

COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

RECEIVELL

MAY 0.2.2024

ULSTER COUNTY LEGISLATURE

Limina Grace Harmon

NAME (Please Print)

County Legislator

POSITION and DEPARTMENT

January 1, 2023- December 31, 2023

CALENDAR YEAR



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

Harmon	Limina	. G
Last Name	First Name	Middle Initial
Legislator	Legislature	
Title/Capacity in which statement is required	Department/Ager	ncy in which this function reports
244 Fair Street Kingston, NY 12402		845.340.3900
Work Address		Work Telephone Number
	dary that you, or an im	e of property within Ulster County on mediate family member or membe
Address of Real Estate	Tyr	oe of Interest
HIR A. E. C.	-	
		•
mmediate family member, or me endered or goods sold or produced of household are a member of a boo	ember of household l or of which you, an ir ard of directors, office nember, or member of	outside employer ¹ from which you, or receive compensation for servic mmediate family member, or memb r, or employee. Also include any ent f household has an ownership intere lstanding stock owned.
None (Check if appropriate)		
<u>Family Member</u> Name	of Business/Employer	Relationship to Business
self New P	altz UM Church	Pastor
enter de la constitución de la c		

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.

maintenance connected with a		,	
Name of Family Member/Mem		ounty Departme	ent/Division/Office
self		Legislature	
does not include any mainten support payments. None (Check if appropriate		n a matrimoni	ial action, alimony or child
Name of Family Member	Name & Address of Income Source		Nature of <u>Investment</u>
Name of Family Member			
Name of Family Member			
Name of Family Member			
Name of Family Member 5. Immediate Family Member/N who is an officer or employee name, relationship to you, title, household include a spouse, un County officer's or employee's persons who are continually or continually or at regular interval	of Income Source Member of Household is of Ulster County, when and department. Implementation of the county is a second county of the county individual or joing at regular intervals in the county of the county o	in Ulster Counce ther paid or mediate familiant state incolving or in the	ty service. List each relative unpaid, including relative members or members on the me tax return or unrelated
5. Immediate Family Member/Newho is an officer or employee name, relationship to you, title, household include a spouse, un County officer's or employee's persons who are continually or	of Income Source Member of Household is of Ulster County, when and department. Implementation or journal at regular intervals is slived in the same hours.	in Ulster Counce ther paid or mediate familiant state incolving or in the	ty service. List each relative unpaid, including relative members or members on the me tax return or unrelated
5. Immediate Family Member/Newho is an officer or employee name, relationship to you, title, household include a spouse, un County officer's or employee's persons who are continually or continually or at regular interval	of Income Source Member of Household is of Ulster County, when and department. Implementation or journal at regular intervals is slived in the same hours.	in Ulster Counce ther paid or mediate familiant state incolving or in the	ty service. List each relative unpaid, including relative members or members on the me tax return or unrelated
5. Immediate Family Member/Newho is an officer or employee name, relationship to you, title, household include a spouse, un County officer's or employee's persons who are continually or continually or at regular interval	of Income Source Member of Household is of Ulster County, whe and department. Im- emancipated child of latest individual or journate regular intervals is s lived in the same house	in Ulster Councether paid or mediate familiar person clain int state incolving or in the Usehold.	ty service. List each relative unpaid, including relative ly members or members on the me tax return or unrelated preceding calendar years.

6. Money you owe. List any debts Ulster County or anyone that you debts that you owe to banking a County.	are aware of w	ho does business	with Ulster County. Do not list
None (Check if appropriate)			
Creditor		Type of Obligation	<u>:</u> o <u>n</u>
			
	- Piki silusu	***************************************	
6 a. Money owed to you. List an County or anyone that you are a	y debts of \$10,00	00 or more that o	fficers or employees of Ulster
None (Check if appropriate)			
Debtor		Type of Obligation	<u>n</u>
			· .
	·	******	
household have in any contract in None (Check if appropriate)	nvolving the Cou		5
Name of Family Member		Contract Descrip	<u>tion</u>
*			•
8. Investments. Itemize and descrithe value in any business, corpora pledged collateral, and other investments in the plant (Check if apprendicts)	ition, partnership estments, for you	, or other assets in , an immediate fo	cluding stocks, bonds, loans, amily member, or member of
None (Check if appropriate)	Name of Ada	lumas af Divista was	, .
Name of Family Member	<u>Name & Add</u>	lress of Business	Description of Asset
Name of Family Member	Location of R (including ho	eal Estate me, if owned)	Description of Investment
•			*

excess of \$2,000.00, except for relative, for you, an immediate	st in a trust or estate or similar be or IRS eligible retirement plans or i e family member, or member of h	nterests in an estate or trust of a
None (Check if appropri	te)	
Name of Family Member	<u>Trustee/Executor</u>	Description of <u>Trust/Estate</u>
	-	
10 Gifts and Honorariums Lis	t the source of all gifts aggregati	ng in execut of \$75.00 received
during the last year by you, a gifts from a relative. The term income from property, withou An interest free or reduced into constitute the making of a gift	n immediate family member, or r "gifts" shall mean the giving of so t expecting to receive something erest loan or the sale of an item fo . "Gift" does not include campaigr rwise excluded as gifts as provide	nember of household excluding ome item of value, or the use of of at least equal value in return. or less than fair market value also a contributions authorized by law
Name of Family Member	Name & Address of Donor	
5F of the County Ethics Law,	nce. List all complimentary attendate at a value greater than \$75.00, in cal events received during the lines thousehold.	cluding food and beverage, at
Name of Family Member	Name & Address of Donor	
i .		
		And the second s
excess of \$5,000.00. This does financial institution to finance a primary or secondary reside	o you, an immediate family mem not include any loan issued in the educational costs, the cost of hom nce, or purchase of a personally of such reportable loan has been grantor.	ordinary course of business by a ne purchase or improvements for owned motor vehicle, household
None (Check if appropri	te)	
Lammand.	Name & Address of Creditor	Type of Loan & Collateral, if any
		

committee, candido years. The term "polit	List any position you held as an officer of a political party, political campaign committee, or political organization within the last five (5 cal organization" includes any independent body or any organization the	5) 1†
	ubsidiary of a political party or any committee organized for the purposing a candidate or ballot initiative.	9
None (Check if		
New Paltz dems (me	nber, not an officer)	
MANUAL AND		
	anizations. List any position you held as an officer of a not-for-profithe reporting year. The term "nonprofit organization" includes any	
organization that is_o None (Check	ganized pursuant to the New York Not-for-Profit Corporation Law.	,
organization that is_o None (Check	ganized pursuant to the New York Not-for-Profit Corporation Law. f appropriate)	
organization that is_o None (Check	ganized pursuant to the New York Not-for-Profit Corporation Law. f appropriate)	,
organization that is_o None (Check	ganized pursuant to the New York Not-for-Profit Corporation Law. f appropriate)	,

N.

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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 by the deviation of the best of my ability.

5/2/2024 Date

State of New York }
County of Uster ss.:

On the $2^{\frac{1}{2}}$ day of $\frac{May}{}$ in the year $\frac{2024}{}$ before me the

undersigned, a Notary Public in and for said State, personally appeared Liming Gree Hecmon 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

The deadline for filing is May 1st. Please return the completed form to the Ulster County Legislature at 244 Fair Street, 6^{th} floor, Kingston, NY 12401.