APPENDIX "A'

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

1.	Name			
2.	(a) Title of Position(b) Department or Agency			
3.	 (a) Marital Status – If married, please give spouse's full name including maiden name where applicable: (b) List the name of any domestic 			
	partner: (c) List the names of all un-emancipated children:			
	Answer each of the following questions completely, with respect to calendar year.			
	If additional space is needed, attach additional pages.			
	For the purpose of this statement, anywhere the term "local agency" shall appear such term shall mean a local agency of the County of Ulster as defined in § 810 (12) of the General Municipal Law.			
4.	(a) List any office, trusteeship, directorship, partnership or position of any nature including honorary positions but excluding membership positions, whether compensated or not, held by the reporting individual with any firm, corporation association, partnership or other organization other than the County of Ulster. It said entity was licensed or regulated by any County agency, or as a regular and significant part of the business or activity of said entity, did business with, or had matters other than ministerial matters before any County agency, list the names of such agency.			
	<u>Position</u> <u>Organization</u> <u>Agency</u>			

<u>Position</u>		<u>Organization</u>		<u>Agency</u>
(a) List the name, address and description of any occupation, employment, trade business or profession engaged in by the reporting individual. If such activity wa licensed or regulated by any Ulster County agency, or, as a regular and significant part of the business or activity of said entity, did business with, or had matter other than ministerial matters before any Ulster County agency, list the names of any such County agency:				
<u>Position</u>	Name & Add	dress of Organization	Description	Agen
business or emancipated regulated by business or	profession end child of the real any Ulster Councillation activity of said matters before a	and description of any ngaged in by the speporting individual. I anty agency, or, as a real entity, did business on Ulster County agency.	oouse/domestic pa if such activity was egular and signific with, or had matte	artner or unastricensed ant part of the error of the erro
<u>Position</u>	Name & Add	dress of Organization	Description	Agenc

person, whether vested or contingent, in any contract made or executed by an Ulster County agency and include the name of the entity which holds such interest and the relationship of the reporting individual or such individual's spouse/domestic partner or such child to such entity and the interest in such contract. Do not list any interest in any such contract on which final payment has been made and all obligations under the contract except for guarantees and warranties have been performed provided, however, that such an interest must be listed if there has been an ongoing dispute during the calendar year for which this statement is filed with respect to any such guarantees or warranties.

	Self, Spouse,				
	Domestic Partner or Child	Entity which Held Interest in Contract	Relationship to Entity and Interest in Contract	Contracting Agency	
7.			al held as an officer of any ommittee, or as a political		
	leader. The term	• • • • •	e same meaning as "party"	± •	
	Law.				
				_	
8.			es law, is licensed by the or practices a profession l		
	Department of Hareas of matters	Education, given a ger s undertaken by such	neral description of the principle in individual. Additionally	incipal subject y, if such an	
			poration and is a partner or description of principal su		
	matters undertaken by such firm or corporation. Do not list the names of the individual clients, customers or patients.				
	marviduai chents	s, customers or patients	•		

business activity of individual's spouse/	f any entity ir domestic partne	n which the reporting that an investment is	on or the nature of the g individual or such an excess of \$1,000.00
excluding investmen	ts in publicity tra	ided securities and inte	erests in rear property.
9. List each source of gireceived during the repoindividual or such individue the same donor, excluding donor. The term "gift" item 10. Indicate the nat	rting period for dual's spouse/do ng gifts from a r does not includ	which this statement is omestic partner or un-e elative. Include the na	s filed by the reporting emancipated child from ame and address of the
Self, Spouse, Domestic Partner or Child	Nature of Donor	Address	Nature of Gift
10. Identify and briefly excluding campaign expreimbursed by the polit excess of \$1,000.00 fro "reimbursement" shall mon-governmental source official duties such as The term "reimbursement"	enditures and exical subdivision om each such somean payment acts and for act speaking engage	spenditures in connect for which this staten ource. For purposes for any travel-related ivities related to the ements, conferences,	ion with official duties nent has been filed, in of this item, the term expenses provided by reporting individual's or fact-finding events.
<u>Source</u>			<u>Description</u>

