

**COUNTY OF ULSTER**

**ANNUAL STATEMENT OF**

**FINANCIAL DISCLOSURE FORM**

Craig V. Lopez

NAME (Please Print)

County Legislator, County Legislature

POSITION and DEPARTMENT

Jan. 1, 2018 – Dec. 31, 2018.

CALENDAR YEAR

RECEIVED

MAY 03 2022

ULSTER COUNTY LEGISLATURE



**COUNTY OF ULSTER  
ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM  
FOR THE CALENDAR YEAR 2018**

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

Lopez

Last Name

Craig

First Name

V.

Middle Initial

County Legislator

Title/Capacity in which statement is required

County Legislature

Department/Agency in which this function reports

244 Fair Street, Kingston, NY 12401

Work Address

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, your spouse, domestic partner or dependent child 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, your spouse, domestic partner or dependent children receive compensation for services rendered or goods sold or produced or of which you, your spouse, domestic partner or dependent children are a member of a board of directors, officer, or employee. Also include any entity in which you, your spouse, domestic partner or dependent children has an ownership interest, except a corporation with less than five percent of the outstanding stock owned.

None (Check if appropriate)

Family Member

Name of Business/Employer

Relationship to Business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **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, your spouse, domestic partner, or dependent children. **This includes income derived from the County of Ulster** if you, your spouse, domestic partner or dependent children are employees of the County 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 &amp; Address of Income Source</u>	<u>Nature of Investment</u>
Self	DAC (Disabled Adult Child)	Social Security Benefit
Self	County of Ulster	Salary
_____	_____	_____
_____	_____	_____

4. **Relatives 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. Relatives include your spouse, domestic partner, child, stepchild, grandchild, brother, sister, parent, stepparent, plus any person you claimed as a dependent on your latest income tax return, and that dependent's spouse or domestic partner.

None (Check if appropriate)

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

5. **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>
_____	_____
_____	_____

**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)

Debtor

Type of Obligation

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. **Interest in Contracts.** Describe any interest you, your spouse, domestic partner or dependent children have in any contract involving the County of Ulster.

None (Check if appropriate)

Name of Family Member

Contract Description

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. **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, your spouse, domestic partner or dependent children excluding investments in publically traded securities and interest in real property.

None (Check if appropriate)

Name of Family Member

Name & Address of Business

Description of Asset

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Family Member

Location of Real Estate  
(including home, if owned)

Description of  
Investment

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. **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, your spouse, domestic partner or dependent children.

None (Check if appropriate)

Name of Family Member

Trustee/Executor

Description of  
Trust/Estate

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**9. Gifts and Honorariums.** List the source of all gifts aggregating in excess of \$75.00 received during the last year by you, your spouse, domestic partner or dependent children excluding gifts from a relative. The term "gifts" includes gifts of cash, property, personal items, payments to third-parties on your behalf, forgiveness of debt, honorariums and any other payments whether or not they are reportable as income. This does not include campaign contributions made to a political committee.

None (Check if appropriate)

Name of Family Member

Name & Address of Donor

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10. Loans.** Describe all loans to you (and/or your spouse, and/or domestic partner, and/or dependent children) 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)

Name of Family Member

Name & Address of Creditor

Type of loan &  
Collateral, if any

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11. Political Parties.** List any position you held as an officer of a political party, political 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.

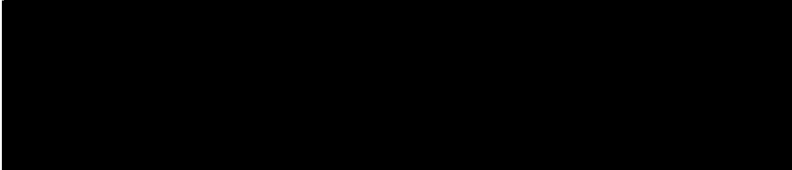
None (Check if appropriate)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.



5/3/2022  
Date

State of New York }  
County of Ulster } ss.:

On the 3rd day of May in the year 2022 before me the undersigned, a Notary Public in and for said State, personally appeared Craig V. Lopez 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 person upon 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, 6<sup>th</sup> 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.