APPENDIX "B"



COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

Joseph M Donaldson NAME (Please Print)

Whater County hears taken.

Whater County hears lature

POSITION and DEPARTMENT

January 1, 2023 - December 31, 2023

CALENDAR YEAR

RECEIVED

APR 29 2024

ULSTER COUNTY LEGISLATURE



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

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

Donaldson	Joseph	· • • • • • • • • • • • • • • • • • • •
Last Name	First Name	Middle Initial
Ulster County Legislatur Title/Capacity in which statement is re	· U.C hee	ency in which this function reports
Title/Capacity in which statement is re	equired Department/Age ·	ffcy in which this function reports
Work Address		Work Telephone Number
	boundary that you, or an i ancial interest in.	e of property within Ulster County or mmediate family member or member
Address of Real Estate	. <u>T</u>	vpe of Interest
		Co-owner
immediate family member, or rendered or goods sold or prod of household are a member of	or member of household luced or of which you, an a board of directors, office mily member, or member of	outside employer ¹ from which you, and receive compensation for services immediate family member, or member er, or employee. Also include any entity of household has an ownership interest, utstanding stock owned.
None (Check if appropriate	э)	
Family Member 1	Name of Business/Employe	<u>Relationship to Business</u>
Joseph Donaldson	Ungston water lagueta	Employee r

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 Employm from the County of Ulster in excess or member of household during maintenance connected with a r	of \$1,000.00 per ye the reportable y	earfor you, or an i ear. This, howev	immediate family er, does not incl	member lude any
None (Check if appropriate)		•		
Name of Family Member/Membe	r of Household C	County Departmen	t/Division/Office	
Joseph Donaldson		u.c h	eq is balum	
	<u> </u>			······································
	····		·	
4. Other Income . Identify the source year from any source not describe lecture fees, consultant fees, consimmediate family member, or me does not include any maintenar support payments.	ed above, includir Itractual income, o mber of household	ng employment in or other income d during the repo	ncome, teaching of any nature, fo ortable year. This, l	income, r you, an however,
None (Check if appropriate)				
Name of Family Member	Name & Addro of Income Sou		Nature of <u>Investment</u>	
Joseph Donaldson	Kingston Wa	ter Department	Differed Co	mp Pin
5. Immediate Family Member/Me who is an officer or employee or name, relationship to you, title, or household include a spouse, un-e County officer's or employee's lo persons who are continually or or continually or at regular intervals I None (Check if appropriate Name of Relative Rel	f Ulster County, wand department. I emancipated child atest individual or at regular intervalued in the same h	hether paid or u mmediate family I or person claim joint state incon s living or in the	inpaid, including members or me ed as a depende ne tax return or	relative's embers of ent on the unrelated nḋar year

Ulster County or anyone that you debts that you owe to banking co		
County.		
None (Check if appropriate)		
Creditor	Type of Obligation	; <u>on</u>
		<u> </u>
6 a. Money owed to you. List and County or anyone that you are a		
None (Check if appropriate)		
<u>Debtor</u>	Type of Obligation	<u>on</u>
		·
· · · · · · · · · · · · · · · · · · ·		
None (Check if appropriate) Name of Family Member	<u>Contract Descri</u>	otion
8. Investments. Itemize and describe value in any business, corporce pledged collateral, and other investments. None (Check if appropriate)	ation, partnership, or other assets i estments, for you, an immediate t	ncluding stocks, bonds, loan amily member, or member o
Name of Family Member	Name & Address of Business	Description of Asset
Name of Family Member	Location of Real Estate (including home, if owned)	Description of Investment
·		

6. Money you owe. List any debts of \$10,000 or more that you owe to an officer or employee of

excess of \$2,000.00, except for		eneficial interest in any assets in interests in an estate or trust of a nousehold.
None (Check if approprio	ate)	
Name of Family Member	<u>Trustee/Executor</u>	Description of <u>Trust/Estate</u>
during the last year by you, or gifts from a relative. The term income from property, withou An interest free or reduced in constitute the making of a gift	It the source of all gifts aggregate in immediate family member, or in immediate family member, or in gifts" shall mean the giving of something the expecting to receive something the erest loan or the sale of an item for the sale of an item for the expection of the sale of an item for the expection of the erest loan or the sale of an item for the excluded as gifts as provided as gifts as gi	member of household excluding ome item of value, or the use of g of at least equal value in return, or less than fair market value also n contributions authorized by law
Name of Family Member	Name & Address of Dono	<u>r</u>
5F of the County Ethics Law, bona fide charitable or polit family member, or member o		ncluding food and beverage, at last year by you, an immediate
Name of Family Member	Name & Address of Dono	ľ
excess of \$5,000.00. This does financial institution to finance a primary or secondary reside	not include any loan issued in the educational costs, the cost of horence, or purchase of a personally such reportable loan has been g	nber, or member of household in e ordinary course of business by a me purchase or improvements for owned motor vehicle, household guaranteed by any third party, list
None (Check if appropri	ate)	
Name of Family Member	Name & Address of Creditor	Type of Loan & Collateral, if any

years. The term "politic is affiliated with or a su	e campaign committee cal organization" include ubsidiary of a political pe ng a candidate or ballot	s any independer arty or any comm	nt body or any o	rganizatio
None (Check if a	ppropriate)			
Kingston Dem	ocratic Committe	ع		
γ		-		
				
13. <u>Not-for-Profit Orga</u>	<mark>anizations.</mark> List any pos			
	he reporting year. The	e term "nonproti	ıt organization"	Include
organization within t	he reporting year. The canized pursuant to the	e term "nonproti New York Not-for-	ıt organızatıon'' Profit Corporatic	incluae In Law.
organization within t organization that is_org	ganized pursuant to the	e term "nonproti New York Not-for-	ir organization" Profit Corporation	incluae on Law.
organization within t	ganized pursuant to the	e term "nonproti New York Not-for-	it organization: Profit Corporatic	include on Law.
organization within t organization that is_org	ganized pursuant to the	e term "nonproti New York Not-for-	ir organization: Profit Corporatic	nciuae n Law.
organization within t organization that is_org	ganized pursuant to the	e term "nonproti New York Not-for-	r organization Profit Corporatio	include on Law.
organization within t organization that is_org	ganized pursuant to the	e term "nonproti New York Not-for-	Profit Corporation	include on Law.
organization within t organization that is_org	ganized pursuant to the	e term "nonproti New York Not-for-	rofganization	include on Law.
organization within t organization that is_org	ganized pursuant to the	e term "nonproti New York Not-for-	rofit Corporation	include on Law.
organization within t organization that is_org	ganized pursuant to the	e term "nonproti	rofit Corporation	include on Law.
organization within t organization that is_org	ganized pursuant to the	e term "nonproti	rofit Corporation	include on Law.
organization within t organization that is_org	ganized pursuant to the	e term "nonproti	rofit Corporation	include on Law.
organization within t organization that is_org	ganized pursuant to the	e term "nonproti	Profit Corporation	include
organization within t organization that is_org	ganized pursuant to the	e term "nonproti	Profit Corporation	include on Law.
organization within t organization that is_org	ganized pursuant to the	e term "nonproti	Profit Corporation	include

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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 Leartify that Livilly reductable withis responsibility to the best of my ability.

This responsibility to the best of my ability.

This responsibility to the best of my ability.

Date

State of New York

County of State Sta

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.

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