APPENDIX "B"



COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

RECEIVED

JUL 18 2023

ULSTER COUNTY LEGISLATURE

Eric Stewart

NAME (Please Print)

Legislature

POSITION and DEPARTMENT

January 1, 2022 - December 31, 2022

CALENDAR YEAR





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

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

Stewart	Eric		L .
Last Name	First Name		Middle Initial
Legislator Title/Capacity in which statement is require	Legislature ed Department/Ag	ency in which thi	s function reports
244 Fair Street, Kingston, NY 12402		845-340-3900	
Work Address		Work Telephor	ne Number
1. Real estate ownership. List the within one mile of the County's bou of household own or have a finance. None (Check if appropriate)	ndary that you, or an cial interest in.		
Address of Real Estate	. I	ype of Interes	<u>:t</u>
		Owner, Residenc	e
2. Outside employment/business. immediate family member, or rendered or goods sold or produce of household are a member of a bin which you, an immediate family except a corporation with less that	nember of househo ed or of which you, ar oard of directors, offic member, or member	d receive continuated in the continuation of t	ompensation for services amily member, or member ree. Also include any entity has an ownership interest,
None (Check if appropriate)			•
<u>Family Member</u> <u>Nar</u>	ne of Business/Employ	<u>rer</u> <u>Relat</u>	tionship to Business
Self BHH	S Nutshell Realty	Emplo	yer
Husband, Dr. Michael Sheran Medi	cal Associates of the Hudson Vall	ey Partne	or .
		·	

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.

·	matrimonial action, alimony o	,
None (Check if appropriate)		
Name of Family Member/Member	er of Household County Depo	artment/Division/Office
Self	Legisl	ature
mmediate family member, or medoes not include any maintena support payments.		
None (Check if appropriate)	Marra a O A alabas as	Nadama ak
Name of Family Member	Name & Address of Income Source	Nature of <u>Investment</u>
	445 447 Missiliantes Assa Kinnets	Rental Apt Building
Self & Michael Sheran	115-117 Washington Ave, Kingston	
Self & Michael Sheran	115-117 Washington Ave, Kingston	
Self & Michael Sheran	115-117 Washington Ave, Kingston	
5. Immediate Family Member/Member or employee of name, relationship to you, title, household include a spouse, unCounty officer's or employee's legersons who are continually or continually or at regular intervals	ember of Household in Ulster of Ulster County, whether pa and department, Immediate emancipated child or persor atest individual or joint state at regular intervals living or	County service. List each relative id or unpaid, including relative family members or members oclaimed as a dependent on the income tax return or unrelate in the preceding calendar ye
5. Immediate Family Member/Member or employee of name, relationship to you, title, household include a spouse, un-County officer's or employee's legersons who are continually or	ember of Household in Ulster of Ulster County, whether pa and department. Immediate emancipated child or person atest individual or joint state at regular intervals living or lived in the same household.	County service. List each relative id or unpaid, including relative family members or members oclaimed as a dependent on the income tax return or unrelate in the preceding calendar ye
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5. Immediate Family Member/Member or employee of 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 intervals. None (Check if appropriate	ember of Household in Ulster of Ulster County, whether partial and department. Immediate emancipated child or personatest individual or joint state at regular intervals living or lived in the same household.	County service. List each relative id or unpaid, including relative family members or members or claimed as a dependent on the income tax return or unrelate in the preceding calendar years.

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

relative, for you, an immediate for $\overline{\mathbb{X}}$ None (Check if appropriate)		
Name of Family Member	<u>Trustee/Executor</u>	Description of <u>Trust/Estate</u>
during the last year by you, an ir gifts from a relative. The term "gincome from property, without examinates and interest free or reduced interest constitute the making of a gift." Or other items or services otherwices Law. X None (Check if appropriate)	ofts" shall mean the giving of expecting to receive something est loan or the sale of an item ift" does not include campai se excluded as gifts as provide se excluded as gifts as provide	some item of value, or the using of at least equal value in refor less than fair market value
Name of Family Member	Name & Address of Don	or.
- STAIN MICHIOL	Name & Address of Dor	<u>ioi</u>
10 a. Complimentary Attendance 5F of the County Ethics Law, at a bona fide charitable or politica family member, or member of ho	a value greater than \$75.00, I events received during the	including food and beverage
Name of Family Member	Name & Address of Don	<u>or</u>
) .		
11 L		
11. Loans. Describe all loans to y excess of \$5,000.00. This does not financial institution to finance educations.	include any loan issued in thucational costs, the cost of ho e, or purchase of a personall	ne ordinary course of business ome purchase or improvemen v owned motor vehicle, house
turniture or appliances. If any suc	rantor.	
furniture or appliances. If any sucther liability and name of the guath X None (Check if appropriate)	rantor.	

	yed is al	mmittee, candidate campaign committee, or political organization within the last five (ars. The term "political organization" includes any independent body or any organization the affiliated with or a subsidiary of a political party or any committee organized for the purpo- selecting or defeating a candidate or ballot initiative.	at
	L	None (Check if appropriate)	•
•		Member, Marbletown Democratic Committee	
		Member, Ulster County Democratic Committee	
	,		
	org	Not-for-Profit Organizations. List any position you held as an officer of a not-for-proganization within the reporting year. The term "nonprofit organization" includes arganization that is_organized pursuant to the New York Not-for-Profit Corporation Law.	
		☐ None (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 and carry out this responsibility to the best of my ability. State of New York County of Ulster 1 ss.: On the day of July In the year $_{2023}$ undersigned, a Notary Public for said State, personally appeared Pric Stewart 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 filling 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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