



## **COUNTY OF ULSTER**

## ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

RECEIVED
MAY 01 2023

ULSTER COUNTY LEGISLATURE

NAME (Please Print)

Legislator dist 6

POSITION and DEPARTMENT

2027

CALENDAR YEAR



## 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 PHILIP First Name 244 Foir St., Kingston (845)340-3900 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. Many None (Check if appropriate) Address of Real Estate Type of Interest 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 & corporation with less than ten percent of the outstanding stock owned. √ None (Check if appropriate) Family Member Name of Business/Employer Relationship to Business

<sup>&</sup>lt;sup>1</sup> 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.

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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. State of New York County of Usterss .: day of  $\underline{\textit{May}}$  in the year  $\underline{\textit{2023}}$  before me the undersigned, a Notary Public and for State, personally appeared said \_ 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 ment)

**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.