APPENDIX "B"

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COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

MINA POSTUPACK NAME (Please Print)

COUNTY CLERK / LILSTER COUNTY CLERK
POSITION and DEPARTMENT

January 1, 2023 - December 31, 2023

CALENDAR YEAR

RECEIVED

APR 26 2024

ULSTER COUNTY LEGISLATURE



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

POSTUPACK Last Name	NINA First Name	Middle Initial
LILSTER COUNTY C	CERK LUSTER equired Department/Agency in	which this function reports
244 FATE St. Ki Work Address	ngslan, NY 12401 Work	(845)340-30480 Telephone Number
1. Real estate ownership. List t within one mile of the County's of household own or have a fin None (Check if appropria	ancial interest in.	property within Ulster County or liate family member or member
Address of Real Estate 261 Fair S4. Ki	P .	Interest Imary Residence sines i Rental Prop.
immediate family member, or rendered or goods sold or prod of household are a member of in which you, an immediate far	or member of household rece luced or of which you, an immed a board of directors, officer, or e	e employer ¹ from which you, an eive compensation for services diate family member, or member employee. Also include any entity sehold has an ownership interest, ding stock owned.
None (Check if appropriate Family Member	e) Name of Business/Employer	Relationship to Business
Dueine Postupack	Postupack Valuation	<u>Ownor</u>

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 exc or member of household du maintenance connected with	cess of \$1,000.00 per yearing the reportable ve	ir for you, or an ar. This, howev	immediate family me ver, does not include	mber
None (Check if appropria		diminority of Crimo	a sopport payments.	
Name of Family Member/Me		unty Departmer	nt/Division/Office	
			•	
				· ·
4. Other Income. Identify the syear from any source not desilecture fees, consultant fees, immediate family member, or does not include any mainte support payments.	cribed above, including contractual income, or member of household	employment i other income during the repo	ncome, teaching inc of any nature, for yo ortable vear. This, how	ome, ou, an vever.
None (Check if appropria	te)			•
Name of Family Member	Name & Addres		Nature of <u>Investment</u>	
Self DugnaL, Postupa	Ulster Co. CII 244 Fair St ck Postupock 201 Fair 34	Kgo Valvautio	Splf Real Estate A	
5. Immediate Family Member, who is an officer or employe name, relationship to you, titl household include a spouse, a County officer's or employee persons who are continually continually or at regular interv	/Member of Household e of Ulster County, who e, and department. In un-emancipated child of 's latest individual or jo or at regular intervals	in Ulster Counterther paid or un mediate familiar person claim int state incortiving or in the	inpaid, including rela members or membed ed as a dependent on ne tax return or unre	ative's pers of on the elated
None (Check if approp	riate)			
Name of Relative	Relationship to You	<u>Title</u>	<u>Departmer</u>	<u>1t</u>
Alice Lawlis	Sistor	Dopurty	Collert Co.	

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None (Check if appropriate)	,			
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Creditor		Type of Obligation	1	
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a. Money owed to you. List any ounty or anyone that you are av	debts of \$10, ware of who d	,000 or more that of loes business with Uls	ficers or emplo ter County ow	oyees of Ul: /es you.
None (Check if appropriate)				, ,
<u>Debtor</u>		Type of Obligatio	<u>n</u>	
usehold have in any contract in	any interest yo	ou, an immediate fai ounty of Ulster.	mily member,	or membe
Interest in Contracts. Describe a usehold have in any contract in None (Check if appropriate)	any interest yo	ounty of Ulster.		or member
usehold have in any contract in	any interest yo	ou, an immediate fai ounty of Ulster. Contract Descrip		or membe
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usehold have in any contract in None (Check if appropriate)	any interest yo	ounty of Ulster.		or membe
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usehold have in any contract in None (Check if appropriate) Name of Family Member Investments. Itemize and describe yalue in any business, corpora	nvolving the Common th	Contract Descrip Contract Descrip ents in excess of \$5,000 ip, or other assets in	tion 000.00 or five packed	percent (5%
usehold have in any contract in None (Check if appropriate) Name of Family Member Investments. Itemize and describe value in any business, corporated and collateral, and other investigations.	be all investmestmestmestments, for y	ents in excess of \$5,000,000, an immediate for	tion 000.00 or five p actuding stocks	percent (5% s, bonds, lo , or membe
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relc	None (Check if approp	riate)				
·	Name of Family Membe	<u>r</u>	<u>Trustee/Executor</u>		Description of <u>Trust/Estate</u>	
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gifts inco An i con or o	Gifts and Honorariums. Ing the last year by you, from a relative. The tendere from property, without the free or reduced is stitute the making of a gother items or services others Law.	m "gifts" s out expec nterest loc ift "Gift" d	thall mean the giving ting to receive somethan or the sale of an ite	or member of some iter ning of at le m for less th	r of household exc m of value, or the ast equal value in I an fair market valu	luding use o return ue alsc
- - 10 a 5F o	None (Check if appropring Name of Family Member Member of Family Member of Family Member of the County Ethics Law, a fide charitable or policy member, or member of	ance. List	nts received during #	endance, a		
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affiliated with or a subsidiary electing or defeating a can	didate or ballot in	vitiativa			Duit
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None (Check it appropriat	re) ·				
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Not-for-Profit Organization					
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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. I certify that I will undertake and carry out this responsibility to the best of my ability.

4 25 24 Date

State of New York }
County of <u>Ulster</u>} ss.:

On the $35^{\frac{14}{2}}$ day of 400^{-1} in the year 2024 before me the

undersigned, a Notary Public in and for said State, personally appeared Nina Postupede 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

at 244 Fair Street, 6th floor, Kingston, NY 12401.