

### **COUNTY OF ULSTER**

# ANNUAL STATEMENT OF

# FINANCIAL DISCLOSURE FORM

RECEIVED

MAY 0 6 2024

ULSTER COUNTY LEGISLATURE

Eric Kitchen NAME (Please Print)

MC Legislatur POSITION and DEPARTMENT

January 1, 2023 - December 31, 2023

CALENDAR YEAR

RECEIVED

ULSTER COUNTY LEGISLATURE



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Please print clea	rly and return to the Ulster Co	unty Legislature by May 1st
<u>Kitchen</u> Last Name	Ervc First Name	Middle Initial
UC Lears a- Title/Capacity in which stateme	nt is required Department/Ag	
244 Fair 5 Work Address	•	<u>C45-340-39</u> 00. Work Telephone Number
1. Real estate ownership. within one mile of the Cour of household own or have  None (Check if app	a financial interest in.	ce of property within Ulster County or immediate family member or member
Address of Real Estate		Type of Interest
e.		Home
rendered or goods sold or of household are a member in which you, an immediat	er, or member of househo produced or of which you, ar er of a board of directors, offic	outside employer! from which you, and ld receive compensation for services immediate family member, or member cer, or employee. Also include any entity of household has an ownership interest, outstanding stock owned.
None (Check if approp		
<u>Family Member</u>	Name of Business/Employ	er <u>Relationship to Business</u>
ERIC KITCHEN ERIC KITCHEN ERIC KHCHEN	Kitchen Roally 910. City of Kingsto UC Legislator	N Employee
Vanessa Kitchen	Kingston High Sc	Legisletor  Employee

<sup>&</sup>lt;sup>1</sup> 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.

from the Count or member of	y of Ulster in exc household duri	ess of \$1,000.00 per yed ing the reportable ye	ar for you, or an i ar. This, howeve	e of any income received mmediate family member er, does not include any
maintenance c	onnected with	a matrimonial action,	alimony or child	support payments.
اسسا	eck if appropriate		•	
			ounty Departmen	t/Division/Office
ERIC	Kitchen	(Legislator)	County	of Ulster
·			· ·	
immediate fam does not includ support payme	ily member, or r de any mainter	nember of household nance connected with	during the repor	of any nature, for you, an table year. This, however, action, alimony or child
		Name & Addres	:S	Nature of
Name of Far	mily Member	<u>of Income Sourc</u>	<u>ce</u>	<u>Investment</u>
ERIC KI	tchen			
		· · · · · · · · · · · · · · · · · · ·		
who is an office name, relations household inclu County officer's persons who ar	er or employee hip to you, title de a spouse, ur or employee's e continually o	of Ulster County, who , and department. Im n-emancipated child o : latest individual or jo	ether paid or ur imediate family or person claime oint state incom living or in the i	service. List each relative apaid, including relative's members or members of as a dependent on the e tax return or unrelated preceding calendar year
None (C	Check if appropri	ate)		
Name of Re	<u>elative</u> <u>F</u>	Relationship to You	<u>Title</u>	Department
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•				
	-			

6. Money you owe. List any debts of Ulster County or anyone that you debts that you owe to banking co-County.	are aware of wh	o does business	with Ukter C	ounty Do not list
None (Check if appropriate)				·
	• •		•	
Creditor		Type of Obligation	<u>on</u>	·
and the state of t	MARINE STATE		$\sqrt{e^{-\frac{1}{2}}\sqrt{e^{-\frac{1}{2}}}}$	
	<del></del>			
6 a. Money owed to you. List any County or anyone that you are av	vare of who doe	O or more that c s business with U	officers or em Ister County	ployees of Ulster owes you.
<u>Debtor</u>		Type of Obligation	on .	. ·
7. Interest in Contracts. Describe a household have in any contract in None (Check if appropriate)  Name of Family Member	volving the Cour	nty of Ulster.  Contract Descrip	en soot naar	or, or member of
	4			·
8. Investments. Itemize and describe the value in any business, corporate pledged collateral, and other investousehold excluding investments in None (Check if appropriate)  Name of Family Member  ERIC KITCHEN	ion, partnership, stments, for you, n publicly traded <u>Name &amp; Add</u>	or other assets in an immediate following the securities and in the securities and incress of Business	ncluding stoo amily memb nterest in rea <u>Descript</u> i	cks, bonds, loans, er, or member of
	831 Ne19	Realty 90 Mount 10 Anim, NY 12	25	
Name of Family Member	Location of Re (including ho	eal Estate	Descripti Investme	

