved Mone (Check if appropriate) Name of Family Member	hiving the Cou	unty of Ulster.	
Name of Carrilly Member		Contract Description	<u>ou</u>
	<u>.</u>		
8. Investments. Itemize and describe the value in any business, corporation pledged collateral, and other invest household excluding investments in place (Check if appropriate)	n, partnership ments, for you	o, or other assets incl u, an immediate fan	uding stocks, bonds, loans nily member, or member o
Name of Family Member	Name & Ado	dress of Business	Description of Asset
	**************************************	.•	
Name of Family Member	Location of (including h	Real Estate ome, if owned)	Description of Investment
*		,	

excess of \$2,000.00, except to	it in a trust or estate or similar be or IRS eligible retirement plans or i e family member, or member of h	eneficial interest in any assets in nterests in an estate or trust of a
None (Check if appropria		iousenoia.
Name of Family Member	<u>Trustee/Executor</u>	Description of <u>Trust/Estate</u>
gifts from a relative. The term income from property, withou An interest free or reduced int constitute the making of a gift	t the source of all gifts aggregation immediate family member, or registry shall mean the giving of something to receive something erest loan or the sale of an item for "Gift" does not include campaign wise excluded as gifts as providentel	member of household excluding ome item of value, or the use of of at least equal value in return. or less than fair market value also a contributions authorized by law
Name of Family Member	Name & Address of Donor	1
55 of the County Ethics Law, a	nce. List all complimentary attendate at a value greater than \$75.00, in cal events received during the l	dance, as provided for in Section
Name of Family Member	Name & Address of Donor	
1	_	
excess of \$5,000.00. This does financial institution to finance a primary or secondary reside furniture or appliances. If any the liability and name of the g	not include any loan issued in the educational costs, the cost of hor nce, or purchase of a personally such reportable loan has been g juarantor.	nber, or member of household in e ordinary course of business by a ne purchase or improvements for owned motor vehicle, household juaranteed by any third party, list
None (Check if appropria		Towns of law 200 Hele 14
Name of Family Member	Name & Address of Creditor	Type of Loan & Collateral, if any

12. Political Parties. List any position you held as an officer of a political party, political committee, candidate campaign committee, or political organization within the last five (5) years. The term "political organization" includes any independent body or any organization that is affiliated with or a subsidiary of a political party or any committee organized for the purpose of electing or defeating a candidate or ballot initiative.
None (Check if appropriate)
Chairman Showangunk 300
13. Not-for-Profit Organizations. List any position you held as an officer of a not-for-profit organization within the reporting year. The term "nonprofit organization" includes any organization that is organized pursuant to the New York Not-for-Profit Corporation Law. None (Check if appropriate)
[V] None (Check if appropriate)

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. I certify that I will undertake and carry out this responsibility to the best of my ability.

 $\frac{9-17-24}{\text{Date}}$

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

On the 17th day of Septator 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 individual acted, executed the instrument

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.

All good and