

COUNTY OF ULSTER

ANNUAL STATEMENT OF

FINANCIAL DISCLOSURE FORM

RECEIVED

APR 18 2023

UISTER COUNTY LEGISLATURE

NAME (Please Print)
Chairner, Ulstercourt Republican Connierce

Coystaine, Minority Cealer, UISTER County Coyislature POSITION and DEPARTMENT

CALENDAR YEAR

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COUNTY OF ULSTER ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM FOR THE CALENDAR YEAR 2022

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

Chairman

Chair 24484155 (in 5 Tow MY / 240) 845-340-3400
Work Address 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 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

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.

from the County of Ulster in excess of or member of household during the	\$1,000.00 per year fo ne reportable year.	r you, or an im This, however.	mediate family member does not include any
maintenance connected with a mo	ıtrimonial action, alin	nony or child su	upport payments.
None (Check if appropriate)	•	•	•
Name of Family Member/Member of	<u>f Household</u> Count	y Department/[<u> Division/Office</u>
Self	•	Court Ley:	slasure
	· · · · · · · · · · · · · · · · · · ·		·
year from any source not described lecture fees, consultant fees, control immediate family member, or members not include any maintenance support payments.	actual income, or oth per of household duri	ner income of ing the reporto	any nature, for you, an able year. This, however,
None (Check if appropriate)		•	
Name of Family Member Self	Name & Address of Income Source New York STATE &>> End 19 Your 93'> Lobalbery MY 1 Employment	•	Nature of Investment
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 regular intervals live	Ister County, whether department. Imme ancipated child or post individual or joint regular intervals livin	er paid or unp diate family merson claimed state income g or in the pr	paid, including relative's nembers or members of 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>
			•

6. Money you owe. List any debts of Ulster County or anyone that you are debts that you owe to banking com County.	aware of w	ho does business w	rith Ulster County. Do	not list
None (Check if appropriate)				
4-	, .			
Creditor		Type of Obligation	·	•
<u>Ground.</u>		Type or Obligation	<u>!</u>	
	•			· ·
	-			
6 a. Money owed to you. List any de County or anyone that you are awa				
None (Check if appropriate)				
<u>Debtor</u>		Type of Obligation	j	
				:
			:	_ ·_
7. Interest in Contracts. Describe any household have in any contract involved None (Check if appropriate) Name of Family Member				d e
	_		· · · · · · · · · · · · · · · · · · ·	
8. Investments. Itemize and describe the value in any business, corporatio pledged collateral, and other investing household excluding investments in particular (Check if appropriate)	n, partnership ments, for yo	o, or other assets inc u, an immediate fa	cluding stocks, bond mily member, or me	s, loans, mber of
Name of Family Member	Name & Ad	dress of Business	Description of Asse	<u>ət</u>

	Location of		Description of	
Name of Family Member	(including h	ome, if owned)	<u>Investment</u>	
				 •

excess of \$2,000.00, except for	in a trust or estate or similar bene IRS eligible retirement plans or inte	rests in an estate or trust of a
relative, for you, an immediate	family member, or member of hous	ehold.
None (Check if appropriate	•)	
Name of Family Member	<u>Trustee/Executor</u>	Description of <u>Trust/Estate</u>
í .		
gifts from a relative. The term "gincome from property, without each interest free or reduced interconstitute the making of a gift."	the source of all gifts aggregating immediate family member, or mengifts" shall mean the giving of some expecting to receive something of crest loan or the sale of an item for least loan or the sale of an item for land loan or the sale of an item for land loan or the sale of an item for land loan or the sale of an item for land loan or the sale of an item for land loan or the sale of an item for land loan or the sale of an item for land loan or the sale of an item for land loan or the sale of an item for land loan or the sale of an item for land loan or the sale of an item for land loan or the sale of an item for land loan or the sale of an item for land loan or the sale of an item for land loan or the sale	nber of household excluding e item of value, or the use of at least equal value in return. ss than fair market value also entributions authorized by law
5F of the County Ethics Law, at	e. List all complimentary attendance a value greater than \$75.00, included events received during the last ousehold.	ding food and beverage at
Name of Family Member	Name & Address of Donor	
Υ		
excess of \$5,000.00. This does no financial institution to finance ed a primary or secondary residence.	you, an immediate family member, it include any loan issued in the ord lucational costs, the cost of home pose, or purchase of a personally owned to reportable loan has been guard prantor.	inary course of business by a urchase or improvements for ed motor vehicle, household
None (Check if appropriate)		
		oe of Loan & Collateral, if any
110	TYL	or Louis a Colleteldi, ii dhy

CC	ommittee, car	ndidate cam	y position you npaign commi anization" inclu	ttee, or politic	cal organizati	on within th	ne last fiv	ve (5)
is	affiliated with	or a subsidia	ary of a political andidate or ba	al party or any	committee c	organized for	or the pu	rpose
		eck if appropri			, '			
	Chairma	Ulster	CourseR	ablicer Comm.	ittel			
•	COMMITTEENEM	ber, District	1 Shawns	ut Republica	Committee.			
					,	·		
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or	ganization w ganization the \tone (C	thin the rep at is_organized neck if appro	porting year. d pursuant to t opriate)	The term "r he New York I	nonprofit org Not-for-Profit (anization"	includes	-prof an
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or	ganization w ganization the \tone (C	thin the rep at is_organized neck if appro	porting year. d pursuant to t opriate)	The term "r he New York i	nonprofit org Not-for-Profit (anization"	includes	-profi s an

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.

l ř	nereby acknowledge my continuing responsibility to disclose any conflicts of interest or possibility of interest or possibility of interest or possibility to the best of my	County's
	4/18/23	Commy.
	Date	
	County of Ulster) ss.:	
	On the 18 day of A_{cil} in the year 2023 before in	me the
,	undersigned, a Notary Public in and for said State, personally ap Kenneth J. Ronk, Jr. personally known to me or proved to me on the satisfactory evidence to be the individual whose name is subscribed to the within ins and acknowledged to me that he/she executed the same in his/her capacity and	basis of trument that by
	pon behalf of wh	ich the
	St.	
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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.