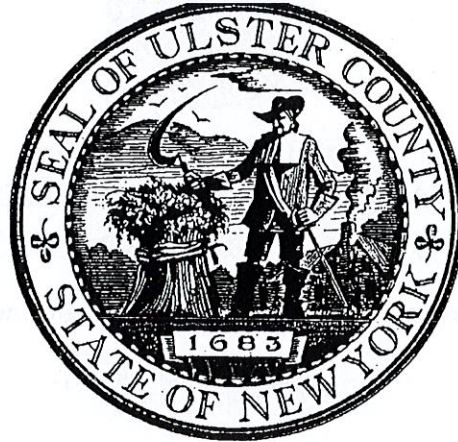


APPENDIX "B"

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COUNTY OF ULSTER

ANNUAL STATEMENT OF
FINANCIAL DISCLOSURE FORM

KATHLEEN NOLAN, MD, MSW
NAME (Please Print)

UC LEGISLATOR DISTRICT 22
POSITION and DEPARTMENT

January 1, 2025 - December 31, 2025
CALENDAR YEAR



**COUNTY OF ULSTER
ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM
FOR THE CALENDAR YEAR 2025**

Please print clearly and return to the Ulster County Personnel Department by May 1st

NOLAN Last Name KATHLEEN First Name _____ Middle Initial

UC LEGISLATOR, D22 Title/Capacity in which statement is required UC LEGISLATURE Department/Agency in which this function reports

244 FAIR STREET KINGSTON NY 12401 Work Address 845-417-6487 Work Telephone Number

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.

None (Check if appropriate).

Address of Real Estate

Type of Interest

_____	_____
_____	_____
_____	_____
_____	_____

2. Outside employment/business. List the name of any outside employer¹ 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 a corporation with less than ten percent of the outstanding stock owned.

None (Check if appropriate)

Family Member

Name of Business/Employer

Relationship to Business

<u>SELF</u>	<u>CATSKILL MOUNTAINKEEPER</u>	<u>SR RESEARCH DIRECTOR</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.

3. Income From County Employment. Identify the source and nature of any income received from the County of Ulster in excess of \$1,000.00 per year for you, or an immediate family member or member of household during the reportable year. This, however, does not include any maintenance connected with a matrimonial action, alimony or child support payments.

None (Check if appropriate)

<u>Name of Family Member/Member of Household</u>	<u>County Department/Division/Office</u>
<u>SELF</u>	<u>UC LEGISLATURE</u>
_____	_____
_____	_____
_____	_____

4. Other Income. Identify the source and nature of any other income in excess of \$1,000.00 per year from any source not described above, including employment income, teaching income, lecture fees, consultant fees, contractual income, or other income of any nature, for you, an immediate family member, or member of household during the reportable year. This, however, does not include any maintenance connected with a matrimonial action, alimony or child support payments.

None (Check if appropriate)

<u>Name of Family Member</u>	<u>Name & Address of Income Source</u>	<u>Nature of Investment</u>
<u>SELF</u>	<u>SOCIAL SECURITY</u>	<u>SOCIAL SECURITY</u>
_____	_____	_____
_____	_____	_____

5. Immediate Family Member/Member of Household in Ulster County service. List each relative who is an officer or employee of Ulster County, whether paid or unpaid, including relative's name, relationship to you, title, and department. Immediate family members or members of household include a spouse, un-emancipated child or person claimed as a dependent on the County officer's or employee's latest individual or joint state income tax return or unrelated persons who are continually or at regular intervals living or in the preceding calendar year continually or at regular intervals lived in the same household.

None (Check if appropriate)

<u>Name of Relative</u>	<u>Relationship to You</u>	<u>Department</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Money you owe. List any debts of \$10,000 or more that you owe to an officer or employee of Ulster County or anyone that you are aware of who does business with Ulster County. Do not list debts that you owe to banking companies that have an official banking relationship with Ulster County.

None (Check if appropriate)

<u>Creditor</u>	<u>Type of Obligation</u>
_____	_____
_____	_____

6 a. Money owed to you. List any debts of \$10,000 or more that officers or employees of Ulster County or anyone that you are aware of who does business with Ulster County owes you.

