APPENDIX "B"



COUNTY OF ULSTER

ANNUAL STATEMENT OF

FINANCIAL DISCLOSURE FORM

RECEIVED

MAR 0 7 2023 .

ULSTER COUNTY LEGISLATURE

Abe Uhitelle NAME (Please Print)

County Legislator
POSITION and DEPARTMENT

2022 CALENDAR YEAR



COUNTY OF ULSTER ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM FOR THE CALENDAR YEAR 2022

Please print clearly and return to the Uister County Legislature by May 1st Legislator

Legislator

Title/Capacity in which statement is required

Department/Agency in which this function reports 244 Fair 17 Kingston NY 845-340-3900
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 <u>Type of Interest</u> 2. 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 a corporation with less than ten percent of the outstanding stock owned. None (Check if appropriate) Name of Business/Employer Relationship to Business

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 Employ from the County of Ulster in exce or member of household during maintenance connected with a | ess of \$1,000.00 per year ng the reportable year | for you, or an immed . This, however, do | liate family member es not include any |
|--|---|---|---|
| None (Check if appropriate | | | |
| Name of Family Member/Mem | ber of Household Cou | nty Department/Divisi | on/Office |
| Self | | County L | expolite |
| | <u> </u> | | · . |
| | | | |
| | | | |
| 4. Other Income. Identify the soryear from any source not describe ture fees, consultant fees, coimmediate family member, or make any maintensupport payments. | ibed above, including a ontractual income, or c nember of household do ance connected with | employment income of any oring the reportable | e, teaching income, nature, for you, an year. This, however, |
| None (Check if appropriate |) | | |
| Name of Family Member | Name & Address of Income Source | | ure of estment |
| Eileen + Alse (MF) | Hotaldas Miz | moff | Stole |
| | - Jeemine | , WA | · · · · · · · · · · · · · · · · · · · |
| | | | |
| 5. Immediate Family Member/Newho is an officer or employee name, relationship to you, title, household include a spouse, un County officer's or employee's persons who are continually or continually or at regular interval | of Ulster County, whet and department. Imm -emancipated child or latest individual or join at regular intervals liv | ner paid or unpaid, lediate family mem person claimed as o t state income tax ing or in the prece | including relative's bers or members of a dependent on the return or unrelated |
| None (Check if approprie | ite) | | |
| Name of Relative R | elationship to You | <u>Title</u> | <u>Department</u> |
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| Ulster County or anyone that you are debts that you owe to banking compounty. | aware of wo | ho does business wi ave an official ban | th Ulster County. E king relationship v | o not list vith Ulster |
|--|----------------------------------|---|--|---------------------------|
| None (Check if appropriate) | | | | |
| | | | | |
| <u>Creditor</u> | | Type of Obligation | | |
| | | | | • |
| | | | | · · · |
| | | | | <u></u> |
| 6 a. Money owed to you. List any de County or anyone that you are awar | ebts of \$10,0 re of who do | 00 or more that offices business with Ulste | cers or employees er County owes yo | s of Ulster ou. |
| None (Check if appropriate) | • | | | |
| <u>Debtor</u> | | Type of Obligation | • | |
| | • | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • | : |
| | • | | | · · · |
| | • | | | |
| 7. Interest in Contracts. Describe any household have in any contract involutional (Check if appropriate) | | | ily momber, or me | arriber of |
| Name of Family Member | | Contract Description | <u>on</u> | |
| | | | | |
| | • | | | |
| 8. Investments. Itemize and describe the value in any business, corporation pledged collateral, and other investry household excluding investments in process. | n, partnership ments, for yol | o, or other assets inc u, an immediate far | luding stocks, bon nily member, or m | ds, loans, ember of |
| None (Check if appropriate) | | • | | s . |
| Name of Family Member | Name & Ade | dress of Business | Description of As | <u>sset</u> |
| Eileen & Alse | Northw | ston Mufuel | Investmat | Ful ! |
| | Micro | > 1-1- | Strek | - |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Shupit | ~/ | stock | - |
| Name of Canally Manaless | Location of | | Description of | |
| Name of Family Member | (including h | ome, if owned) | <u>Investment</u> | |
| | | | | |
| | | | | |

6. Money you owe. List any debts of \$10,000 or more that you owe to an officer or employee of

| Name of I | Family Member | | • | | | | | |
|---|---|-----------------------------------|----------------------------|---------------|---------------|--------------------------|--------------------------|-------------|
| | | | <u>Trustee/Ex</u> | <u>ecutor</u> | | Descri <u>Trust/E</u> | otion of <u>state</u> | |
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| constitute the or other items Ethics Law. [X]None (C | ee or reduced ir making of a git or services oth Check if appropri | ft. "Gift" (erwise e (ate) | does not in | clude cam | ipalan co | ntributions | authorized | l by lay |
| Name of F | amily Member | • | Name & A | ddress of [| Donor | | | |
| | | | | • | | | | • |
| | | _ | | | | | | |
| | | _ | | | | | | |
| bt of the Cou bona fide ch | mentary Attendo unty Ethics Law, acritable or poli er, or member o | at a va tical ev | ılue greate ents receiv | r than \$75 | .00. includ | dina food | and bever | aae c |
| Name of F | amily Member | | Name & A | ddress of D | <u>Donor</u> | | | |
| · · · · | | | | | | | | |
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| | | | <u> </u> | | · · · | | | |

| 12. Poli | lical Parties. | ist any position | you held as | an officer of a | political party, p | political |
|----------------------|------------------------------------|------------------------------------|-----------------------------------|--|---|---------------------|
| commit- years. Th | tee, candidat ne term "politic | e campaign co cal organization" | mmittee, or po includes any in | olitical organization dependent body | on within the last or any organizati | five (5) on that |
| of electi | ing or defeatir | ng a candidate | or ballot initiativ | any committee of | rganizea for the p | ourpose |
| D/N | one (Check if c | ppropriate) | • | • | | • |
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| 12 Not | for Profit Ore | materations list : | | or landal are are | | r* • |
| organiza organiza | ation within t | he reporting y ganized pursuan | ear. The term | ou held as an o "nonprofit orgo ork Not-for-Profit C | anization" includ | or-profit es any |
| organiza organiza | ation within t ation that is_or | he reporting y ganized pursuan | ear. The term | "nonprofit orga | anization" includ | or-profit es any |
| organiza organiza | ation within t ation that is_or | he reporting y ganized pursuan | ear. The term | "nonprofit orga | anization" includ | or-profit es any |
| organiza organiza | ation within t ation that is_or | he reporting y ganized pursuan | ear. The term | "nonprofit orga | anization" includ | or-profit es any |
| organiza organiza | ation within t ation that is_or | he reporting y ganized pursuan | ear. The term | "nonprofit orga | anization" includ | or-profit es any |

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.

| ۱h | ereby acknowledge my continuing responsibility to disclose any conflicts of interest or potential om any act or action as required by Ulster County's carry out this responsibility to the best of my ability. |
|----|--|
| | 3/7/23 Date |
| | State of New York } County of Uster } ss.: |
| | On the 7th day of March in the year 2023 before me the |
| | undersigned, a Notary Public in and for said State, personally appeared Abe Uch: telle 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 personally appeared personally a |
| | |

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.

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