relative for you, an immedia  None (Check if appropr		
Name of Family Member	·	Description of <u>Trust/Estate</u>
gifts from a relative. The terr income from property, without An interest free or reduced in constitute the making of a gift or other items or services oth Ethics Law.	an immediate family member, on "gifts" shall mean the giving on ut expecting to receive something to the sale of an item iterest loan or the sale of an item ft. "Gift" does not include campa erwise excluded as gifts as proving erwise excluded as gifts as proving the sale of th	ating in excess of \$75.00 received or member of household excluding f some item of value, or the use of any of at least equal value in return. In for less than fair market value also ign contributions authorized by law ded for in Section 5F of the County
None (Check if appropri	ate)	
None (Check if appropri	ate) <u>Name &amp; Address of Dor</u>	<u>nor</u>
4		<u>nor</u>
4		<u>nor</u>
4		nor
Name of Family Member  10 a. Compilmentary Attended 5F of the County Ethics Law, bona fide charitable or poli	Name & Address of Dor  ance. List all complimentary atte at a value greater than \$75.00, tical events received during the	ndance, as provided for in Section including food and beverage, at a last year by you, an immediate
Name of Family Member  10 a. Complimentary Attended 5F of the County Ethics Law,	Name & Address of Dor  ance. List all complimentary atte at a value greater than \$75.00, tical events received during the	ndance, as provided for in Section including food and beverage, at a last year by you, an immediate
Name of Family Member  10 a. Complimentary Attended 5F of the County Ethics Law, bona fide charitable or polifamily member, or member of	Name & Address of Dorance. List all complimentary atte at a value greater than \$75.00, tical events received during the of household.	ndance, as provided for in Section including food and beverage, at a last year by you, an immediate
Name of Family Member  10 a. Complimentary Attended 5F of the County Ethics Law, bona fide charitable or polifamily member, or member of	Name & Address of Dorance. List all complimentary atte at a value greater than \$75.00, tical events received during the of household.	ndance, as provided for in Section including food and beverage, at a last year by you, an immediate
Name of Family Member  10 a. Complimentary Attended 5F of the County Ethics Law, bona fide charitable or polifamily member, or member of	Name & Address of Dorance. List all complimentary atte at a value greater than \$75.00, tical events received during the of household.	ndance, as provided for in Section including food and beverage, at a last year by you, an immediate
Name of Family Member  10 a. Complimentary Attended 5F of the County Ethics Law, bona fide charitable or polifamily member, or member of Name of Family Member  11. Loans. Describe all loans excess of \$5,000.00. This does financial institution to finance a primary or secondary reside	Name & Address of Dorance. List all complimentary atte at a value greater than \$75.00, fical events received during the of household.  Name & Address of Donance in the not include any loan issued in the educational costs, the cost of he ence, or purchase of a personality such reportable loan has been	ndance, as provided for in Section including food and beverage, at a last year by you, an immediate
Name of Family Member  10 a. Compilmentary Attended 5F of the County Ethics Law, bona fide charitable or polifamily member, or member of Name of Family Member  11. Loans. Describe all loans excess of \$5,000.00. This does financial institution to finance a primary or secondary reside furniture or appliances. If any	Name & Address of Dorance. List all complimentary atte at a value greater than \$75.00, fical events received during the of household.  Name & Address of Donance in the educational costs, the cost of he ence, or purchase of a personality such reportable loan has been guarantor.	ndance, as provided for in Section including food and beverage, at a last year by you, an immediate or

12. Politica	I Parties. List any position	you held as an	officer of a p	political party, po	olitica
vears. The te	. candidate campaign cor erm "political organization"	mmittee, or politic includes any inde	cal organization	ı Within the last fi	ve (5)
is affiliated	with or a subsidiary of a po	litical party or any	/ committee or	anized for the nu	in inai
of electing	or defeating a candidate o	or ballot initiative.		, a p	iiboac
None	(Check if appropriate)				:
	on of Ulster R	ا جمودانس	an itan	la la	
	-11 0 1 01372. Pd	Charles An	- 6Mmi-1-	member	
			· ·		
13. Not-for-	<u>-Profit Organizations</u> . List a	nv position vou	held as an off	icer of a not-for	-profit
organizatio	n within the reporting ye	ear. The term "i	nonprofit organ	nization" include:	s any
organizatio	n that is_organized pursuant	to the New York	Not-for-Profit Co	orporation Law.	
Non	e (Check if appropriate)				
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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 Learling that Levill under take and carry out this responsibility to the best of my ability.

5/4/24 Date

State of New York }
County of Uste() ss.:

On the  $6^{t4}$  day of May in the year 2024 before me the

undersigned, a Notary Public in and for said State, personally appeared 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 individual acted, executed the distrument

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.