None (Check if appropriate)

<u>Debtor</u>	<u>Type of Obligation</u>
_____	_____
_____	_____

7. Interest in Contracts. Describe any interest you, an immediate family member, or member of household have in any contract involving the County of Ulster.

None (Check if appropriate)

<u>Name of Family Member</u>	<u>Contract Description</u>
_____	_____
_____	_____

8. Investments. Itemize and describe all investments in excess of \$5,000.00 or five percent (5%) of the value in any business, corporation, partnership, or other assets including stocks, bonds, loans, pledged collateral, and other investments, for you, an immediate family member, or member of household excluding investments in publicly traded securities and interest in real property.

None (Check if appropriate)

<u>Name of Family Member</u>	<u>Name & Address of Business</u>	<u>Description of Asset</u>
_____	_____	_____
_____	_____	_____

<u>Name of Family Member</u>	<u>Location of Real Estate (including home, if owned)</u>	<u>Description of Investment</u>
_____	_____	_____
_____	_____	_____

9. Trusts. Identify each interest in a trust or estate or similar beneficial interest in any assets in excess of \$2,000.00, except for IRS eligible retirement plans or interests in an estate or trust of a relative, for you, an immediate family member, or member of household.

None (Check if appropriate)

<u>Name of Family Member</u>	<u>Trustee/Executor</u>	<u>Description of Trust/Estate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Gifts and Honorariums. List the source of all gifts aggregating in excess of \$75.00 received during the last year by you, an immediate family member, or member of household excluding gifts from a relative. The term "gifts" shall mean the giving of some item of value, or the use of income from property, without expecting to receive something of at least equal value in return. An interest free or reduced interest loan or the sale of an item for less than fair market value also constitute the making of a gift. "Gift" does not include campaign contributions authorized by law or other items or services otherwise excluded as gifts as provided for in Section SF of the County Ethics Law.

None (Check if appropriate)

<u>Name of Family Member</u>	<u>Name & Address of Donor</u>
_____	_____
_____	_____
_____	_____

10 a. Complimentary Attendance. List all complimentary attendance, as provided for in Section SF of the County Ethics Law, at a value greater than \$75.00, including food and beverage, at bona fide charitable or political events received during the last year by you, an immediate family member, or member of household. *NONE*

<u>Name of Family Member</u>	<u>Name & Address of Donor</u>
_____	_____
_____	_____
_____	_____

11. Loans. Describe all loans to you, an immediate family member, or member of household in excess of \$5,000.00. This does not include 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. If any such reportable loan has been guaranteed by any third party, list the liability and name of the guarantor.

None (Check if appropriate)

<u>Name of Family Member</u>	<u>Name & Address of Creditor</u>	<u>Type of Loan & Collateral, if any</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Political Parties. List any position you held as an officer of a political party, political committee, candidate campaign committee, or political organization within the last five (5) years. The term "political organization" includes any independent body or any organization that is affiliated with or a subsidiary of a political party or any committee organized for the purpose of electing or defeating a candidate or ballot initiative.

None (Check if appropriate)

SHANDAKEN DEMOCRATIC COMMITTEE, UNTIL 2024
WESTER COUNTY DEMOCRATIC COMMITTEE (AS CHAIR OF
SHANDAKEN DEMOCRATIC COMMITTEE), UNTIL 2024

13. Not-for-Profit Organizations. List any position you held as an officer of a not-for-profit organization within the reporting year. The term "nonprofit organization" includes any organization that is organized pursuant to the New York Not-for-Profit Corporation Law.

None (Check if appropriate)

SAMADAI CENTER INC (PRESIDENT)
PHYSICIANS FOR SOCIAL RESPONSIBILITY - NEW YORK (PRESIDENT)
CONCERNED HEALTH PROFESSIONALS OF NEW YORK (STEERING COMMITTEE)
SHANDAKEN COMMUNITY GARDENS (TREASURER)
CATSKILLS W/IE TRAILS & WILDERNESS ASSOCIATION (PRESIDENT)

