APPENDIX "B"



COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

MINA POSTUPACK NAME (Please Print)

Ulster County Clark
POSITION and DEPARTMENT

2022 CALENDAR YEAR

RECEIVED

APR 2 0 2023

ULSTER COUNTY LEGISLATURE



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 Post upack

Last Name

Ni NA

First Name

A.

Middle Initial Ulster County Clerk Ulster County Clerk.

Title/Capacity in which statement is required Department/Agency in which this function reports 244 Fair Street Kingston, Ny 12401 (845) 340-3040 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 Primary Residence Business 201 Fair St. Kingston, My 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.

3. Income From County Employs from the County of Ulster in excess or member of household during	s of \$1,000.00 per v	/ear for vou, or an ii	mmediate family member				
maintenance connected with a	matrimonial actio	n, alimony or child	∍r, does not include any ∙support payments.				
None (Check if appropriate)							
Name of Family Member/Memb	er of Household	County Department	/Division/Office				
		•					
4. Other Income. Identify the sou	roo and nature of	augus a dha a a ta					
year from any source not describ lecture fees, consultant fees, co immediate family member, or me does not include any maintena support payments.	ntractual income, ember of househo	or other income o ld during the repor	of any nature, for you, an table year. This, however				
None (Check if appropriate)							
Name of Family Member	Name & Add		Nature of <u>Investment</u>				
Self Duane L. Postusido	<u>Llister Co.</u> Postupac	244 Fair St, Kg	h				
	261 Fa	irst. Kgn	Reci Estate				
			Appraiser.				
5. Immediate Family Member/Me who is an officer or employee of name, relationship to you, title, household include a spouse, uncounty officer's or employee's lepersons who are continually or continually or at regular intervals	of Ulster County, wand department. emancipated chilo atest individual or at regular interva	whether paid or ur Immediate family d or person claime joint state incom Is living or in the p	npaid, including relative's members or members of das a dependent on the entage of the tax return or uprelated				
None (Check if appropriate	e)						
Name of Relative Re	lationship to You	<u>Title</u>	<u>Department</u>				
Alice Lawlis	sister	Chief Da	odollk Coclk.				

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6. Money you owe. List any debts o Ulster County or anyone that you a debts that you owe to banking cor County.	re aware of v	vho does business	with Ulster County. Do not list
None (Check if appropriate)			
<u>Creditor</u>		Type of Obligation	o <u>n</u>
	•		
			
	 .		
6 a. Money owed to you. List any county or anyone that you are aw	are of who do		
None (Check if appropriate)	•		
<u>Debtor</u>		Type of Obligation	<u>on</u>
7. Interest in Contracts. Describe ar			
household have in any contract inv None (Check if appropriate) Name of Family Member	owing me Co	Contract Descrip	otion
8. Investments. Itemize and describe the value in any business, corporational pledged collateral, and other investments in the collaboration of the collabor	on, partnershi stments, for yo	ip, or other assets i ou, an immediate f	ncluding stocks, bonds, loans amily member, or member o
None (Check if appropriate)			
Name of Family Member	Name & Ac	ddress of Business	<u>Description of Asset</u>
		•	
	Location of	Real Estate	Description of
Name of Family Member		nome, if owned)	Investment

9. Trusts. Identify each interest excess of \$2,000.00, except for relative, for you, an immediate	or IRS eligil	ole retirement p	olans or interest	s in an estate or trust of a
None (Check if appropria	ate)			
Name of Family Member	<u>Tru</u>	ustee/Executor		Description of <u>Trust/Estate</u>
			•	
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
10. Gifts and Honorariums. List during the last year by you, at gifts from a relative. The term income from property, without An interest free or reduced into constitute the making of a gift, or other items or services other Ethics Law.	an immedia "gifts" sho ut expectin terest loan t. "Gift" doe	ate family mem all mean the giv g to receive son or the sale of a es not include co	ber, or membering of some item mething of at least to mitem for less to ampaign contri	er of household excluding em of value, or the use of east equal value in return, han fair market value also ibutions authorized by law
None (Check if appropria	ate)	•		
Name of Family Member	<u>Nc</u>	me & Address o	of Donor	
	· · · · · · · · · · · · · · · · · · ·			
10 a. Complimentary Attendar 5F of the County Ethics Law, of bona fide charitable or politic family member, or member of	at a value ical event:	greater than \$ s received durin	75.00, including	a food and beverage at
Name of Family Member	Na	me & Address o	of Donor	
W/A				
14/2.	<u> </u>			
	-			
11. Loans. Describe all loans to excess of \$5,000.00. This does refinancial institution to finance of a primary or secondary resider furniture or appliances. If any sethe liability and name of the guidences.	not include education ence, or pu such repo	e any loan issue al costs, the cos rchase of a per	d in the ordina st of home purc sonally owned	ry course of business by a hase or improvements for motor vehicle, household
None (Check if appropriat				
Name of Family Member		Address of Cred	itor Type (of Loan & Collateral, if any
	•			

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	13. No	ot-for-l	Profit	Orag	nizat	ions	. List	anv	י חמי	sition	VOU.	held	as a	n offi	cer o	far	ot-fc	or-profit
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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 Uister County's Ethics Law. I certify that I will undertake and carry out this responsibility to the best of my ability.

4 20 03 ··

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

On the 20th day of April in the year 2023 before me the

undersigned, a Notary Public in and for said State, personally appeared Nine Postupack 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.

. nent):

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.

