APPENDIX "B"



COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

RECEIVED

MAY 0 1 2023

ULSTER COUNTY LEGISLATURE

March Callugher NAME (Please Print)

Comprobe POSITION and DEPARTMENT

つりつか CALENDAR YEAR



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

Please print clearly and	return to the Ulster (County Legisla	ture by May 1st
Callegher	March	•	5
Last Name U.	First Name	,	Middle Initial
Title/Capacity in which statement is requi	tomo)	roller's Of	hite hithis function reports
mie/Capacity in which statement is requi	rea Department,	Agency in which	n this function reports
244 Fair St. Kryston	10461 YM	845 7	140-3529
Work Address			hone Number
 Real estate ownership. List the within one mile of the County's bou of household own or have a finantial None (Check if appropriate) Address of Real Estate 	undary that you, or c cial interest in.	an immediate <u>Type of Inte</u>	family member or member
•			
			primary residence
65 Purthern St. Sauge	Hill	bookotu	re lammered, partners
2. Outside employment/business. immediate family member, or rendered or goods sold or product of household are a member of a kin which you, an immediate family except a corporation with less that	member of house ed or of which you, ooard of directors, c member, or memb	hold receive an immediate fficer, or empl per of househo	compensation for service e family member, or membe loyee. Also include any entit old has an ownership interes
None (Check if appropriate)	•		
<u>Family Member</u> <u>Nar</u>	me of Business/Emp	<u>loyer</u> <u>Re</u>	lationship to Business
	ngurny Mindo Bo boric Marn Str LLC	okstere bi	uner ember

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.

	with a matrimonial acti	on, alimony or chil	ver, does not include c d support payments.
None (Check if appro	•	•	
Name of Family Member,	Member of Household	County Departme	nt/Division/Office
March Callagra		Canob	oller's Office
U			
year from any source not of lecture fees, consultant fe immediate family member does not include any ma support payments.	es, contractual income , or member of househ	e, or other income old during the repo	of any nature, for you, ortable year. This, howey
None (Check if appro	priate)		
Name of Family Memb	Name & Ado		Nature of
	Inquiry M	inds Bookshe	<u>Investment</u>
Dran Daroghie		tran St. Saugely	owner-retail
	Historie Main		restal income
		 .	
5. Immediate Family Mem who is an officer or emplo	oyee of Ulster County, , title, and department	whether paid or under the state of the state	unpaid, including relativy members or members led as a dependent on
name, relationship to you household include a spous County officer's or employ persons who are continually or at regular into None (Check if app	yee's latest individual of ally or at regular interventer interventer in the same	als living or in the	preceding calendar ye
household include a spous County officer's or employ persons who are continued continually or at regular interpretations	yee's latest individual of ally or at regular interventer interventer in the same	als living or in the household.	preceding calendar ye
household include a spous County officer's or employ persons who are continuated continually or at regular interpretation. None (Check if app	yee's latest individual of ally or at regular intervitervals lived in the same propriate)	als living or in the household.	preceding calendar ye
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6. Money you owe. List any debts of Ulster County or anyone that you are debts that you owe to banking com County.	e aware of w	ho does business wii	th Ulster County, Do	not list
None (Check if appropriate)				
				. ,
<u>Creditor</u>	et e	Type of Obligation	•	•
	•. •			•
	•			
6 a. Money owed to you. List any d County or anyone that you are awa	ebts of \$1.0,0 re of who do	00 or more that offices business with Ulste	cers or employees or er County owes you.	of Ulster
None (Check if appropriate)	•			•
<u>Debtor</u>		Type of Obligation		
	· .			:
	_			
7. Interest in Contracts. Describe any household have in any contract involved None (Check if appropriate) Name of Family Member				nber of
	_			 -
8. Investments. Itemize and describe the value in any business, corporatio pledged collateral, and other investing household excluding investments in plane (Check if appropriate) Name of Family Member	n, partnership ments, for yo oublicly trade	o, or other assets incl u, an immediate fan	luding stocks, bonds nily member, or mer	s, loans, mber of
Brian Donoghue	Travina	indo Bookstere	retal	
17/10/1 00/0-1-55-	65 Part	tran St. Janguts		 ,
Name of Family Member	Location of	•	Description of Investment	· .
Brian Vanoghe	65 Parl	Norm 57.	cannescral bl	<u>d</u> z.

	, for you, an immedia	ate famil	ly member, or me	mber of ho	terests in an estate or trust of busehold.
LΔI	None (Check if approp	riate)		· .	5
<u>Nar</u>	me of Family Member	•	<u>Trustee/Executo</u>	ŗ .	Description of <u>Trust/Estate</u>
-					
		· .			
			·	·	
An inte constitution othe	e from property, withous rest free or reduced in the the making of a giver thems or services others.	out expe nterest la ift. "Gift" a nerwise e	cting to receive s oan or the sale of does not include	omething o an item for campaian	me item of value, or the use of at least equal value in return less than fair market value als contributions authorized by law of the Countributions are set to the Countributions.
<u>Nar</u>	ne of Family Member		Name & Addres	s of Donor	
	•				
				 	
10 ~ C	omplimentary Attack		at all a complete		
5F of fr bona fi family r	ie County Ethics Law	, at a voitical evoluse	alue greater than ents received du	\$75.00, incorring the la	ance, as provided for in Sectional sections in Sections in Sections in Section in Sectio
bona fi family r	ne County Ethics Law ide charitable or pol nember, or member	, at a voitical evoluse	alue greater than ents received du hold.	\$75.00, incorring the la	luding food and beverage, a
5F of fr bona fi family r	ne County Ethics Law ide charitable or pol nember, or member	, at a voitical evoluse	alue greater than ents received du hold.	\$75.00, incorring the la	luding food and beverage, a
bona fi family r	ne County Ethics Law ide charitable or polynember, or member on the control of th	, at a voitical evolute of house	alue greater than ents received du hold. Name & Address	\$75.00, incoming the la	eluding food and beverage, o st year by you, an immediat
bona fi bona fi family r Nan 11. Loa excess financia a prima furniture the liab	ne County Ethics Law ide charitable or polynember, or member one of Family Member of Family Member of South State of \$5,000.00. This does not stitution to finance or yor secondary residence.	, at a voitical events of house to you, so not ince ence, or youh regularish	alue greater than ents received due hold. Name & Address an immediate fallude any loan issuational costs, the corportable loan hose	\$75.00, incorring the last of Donor mily members of the cost of home ersonally over the cost of the co	luding food and beverage, a

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)
Condidate, March Callagher for Executive Condidate, Frends of March Callagher- race for Comparation
Condition, French of March Galleyler- race for Comparation
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)
Board Nember, Farm + food Grawth Fund

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. I certify that I will undertake and carry out this responsibility to the best of my ability.

	<u>5/1/33</u>
State of New York } County of USUT } ss.:	
On the 1st day of May	in the year 2003 before me the
satisfactory evidence to be the individual wand acknowledged to me that he/she exe	nd for said State, personally appeared known to me or proved to me on the basis of hose name is subscribed to the within instrument cuted the same in his/her capacity and that by dividual, or person upon behalf of which the

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