APPENDIX "B"



Dough

COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

Debra Clinton NAME (Please Print)

Ulster County Legislator POSITION and DEPARTMENT

January 1, 2023- December 31, 2023

CALENDAR YEAR

RECEIVED

APR 3 0 2024

ULSTER COUNTY LEGISLATURE



COUNTY OF ULSTER ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM FOR THE CALENDAR YEAR 2023

Please print	clearly and return to t	he Ulster County Le	egislature by May 1st	
Clinton	De	bra	\mathcal{L}	
Last Name	First No	ame	Middle Initial	
Legislatur Title/Capacity in which st		Ulster Gunly	Legislature which this function reports	
Title/Capacity in which st	atement is required [Department/Agency in	which this function reports	
244 Fair Str	ect Kingston, A	1 12402 (81	15) 340 - 3900	_
Work Address	J	Work	: Telephone Number	
within one mile of the of household own or		at you, or an imme	property within Ulster (diate family member o	
Address of Real Es	<u>. tate</u>	Type c	f Interest	•
26 Dennistant Off Sand Hill A	koad Gardiner 125. Wad Gardiner 125.	1 Hr 25 Est 25 Est	ome Residence ate of Rudney Greg ate of Rudney Grego	g (Father) , (Father)
immediate family n rendered or goods so of household are a m in which you, an imm	nember, or member old or produced or of w nember of a board of c	of household rec hich you, an imme irectors, officer, or , or member of ho	de employer ¹ from whi eive compensation f ediate family member, employee. Also include usehold has an owners nding stock owned.	or service or membe e any entit
None (Check if	appropriate)			
Family Member	Name of Bus	ness/Employer	<u>Relationship to Busin</u>	ess
Debra Clinton Jason Clinton	Marlbara (Randout Va	entral Schools alley schools	Employment - Pro- Employment - T	eacher

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.

or member of household during the maintenance connected with a ma	e reportable year.	This, however	, does not include any
None (Check if appropriate)	mirioriidi delleri, diii	'	oppon paymonia.
Name of Family Member/Member o	f Household Coun	ty Department/	Division/Office
Debra Clinton		Ulster Count	Legislature
	1		
			·
4. Other Income. Identify the source year from any source not described lecture fees, consultant fees, control immediate family member, or members not include any maintenance support payments.	above, including e actual income, or of per of household du	mployment inc her income of ring the report	ome, teaching income, any nature, for you, an able year. This, however,
None (Check if appropriate)			
Name of Family Member	Name & Address of Income Source		Nature of Investment
Jason Clinton	Mohank Mountain H 1000 Nountain Rest New Paitz, My 125	Road	Musician Employment Independent Contractor
5. Immediate Family Member/Member who is an officer or employee of Uname, relationship to you, title, and household include a spouse, un-employee's later persons who are continually or at continually or at regular intervals live	Ister County, wheth I department. Immo ancipated child or p st individual or joint regular intervals livit	ner paid or unpediate family roperson claimed state incomeng or in the p	paid, including relative' members or members of d as a dependent on the tax return or unrelated
None (Check if appropriate)		•	•
Name of Relative Relati	onship to You	<u>Title</u>	<u>Department</u>
			<u> </u>
			_

3. Income From County Employment, Identify the source and nature of any income received

6. Money you owe. List any debts of Ulster County or anyone that you are debts that you owe to banking con County.	e aware of w	ho does business w	ith Ulster County. Do n	ot list
None (Check if appropriate)				•
Creditor		Type of Obligation	.	
	_		·	
× .		***	·	
6 a. Money owed to you. List any o				Jister
County or anyone that you are awa	are of who do	es business with Uist	er County owes you.	
<u>Debtor</u>		Type of Obligation		
			:	
	- .			
7. Interest in Contracts. Describe an household have in any contract involved None (Check if appropriate)	,		nily member, or membe	∍r of
Name of Family Member		Contract Descripti	on	
	_ _ ·			
8. Investments. Itemize and describe the value in any business, corporation pledged collateral, and other invest household excluding investments in None (Check if appropriate)	on, partnership ments, for you	o, or other assets inc u, an immediate far	luding stocks, bonds, lo nily member, or memb	oans,
Name of Family Member	Name & Ada	dress of Business	Description of Asset	
Name of Family Member	Location of F (including ho	Real Estate ome, if owned)	Description of Investment	٠.

None (Check if appropriate	e)	
Name of Family Member	<u>Trustee/Executor</u>	Description of <u>Trust/Estate</u>
during the last year by you, an gifts from a relative. The term "income from property, without An interest free or reduced inteconstitute the making of a gift."	the source of all gifts aggregating immediate family member, or magifts" shall mean the giving of something to receive something rest loan or the sale of an item fooligift" does not include campaign wise excluded as gifts as provided	nember of household excluding ome item of value, or the use of of at least equal value in return. It less than fair market value also contributions authorized by law
Name of Family Member	Name & Address of Donor	
5F of the County Ethics Law, a	ce. List all complimentary attend t a value greater than \$75.00, in al events received during the la household.	cluding food and beverage, at
5F of the County Ethics Law, a bona fide charitable or politic	t a value greater than \$75.00, in al events received during the l	cluding food and beverage, at
5F of the County Ethics Law, a bona fide charitable or politic family member, or member of I	t a value greater than \$75.00, in al events received during the k household.	cluding food and beverage, at
5F of the County Ethics Law, a bona fide charitable or politic family member, or member of law to the second state of the seco	t a value greater than \$75.00, in tal events received during the knousehold. Name & Address of Donor you, an immediate family memot include any loan issued in the educational costs, the cost of home ice, or purchase of a personally out of reportable loan has been great antor.	cluding food and beverage, at ast year by you, an immediate

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) Gardiner Democratic Committee Vice Chair Gardiner Democratic Committee Secretary
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)

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 carry out this responsibility to the best of my ability.

30 April 2024

County of <u>Ulster</u>	_} ss.:					· .
On the 30	day of April	in	the year	5054	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 arted executed the instrument

The deddline for filling is way 1st. Flease return the complete a form to the dister County Legislature at 244 Fair Street, 6th floor, Kingston, NY 12401.