



COUNTY OF ULSTER

ANNUAL STATEMENT OF
FINANCIAL DISCLOSURE FORM

John Gavaris
NAME (Please Print)

Legislator Legislature
POSITION and DEPARTMENT

January 1, 2021 – December 31, 2021
CALENDAR YEAR

RECEIVED

MAR 28 2023

ULSTER COUNTY LEGISLATURE



COUNTY OF ULSTER
ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM
FOR THE CALENDAR YEAR 2021

Please print clearly and return to the Ulster County Legislature by May 1st

Gavaris Last Name John First Name B Middle Initial

District 15 Legislator Title/Capacity in which statement is required Legislature Department/Agency in which this function reports

244 Fair St, Kingston, NY 12401 Work Address 914-388-3665 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, your spouse, domestic partner or dependent child own or have a financial interest in.

None (Check if appropriate)

Address of Real Estate

Type of Interest

[REDACTED]
276 Canal St., Ellenville, NY 12428
278 Canal St., Ellenville, NY 12428

Owner
Owner
Owner

2. **Outside employment/business.** List the name of any outside employer* from which you, your spouse, domestic partner or dependent children receive compensation for services rendered or goods sold or produced or of which you, your spouse, domestic partner or dependent children are a member of a board of directors, officer, or employee. Also include any entity in which you, your spouse, domestic partner or dependent children has an ownership interest, except a corporation with less than five percent of the outstanding stock owned.

None (Check if appropriate)

Family Member

Name of Business/Employer

Relationship to Business

Self
Self

Ellenville Regional Hospital
HITS Services

Employee
Contractor

3. **Other Income.** Identify the source and nature of any other income in excess of \$1,000.00 per 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, your spouse, domestic partner, or dependent children. **This includes income derived from the County of Ulster** if you, your spouse, domestic partner or dependent children are employees of the County 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)

<u>Name of Family Member</u>	<u>Name & Address of Income Source</u>	<u>Nature of Investment</u>
Self (70) Self	HHS Services (70) Ulster County	Legislative Salary
_____	_____	_____
_____	_____	_____

4. **Relatives in Ulster County service.** List each relative who is an officer or employee of Ulster County, whether paid or unpaid, including relative's name, relationship to you, title, and department. Relatives include your spouse, domestic partner, child, stepchild, grandchild, brother, sister, parent, stepparent, plus any person you claimed as a dependent on your latest income tax return, and that dependent's spouse or domestic partner.

None (Check if appropriate)

<u>Name of Relative</u>	<u>Relationship to You</u>	<u>Title</u>	<u>Department</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. **Money you owe.** List any debts of \$10,000 or more that you owe to an officer or employee of Ulster County or anyone that you are aware of who does business with Ulster County. Do not list debts that you owe to banking companies that have an official banking relationship with Ulster County.

None (Check if appropriate)

<u>Creditor</u>	<u>Type of Obligation</u>
_____	_____
_____	_____

Money owed to you. List any debts of \$10,000 or more that officers or employees of Ulster County or anyone that you are aware of who does business with Ulster County owes you.

None (Check if appropriate)

Debtor

Type of Obligation

6. Interest in Contracts. Describe any interest you, your spouse, domestic partner or dependent children have in any contract involving the County of Ulster.

None (Check if appropriate)

Name of Family Member

Contract Description

7. Investments. Itemize and describe all investments in excess of \$5,000.00 or five percent (5%) of the value in any business, corporation, partnership, or other assets including stocks, bonds, loans, pledged collateral, and other investments, for you, your spouse, domestic partner or dependent children excluding investments in publically traded securities and interest in real property.

None (Check if appropriate)

Name of Family Member

Name & Address of Business

Description of Asset

Self

USALANCE Credit Union, 7500 Rt 209
Newburgh, NY

Savings

Name of Family Member

Location of Real Estate
(including home, if owned)

Description of
Investment

SELF

See Real Estate ownership

8. Trusts. Identify each interest in a trust or estate or similar beneficial interest in any assets in excess of \$2,000.00, except for IRS eligible retirement plans or interests in an estate or trust of a relative, for you, your spouse, domestic partner or dependent children.

None (Check if appropriate)

Name of Family Member

Trustee/Executor

Description of
Trust/Estate

9. **Gifts and Honorariums.** List the source of all gifts aggregating in excess of \$75.00 received during the last year by you, your spouse, domestic partner or dependent children excluding gifts from a relative. The term "gifts" includes gifts of cash, property, personal items, payments to third-parties on your behalf, forgiveness of debt, honorariums and any other payments whether or not they are reportable as income. This does not include campaign contributions made to a political committee.

None (Check if appropriate)

Name of Family Member

Name & Address of Donor

10. **Loans.** Describe all loans to you (and/or your spouse, and/or domestic partner, and/or dependent children) in excess of \$5,000.00. This does not include any loan issued in the ordinary course of business by a financial institution to finance educational costs, the cost of home purchase or improvements for a primary or secondary residence, or purchase of a personally owned motor vehicle, household furniture or appliances. If any such reportable loan has been guaranteed by any third party, list the liability and name of the guarantor.

None (Check if appropriate)

Name of Family Member

Name & Address of Creditor

Type of loan &
Collateral, if any

Self

Wells Fargo

Home Equity

11. **Political Parties.** List any position you held as an officer of a political party, political 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.

None (Check if appropriate)

Democratic Committee Member

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



3/28/23
Date

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

On the 28th day of March in the year 2023 before me the undersigned, a Notary Public in and for said State, personally appeared John Gavaris 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 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.