APPENDIX "B"





COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

RECEIVED
JUL 11 2023
ULSTER COUNTY LEGISLATURE

Tricia Bowen
NAME (Please Print)

Legislator, Legislature POSITION and DEPARTMENT

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

Bowen	Tric	ia			_
Last Name	First	Name		· Middle Initial	
egislator		Legislature			
itle/Capacity in which statem	ent is required	Department/	Agency in which	this function repo	rts
44 Fair Street, Kingston, NY 12	102	••	· 845-443-9449	a	
Work Address	•			none Number	,,,,,,,,,,,,, ,
. Real estate ownership vithin one mile of the Count household own or hav None (Check If ap	unty's boundary e a financial inte	that you, or c			
Address of Real Estate	· · ·		Type of Inter	<u>est</u>	
			Home		
				•	
2. Outside employment/ mmediate family mem rendered or goods sold of of household are a memion which you, an immedia except a corporation wit	ber, or member or produced or o per of a board o nate family member h less than ten p	er of househ If which you, If directors, of Der, or memb	nold receive an immediate ficer, or emplo er of househo	compensation family member byee. Also included has an own	n for servic er, or memb ude any en
None (Check if app	opriate)				•
Family Member	Name of B	usiness/Empl	<u>oyer Rel</u>	ationship to Bu	<u>ısiness</u>
· · · · · ·		• •	•		

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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 Employn from the County of Ulster in excess or member of bound to the left state of the	of \$1,000.00 per v	ear for vou, or ar	immediate fo	amily member
or member of household during maintenance connected with a	i the reportable y matrimonial actior	ear. This, howe a alimony or chi	ver, does no Id support pa	t include any vments
X None (Check if appropriate)		,	ia soppon pa	y i, i 101 iii 3.
Name of Family Member/Membe	er of Household	County Departme	nt/Division/Offi	ce .
		•		
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year from any source not describ- lecture fees, consultant fees, cor immediate family member, or me does not include any maintenar support payments.	itractual income, mber of househol	or other income d during the rep	of any natur ortable vear	e, for you, an This however
None (Check if appropriate)			·	,
Name of Family Member	Name & Addr of Income Sou		Nature of Investmer	<u>nt</u>
				•
5. Immediate Family Member/Me who is an officer or employee o name, relationship to you, title, o household include a spouse, uncomplete of the county officer's or employee's longersons who are continually or a continually or at regular intervals in	f Ulster County, wand department. In mancipated child interest individual or at regular interval	rhether paid or Immediate fami d or person clain joint state inco s livina or in the	unpald, inclu ly members o ned as a depo me tax returr	ding relative's or members of endent on the
None (Check if appropriate)		,	
Name of Relative Rel	ationship to You	<u>Title</u>	<u>De</u>	<u>partment</u>
				•
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X None (Check if appropriat	e)	
Name of Family Member	<u>Trustee/Executor</u>	Description of <u>Trust/Estate</u>
10. Gifts and Honorariums. List		
income from property, without An interest free or reduced inte constitute the making of a gift. or other items or services other Ethics Law. X None (Check if appropriate	erest loan or the sale of an item "Gift" does not include campai wise excluded as gifts as provid	for less than fair market value an contributions authorized by
Name of Family Member		
Name of Family Member	Name & Address of Don	<u>or</u>
	ce. List all complimentary atte	ndance, as provided for in Se
bona fide charitable or politic family member, or member of l	t a value greater than \$75.00, al events received during the household.	including food and beverage last year by you, an immed
or of the County Ethics Law, a bona fide charitable or politic	t a value greater than \$75.00, al events received during the	including food and beverage last year by you, an immed
be a fine County Etnics Law, a bona fide charitable or politic family member, or member of l	t a value greater than \$75.00, al events received during the household.	including food and beverage last year by you, an immed
bona fide charitable or politic family member, or member of	t a value greater than \$75.00, al events received during the household.	including food and beverage last year by you, an immed
be a fine County Etnics Law, a bona fide charitable or politic family member, or member of l	t a value greater than \$75.00, cal events received during the household. Name & Address of Done you, an immediate family me of include any loan issued in the ducational costs, the cost of house, or purchase of a personally uch reportable loan has been	including food and beverage last year by you, an immediate part by you, an immediate part of householders or member of householders or improvement owned motor vehicle, house
bona fide charitable or politic family member, or member of Name of Family Member 11. Loans. Describe all loans to excess of \$5,000.00. This does n financial institution to finance ea primary or secondary residen furniture or appliances. If any s	t a value greater than \$75.00, cal events received during the household. Name & Address of Done you, an immediate family me of include any loan issued in the ducational costs, the cost of house, or purchase of a personally uch reportable loan has been parantor.	including food and beverage last year by you, an immediate part by you, an immediate part of householder of householder purchase or improvement owned motor vehicle, house

12.	Political Parties. List	any position you	held as ar	office	of a p	olitical	party, p	political	
yea	s. The term "political	campaign committe organization" includ	ies any inde	cai orga ependei	anization nt body c	within to or any or	ne ıası ganizati	iive (5) on that	
is af	illated with or a sub:	sidiary of a political p	party or an	y comm	ittee org	anized f	or the p	urpose	
01.9	eching of defeating None (Check if app	a candidate or ballo	or initiative.	,			•		
ـــا · ١	J None (Check if app lew Paltz Democratic Com						. · ·		
	Uster County Democratic C				· · ·		· · · · · ·		. •
			•	•	•	•			
13.	Not-for-Profit Organi	<u>izations</u> . List any po	sition you	held a	an offi	cer of	a not-fo	r-profit	
orgo	nization within the inization that is orgal	reporting year. The reporting is reported to the report of	ne term " New York	nonprof	it organ Profit.Co	ization" rporatio	include	es any	
-	None (Check if a		, 110W 10IK	1401-101-	i ioni co	porano	n Law.		
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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... | certify that I will undertake and carry out this responsibility to the best of my ability.

<u>6/28/2023</u> 7/// Date	1/2023
State of New York }	•
County of Ulster ss.:	
1,4	
On the 11 day of July in the year 2023	before me the
undersigned, a Notary Public in and for said State, pe leaven personally known to me or proved to a satisfactory evidence to be the individual whose name is subscribed to the and acknowledged to me that he/she executed the same in his/her conhis/her signature on the instrument, the individual, or person upon be individual acted, executed the instrument.	he within instrument

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.