

COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

Kathy Nolan

NAME (Please Print)

Legislator District 22

POSITION and DEPARTMENT

January 1, 2020 – December 31, 2020 CALENDAR YEAR

RECEIVED

APR 1 9 2022

ULSTER COUNTY LEGISLATURE



COUNTY OF ULSTER ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM FOR THE CALENDAR YEAR 2020

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

Nolan		Kathle	Kathleen		
Last Name F		First No	ame	Middle Initial	
Ulster (County Legislator District 22	L	egislature		
Title/Capacity in which statement is required			Department/Agency in which this function reports		
244 Fa	ir Street, PO Box 1800, Kingston, N	Y 12402	845-3	340-3900	
Work Address			Work Telephone Number		
wi	thin one mile of the County ependent child own or have	r's bounda e a financi	ry that you, your sp	roperty within Ulster County or ouse, domestic partner or	
<u>A</u>	ddress of Real Estate		Ţ	pe of Interest	
_					
ya re da in a	our spouse, domestic partne endered or goods sold or pro ependent children are a m clude any entity in which yo	er or deper oduced or ember of c ou, your sp t a corpord	ndent children rece of which you, your I board of directors ouse, domestic pa	de employer* from which you, eive compensation for services spouse, domestic partner or s, officer, or employee. Also rtner or dependent children ha five percent of the outstanding	
<u>Fo</u>	amily Member N	ame of Bu	siness/Employer	Relationship to Business	
S	elf C	atskill Mountai atskill Live, Trail ibet Aid	nkeeper s & Wilderness Assoc	Senior Research Director Executive Director Executive Director	
S	elf S	elf-Employed		Solo Practitioner	
		handaken amadhi Ce	Community Gardenter, Inc.	ens Treasurer Board of Directors	

for you, yo derived fro children ar	our spouse, dome om the County or re employees of	sultant fees, contractual income estic partner, or dependent chi of Ulster if you, your spouse, dom f the County during the reportal connected with a matrimonial	Idren. This includes income lestic partner or dependent ole year. This, however, doe
payments.			
L None (C	heck if appropria		
Name of F	amily Member	Name & Address of Income Source	Nature of <u>Investment</u>
		na da sa	en e
Self		County of Ulster	Salary
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County, who department brother, sis latest inco	hether paid or u nt. Relatives inc ter, parent, step me tax return, a	service. List each relative who is unpaid, including relative's namulative sour spouse, domestic paid parent, plus any person you claim that dependent's spouse or	e, relationship to you, title, o tner, child, stepchild, grand aimed as a dependent on y
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None (Check	k if appropriate)				
<u>Debtor</u>			Type of Obligation	<u>n</u>	
			·		
			ou, your spouse, don volving the County o		
None (Checl	k if appropriate)				
Name of Family Member			Contract Description		
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·	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 Name & Address of Donor
	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) Type of loan & Collateral, if any
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)
	Committee Member - Shandaken Democratic Committee

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 take and carry out this responsibility to the best of 4/19/2022 State of New York County of Ulster 19th day of April in the year 2022 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 individual acted executed the instrument The deddline for filling is may 1st. Please return the completed form to the dister Country

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.