

COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

March S. Gallagher NAME (Please Print)

Comptoler POSITION and DEPARTMENT

January 1, 2021 – December 31, 2021 CALENDAR YEAR

RECEIVED

APR 28 2022

ULSTER COUNTY LEGISLATURE



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

Please print clearly o	and return to the Ulster Co	ounty Legislature by May 1st
Callagher	March First Name	<u> </u>
Last Name U	First Name	Middle Initial
Comphole Capacity in which statement is	Camphroll	er's office
Title/Capacity in which statement is	required Department/	Agency in which this function reports
244 fair St. 5th Place Work Address	or Knystan	845 340 3529
Work Address	0	Work Telephone Number
 Real estate ownership. List within one mile of the Coudependent child own or home (Check if appropring the Check if appropring the Check	nty's boundary that you, ave a financial interest ir	ece of property within Ulster County or , your spouse, domestic partner or n.
Address of Real Estate		Type of Interest
		owner sholward hampsinary
or parktran Sh Saw	gutes My	Bookstone, rental, partner 75 aurs
your spouse, domestic par rendered or goods sold or dependent children are a include any entity in which	ther or dependent child produced or of which y member of a board of a you, your spouse, doment a corporation with le	ny outside employer* from which you, lren receive compensation for services ou, your spouse, domestic partner or directors, officer, or employee. Also estic partner or dependent children has ess than five percent of the outstanding
Family Member	Name of Business/Emp	loyer Relationship to Business
Brian Danoghue	Inquiring Minds Bo Historic Main St. L	oblobbre owner
	The second secon	

3.	Other Income. Identify the sper year from any source no income, lecture fees, consultor you, your spouse, domest derived from the County of Uchildren are employees of the include any maintenance of payments.	of described above, in tant fees, contractual tic partner, or depend Uster if you, your spou the County during the I	cluding employr income, or othe dent children. Thi se, domestic par reportable year.	ment income, teaching income of any nature, is includes income their or dependent. This, however, does not	
	None (Check if appropriate)			
	Name of Family Member	Name & Addres		Nature of <u>Investment</u>	
	March Callagher March Gallager	Ulster Carry	POB14 180U	showded suld	
4.	Relatives in Ulster County ser County, whether paid or una department. Relatives inclu- brother, sister, parent, steppe latest income tax return, and None (Check if appropria	oaid, including relative de your spouse, dome arent, plus any persor d that dependent's sp	e's name, relatio estic partner, chil nyou claimed as	nship to you, title, and d, stepchild, grandchild, a dependent on your	
	Name of Relative R	Relationship to You	<u>Title</u>	<u>Department</u>	
	nare				
5.	Money you owe. List any de of Ulster County or anyone to not list debts that you owe to with Ulster County. None (Check if appropriate	hat you are aware of o banking companies	who does busine	ess with dister County. Do)
	Creditor		pe of Obligation	1	
	None				

None (Check if appropr	iate)		
<u>Debtor</u>		Type of Obligat	<u>ion</u>
Nove			
Interest in Contracts. De dependent children hav	e in any contract	you, your spouse, do involving the County	omestic partner or of Ulster.
Name of Family Membe	<u>r</u>	Contract Descr	<u>ription</u>
None	·		
Investments. Itemize an of the value in any busin bonds, loans, pledged and the settler or dependent of	ess, corporation, pollateral, and oth	oartnership, or otner er investments, for vo	assets including stocks, ou, your spouse, domestic
of the value in any busin	ness, corporation, peollateral, and oth collateral, and oth hildren excluding riate) The Name Services of the Nam	er investments, for your new investments in public states of Business	assets including stocks, bu, your spouse, domestic cally traded securities and
of the value in any busing bonds, loans, pledged of partner or dependent conterest in real property. None (Check if appropriate the content of the content	riate) Name & Locatio	oartnership, or otner er investments, for yo investments in public	assets including stocks, bu, your spouse, domestic cally traded securities and
of the value in any busing bonds, loans, pledged of partner or dependent of interest in real property. None (Check if approposition of Family Member) Name of Family Members Name of Family Members Name of Family Members	collateral, and oth hildren excluding riate) Property Name & Nam	er investments, for your investments in public investments in public investments in public investments of Business on of Real Estate ing home, if owned is retirement plans or its entirement plans or	Description of Asset Description of Investment ficial interest in any assets in interests in an estate or trust

	None (Check if appropriate)		
	Name of Family Member	Name & Address of Donor	<u>.</u>
	nare		
	. Loans. Describe all loans to you (and/or vour spouso, and/o	or domestic partner and/c
	dependent children) in excess of ordinary course of business by a find home purchase or improvements personally owned motor vehicle, loan has been guaranteed by an None (Check if appropriate)	inancial institution to tinand for a primary or secondar household furniture or app	ce educational costs, the c y residence, or purchase c liances. If any such repor
		& Address of Creditor	Type of loan & Collateral, if any
11	. Political Parties. List any position y committee or political organization organization" includes any indep subsidiary of a political party.	on within the last tive (5) ye	ars. The term political
	None (Check if appropriate)		
	Candidate, Friends	of March Callege	<u> </u>
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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	•
Signature	<u>4135132</u> Date
State of New York } County of $(11Ster)$ } ss.:	in the year 2002 before me the
satisfactory evidence to be the individual was and acknowledged to me that he/she exemples his/her signature on the instrument, the instrument is the signature of the instrument.	in the year 2002 before me the and for said State, personally appeared known to me or proved to me on the basis of whose name is subscribed to the within instrument ecuted the same in his/her capacity and that by ndividual, or person upon behalf of which the
individual acted, executed the instrument. (Signature and Office of individual taking a	icknowledgement)

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.

* 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.