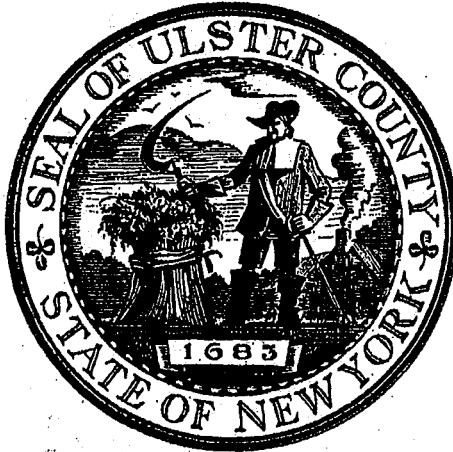


APPENDIX "B"



COUNTY OF ULSTER

ANNUAL STATEMENT OF  
FINANCIAL DISCLOSURE FORM

RECEIVED

APR 29 2024

ULSTER COUNTY LEGISLATURE

KATHLEEN NOLAN

NAME (Please Print)

ULSTER COUNT LEGISLATOR, DISTRICT 22

ULSTER COUNTY LEGISLATURE

POSITION and DEPARTMENT

January 1, 2023 - December 31, 2023

CALENDAR YEAR

RECEIVED

APR 29 2024

ULSTER COUNTY LEGISLATURE

RECEIVED

APR 05 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

NOLAN Last Name                      KATHLEEN First Name                      \_\_\_\_\_ Middle Initial

UC LEGISLATOR, D22 Title/Capacity in which statement is required                      ULSTER COUNTY LEGISLATURE Department/Agency in which this function reports

244 FAIR ST, KINGSTON NY 12401 Work Address                      845-417-6489 (m) 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

Type of Interest

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Outside employment/business.** List the name of any outside employer<sup>1</sup> 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

SELF  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CATSKILL MOUNTAINKERE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STAFF (RESEARCH DIRECTOR)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> 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

SELF  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UC LEGISLATURE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. 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, 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

Name & Address of Income Source

Nature of Investment

SELF  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

US SOCIAL SECURITY ADMINISTRATION  
\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY BENEFITS  
\_\_\_\_\_  
\_\_\_\_\_

**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's name, relationship to you, title, and department. Immediate family members or members of 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 \$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>
_____	_____
_____	_____

**6 a. 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)

<u>Debtor</u>	<u>Type of Obligation</u>
<u>SAMADHI CENTER INC.</u>	<u>BETWEEN 4/15/2023 AND 7/15/2023, I PERMITTED SAMADHI TO USE MY PERSONAL LINE OF CREDIT. SAMADHI OWES THE BANK OF AMERICA \$14,418.16,</u>

**7. Interest in Contracts.** Describe any interest you, an immediate family member, or member of household have in any contract involving the County of Ulster. WHICH SAMADHI IS ZEROING OUT OVER THE NEXT FEW MONTHS WITH MONTHLY PAYMENTS TO THE BANK.

None (Check if appropriate)

<u>Name of Family Member</u>	<u>Contract Description</u>
_____	_____
_____	_____

**8. 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, an immediate family member, or member of household excluding investments in publicly traded securities and interest in real property.

None (Check if appropriate)

<u>Name of Family Member</u>	<u>Name &amp; Address of Business</u>	<u>Description of Asset</u>
_____	_____	_____
_____	_____	_____

<u>Name of Family Member</u>	<u>Location of Real Estate (including home, if owned)</u>	<u>Description of Investment</u>
_____	_____	_____
_____	_____	_____

**9. 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, an immediate family member, or member of household.

None (Check if appropriate)

<u>Name of Family Member</u>	<u>Trustee/Executor</u>	<u>Description of Trust/Estate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**10. Gifts and Honorariums.** List the source of all gifts aggregating in excess of \$75.00 received during the last year by you, an immediate family member, or member of household excluding gifts from a relative. The term "gifts" shall mean the giving of some item of value, or the use of income from property, without expecting to receive something of at least equal value in return. An interest free or reduced interest loan or the sale of an item for less than fair market value also constitute the making of a gift. "Gift" does not include campaign contributions authorized by law or other items or services otherwise excluded as gifts as provided for in Section 5F of the County Ethics Law.

None (Check if appropriate)

<u>Name of Family Member</u>	<u>Name &amp; Address of Donor</u>
_____	_____
_____	_____
_____	_____

**10 a. Complimentary Attendance.** List all complimentary attendance, as provided for in Section 5F of the County Ethics Law, at a value greater than \$75.00, including food and beverage, at bona fide charitable or political events received during the last year by you, an immediate family member, or member of household.

<u>Name of Family Member</u>	<u>Name &amp; Address of Donor</u>
_____	_____
_____	_____
_____	_____

**11. Loans.** Describe all loans to you, an immediate family member, or member of household 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)

<u>Name of Family Member</u>	<u>Name &amp; Address of Creditor</u>	<u>Type of Loan &amp; Collateral, if any</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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)

SHANDAKEN DEMOCRATIC COMMITTEE - MEMBER FOR MORE

THAN 5 YEARS; CO-CHAIR 2019-2021

ULSTER COUNTY DEMOCRATIC COMMITTEE - EXECUTIVE COMMITTEE  
(2019-2021)

**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)

SAMADHI CENTER INC - PRESIDENT (volunteer)

ARTS SOCIETY OF KINGSTON - TREASURER (volunteer)

CATSKILLS LIVE! TRAILS & WILDERNESS ASSOCIATION - PRESIDENT (volunteer)

SHANDAKEN COMMUNITY GARDENS - TREASURER (volunteer)

**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 out this responsibility to the best of my ability.

[Redacted Signature]

Signature

4/29/2024  
Date

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

On the 29<sup>th</sup> day of April in the year 2024 before me the

undersigned, a Notary Public in and for said State, personally appeared Kathleen Nolan 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

[Redacted Signature]

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

[The body of the document contains extremely faint and illegible text, likely bleed-through from the reverse side of the page. The text is scattered and difficult to discern.]