11. (a) Describe the parties to any contract, promise, or other agreement between the reporting individual and any person, firm, or corporation with respect to the employment of such individual after leaving office or position (other than a leaving of absence).			
(b) Describe the parties to any agreement providing for continuation of payments or benefits to the reporting individual in excess of \$1,000.00 from a prior employe other than Ulster County. (This includes interest in or contributions to a pension fund, profit-sharing plan, or life or health insurance; buy-out agreements, severance payments, etc.)			
12. List below the nature of any net income as reported for income tax purposes in excess of \$1,000.00 from each source for the reporting individual and the reporting individual's spouse/domestic partner for the taxable year last occurring prior to the date of filing. Nature of income shall mean salary for government employment, income from other compensated employment whether honorariums, lecture fees, consultant fees and real estate rents. Income from a business or profession and real estate rents shall be reported with the source identified by the building address in the case of real estate rents and otherwise by the name of the business or professional entity and not by the name of the individual customers, clients or tenants. The receipt of maintenance received in connection with a matrimonial action, alimony and child support payments shall not be listed.			
Self/Spouse Domestic Partner Source	<u>Nature</u>		

13. List the sources of any income in excess of \$1,000.00 from each source to be paid to the reporting individual under the terms of any agreement entered into during the calendar year for which the disclosure statement is filed and to be paid following the close of such calendar year. Deferred income derived from the practice of a profession shall be listed in the aggregate and shall identify as the source, the name of the firm, corporate, partnership or association through which the income was derived, but shall not identify individual clients.

<u>Source</u>
14. List each assignment of income in excess of \$1,000.00 and each transfer other than to a relative during the reporting period for which this statement is filed for less than fair consideration of an interest in a trust, estate or other beneficial interest securities or real property, by the reporting individual, in excess of \$1,000.00, which would otherwise be required to be reported herein and is not or has not been so reported.
<u>Items Assigned or Transferred To</u>
15. List the name of any corporation of which he or she, or his or her spouse/domestic partner, is an officer, director, or employee, or of which he or she, or his or her spouse/domestic partner, legally or beneficially owns or controls more than five (5) percent of the outstanding stock, and his or her position, and his or her spouse's/domestic partner's position, if any, with the corporation.
Self/Spouse Domestic Partner Name of Corporation Position

Self/Spouse/Domestic Partner/Other Party	Address of Real Property
the County in which he or she or his or he	within the County or within five miles of r spouse/domestic partner or other member ership or other financial interest within the
Self/Spouse/Domestic Partner/Other Party	Address of Real Property
held by the reporting individual at the clos the date of filing and other debts owed to year last occurring prior to the date of fi	ble, other than from goods or services sold, se of the taxable year last occurring prior to such individual at the close of the taxable ling, in excess of \$5,000.00 including the d date due. Debts, notes and accounts tive shall not be reported.
	Type of Obligation
Name of Debtor	and Nature of Collateral, if any
spouse/domestic partner, in excess of \$3	porting individual and such individual's 5,000.00 as of the date of filing of this ive. Do not list liabilities incurred by, or

individual or such individual's spouse/domestic partner has an interest, when incurred or made in the ordinary course of the trade, business or professional practice of the reporting individual or such individual's spouse/domestic partner. Include the name of the creditor and any collateral pledged by such individual to secure payment of any such liability. A reporting individual shall not list any obligation to pay maintenance in connection with a matrimonial action, alimony or child support payments. Revolving charge account information shall only be set forth if liability thereon is in excess of \$5,000.00 at the time of filing. Any loan issued in the ordinary course of business by a financial institution to finance educational costs, the cost of home purchase or improvements for a primary or secondary residence, or purchase of a personally owned motor vehicle, household furniture or appliances shall be excluded. If any such reportable liability has been guaranteed by any third person, list the liability and name the guarantor.

Name of Creditor and/or Guarantor	Type of Liability and Collateral, if any
<u> </u>	eporting of financial interest are in the public cal or illegal conduct or behavior will be drawn ements.
Signature of Reporting Individual	Date (month/day/year)
State of New York } County of} ss.:	
on the basis of satisfactory evid subscribed to the within instrument the same in his/her capacity and the	in the year before plic in and for said State, personally appeared personally known to me or proved to me dence to be the individual whose name is and acknowledged to me that he/she executed that by his/her signature on the instrument, the for which the individual acted, executed the
(Signature and Office of individual	taking acknowledgement)