

COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

RECEIVED

1.11:

MAY 01 2024

ULSTER COUNTY LEGISLATURE

Chris Hewith NAME (Please Print)

legislator in V.C. Legislature POSITION and DEPARTMENT

January 1, 2023 - December 31, 2023

CALENDAR YEAR

RECEIVE APR () ULSTER COLUMN OF STEER OF THE



Please print clearly and return to the Ulster County Legislature by May 1st Chriz First Name Middle Initial legislator

U.C. Legislature

Title/Capacity in which statement is required

Department/Agency in which this function reports 244 Fair St. Kingston NY 12401 845-340-3627 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 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) Family Member Name of Business/Employer Relationship to Business Hudson Valley Current The Art Effect

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.

fro or	Income From County Emp om the County of Ulster in ex member of household d	cess of \$1,000.00 pe uring the reportabl	er year for you, e year. This, h	or an immediate owever, does i	e family member not include any
m	aintenance connected wi	th a matrimonial ac	tion, alimony o	r child support p	payments.
	None (Check if appropri	ate)	•		
•	Name of Family Member/M	ember of Household	County Depo	artment/Division/C	<u>Office</u>
	self		Leg	islative sulo	iry
		-			
led im do	ar from any source not de cture fees, consultant fees mediate family member, c les not include any maint oport payments.	, contractual incom or member of housel	e, or other inc rold during the	ome of any nate reportable vec	ture, for you, an ır. This, however,
	None (Check if appropri	ate)	•		•
	Name of Family Member	Name & Ac of Income S		Nature <u>Investm</u>	
	Nicole Fenichel-Hewi-	H rent @ 13	Sages Loop	renta	1, long-term
	***************************************			<u> </u>	<u> </u>
wh na ho Co pe	Immediate Family Members is an officer or employed me, relationship to you, tisusehold include a spouse, bunty officer's or employed rsons who are continually on at regular inter	ee of Ulster County, tle, and departmen un-emancipated cless latest individual or at regular intervals lived in the sam	whether paid it. Immediate hild or person o or joint state i vals living or ir	d or unpaid, inc family members claimed as a de income tax retu	luding relative's or members of pendent on the urn or unrelated
-	None (Check if approp	•			
!	Name of Relative	Relationship to You	<u>Title</u>	· <u>C</u>	<u>Department</u>
		A-1		·	
	· .				

6. Money you owe. List any debts of Ulster County or anyone that you are debts that you owe to banking com County.	aware of wh	no does business w	ith Ulster County. Do not list
None (Check if appropriate)		•	
Creditor	•	Type of Obligation)
	•		
•			
6 a. Money owed to you. List any d County or anyone that you are awa	ebts of \$10,00 re of who doe	00 or more that offers business with Uls	icers or employees of Ulster er County owes you.
None (Check if appropriate)			
<u>Debtor</u>		Type of Obligation	<u>j</u> .
	•		
7. Interest in Contracts. Describe any household have in any contract invo None (Check if appropriate) Name of Family Member	lving the Cou	nty of Ulster. Contract Descript	
self		Carte Cate	rities Warming
		• •	
8. Investments. Itemize and describe the value in any business, corporatio pledged collateral, and other investments in please the collateral investments in please.	n, partnership ments, for you	, or other assets ind , an immediate fa	cluding stocks, bonds, loans, mily member, or member of
None (Check if appropriate)			
Name of Family Member	Name & Ado	lress of Business	Description of Asset
Name of Family Member	Location of R (including ho	eal Estate me, if owned)	Description of Investment

elative, for you, an immediate f		nousehold.
None (Check if appropriate)		
Name of Family Member	<u>Trustee/Executor</u>	Description of <u>Trust/Estate</u>
itts from a relative. The term "g come from property, without e n interest free or reduced intere onstitute the making of a gift. "C	afts" shall mean the giving of so expecting to receive something est loan or the sale of an item fo Bift" does not include campaian	member of household excludin ome item of value, or the use of at least equal value in return or less than fair market value also contributions authorized by layed for in Section 5F of the Count
	•	
r of the County Ethics Law, at a	a value greater than \$75.00, in I events received during the I	dance, as provided for in Section cluding food and beverage, a ast year by you, an immediate
- of the County Ethics Law, at a ona fide charitable or political	a value greater than \$75.00, in I events received during the I	icluding food and beverage o
of the County Ethics Law, at a condition of the charitable or political imily member, or member of ho	a value greater than \$75.00, in I events received during the I ousehold.	icluding food and beverage o
r of the County Ethics Law, at a condition on a fide charitable or political amily member, or member of ho	a value greater than \$75.00, in I events received during the I ousehold.	cluding food and beverage, c ast year by you, an immediat
Name of Family Member Loans. Describe all loans to y access of \$5,000.00. This does not primary or secondary residence and reprimary or secondary residence and reprimary or appliances. If any success. If any success.	o value greater than \$75.00, in events received during the lousehold. Name & Address of Donor Ou, an immediate family mem include any loan issued in the ucational costs, the cost of home, or purchase of a personally on the reportable loan has been as	ber, or member of household in ordinary course of business by the purchase or improvements for which motor vehicle, household in the purchase or improvements for the purchase or improvements for which motor vehicle, household in the purchase or improvements for which we have the purchase or improvements for which we have the purchase or improvements for which we have the purchase or improvements for the purchase or improvemen
Name of Family Member Loans. Describe all loans to y cess of \$5,000.00. This does not primary or secondary residence primary or secondary residence	o value greater than \$75.00, in events received during the lousehold. Name & Address of Donor Ou, an immediate family mem include any loan issued in the ucational costs, the cost of home, or purchase of a personally on the reportable loan has been as	cluding food and beverage, c ast year by you, an immediat

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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)
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) executive director of Hudson Valley Current

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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. I certify that I will undertake and carry out this responsibility to the best of my ability.

		5/1/2	/
Signature		Date	
State of New York } County of Uster }s	s.:		
On the /5t	_day of <u>May</u> in	the year <u>20</u>	24 before me the
satisfactory evidence to	personally kno be the individual whose	own to me or prove a name is subscribe	e, personally appeared ed to me on the basis of ed to the within instrument
and acknowledged to	me that he/she execute le instrument, the indivi	ed the same in his/	her capacity and that by son behalf of which the

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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