

## **COUNTY OF ULSTER**

## ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

**Eric Stewart** 

NAME (Please Print)

Legislature

POSITION and DEPARTMENT

January 1, 2023- December 31, 2023

CALENDAR YEAR

RECEIVED
JUL 1, \$2024

ULSTER COUNTY LEGISLATURE



## COUNTY OF ULSTER ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM FOR THE CALENDAR YEAR 2023

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

Stewart	Eric	•	L	
Last Name	First Name		- Middle Initial	
Legislator	Legislature	·		
Title/Capacity in which statement is re	equired Departmen	nt/Agency in which t	his function reports	
244 Fair Street, Kingston, NY 1240	2	845-340-3900		
Work Address		Work Telepho	one Number	<del></del>
within one mile of the County's of household own or have a fir None (Check if appropriate Address of Real Estate	nancial interest in.	Type of Intere		••
		(X) Co-0	WNER	E5/4-17-2
			•	
2. Outside employment/busin immediate family member, rendered or goods sold or proof household are a member o in which you, an immediate for except a corporation with less	or member of hou duced or of which yo f a board of directors amily member, or mer	sehold receive ou, an immediate , officer, or emplo mber of househol	compensation family membe byee, Also inclu d has an owne	for services r, or member de any entity
None (Check if appropria	te)			
Family Member	Name of Business/En	<u>nplover</u> <u>Rela</u>	ationship to Bus	<u>iness</u>
Self	BHHS Nutshell Realty	_	nployer	·
Husband, Dr. Michael Sheran	Medical Associates of the Hu	udson Valley Pa	irtner	
-	<u> </u>		· · · · · · · · · · · · · · · · · · ·	

<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.

maintenance connected with a			immediate family member ver, does not include any d support payments.	
None (Check if appropriate)		•		
Name of Family Member/Member	er of Household C	ounty Departme	nt/Division/Office	
Self		Legislature		
	<del></del>			
	1			
4. Other Income. Identify the sour year from any source not describ lecture fees, consultant fees, cor immediate family member, or medoes not include any maintenant support payments.  None (Check if appropriate)	ed above, including ntractual income, o ember of household	g employment r other income during the repo	income, teaching income, of any nature, for you, an ortable year. This, however,	
Trails (eneskii apprepriato)	Name & Addre	22	Nature of	
Name of Family Member	of Income Sour		<u>Investment</u>	
Self & Michael Sheran	115-117 Washington Ave, Kingston		Rental Apartment Building	
5. Immediate Family Member/Member/Member is an officer or employee of name, relationship to you, title, or household include a spouse, uncounty officer's or employee's longer on the work of the continually or continually or at regular intervals	of Ulster County, whand department. In emancipated child atest individual or j at regular intervals	ether paid or un nmediate famil or person claim pint state incor living or in the	unpaid, including relative's y members or members of ned as a dependent on the me tax return or unrelated	
who is an officer or employee of name, relationship to you, title, of household include a spouse, un- County officer's or employee's lo persons who are continually or	of Ulster County, who cand department. In emancipated child atest individual or just regular intervals lived in the same has	ether paid or un nmediate famil or person claim pint state incor living or in the	unpaid, including relative's y members or members of ned as a dependent on the me tax return or unrelated	
who is an officer or employee of name, relationship to you, title, or household include a spouse, uncounty officer's or employee's lopersons who are continually or continually or at regular intervals  None (Check if appropriate	of Ulster County, who cand department. In emancipated child atest individual or just regular intervals lived in the same has	ether paid or un nmediate famil or person claim pint state incor living or in the	unpaid, including relative's y members or members of ned as a dependent on the me tax return or unrelated	
who is an officer or employee of name, relationship to you, title, or household include a spouse, uncounty officer's or employee's longersons who are continually or continually or at regular intervals  None (Check if appropriate	of Ulster County, when department. In a semancipated child atest individual or just regular intervals lived in the same has been	ether paid or the nediate famile or person claim oint state incorplishing or in the pusehold.	unpaid, including relative's y members or members or members or members or ned as a dependent on the me tax return or unrelated preceding calendar year	

ounty.			· · ·
None (Check if appropriate)			
Creditor		Type of Obligatio	
			•
<ul> <li>a. Money owed to you. List are county or anyone that you are county</li> </ul>			
None (Check if appropriate)	awaic or wile c	3003 D03111033 W1171 OI	sici coomy owes you.
Debtor		Type of Obligatio	.n
<u> </u>		17po or obligano	<u></u>
		· · · · · · · · · · · · · · · · · · ·	
usehold have in any contract i			mily member, or member
usehold have in any contract in the second sec		ounty of Ulster.	
usehold have in any contract i			
usehold have in any contract in the second s		ounty of Ulster.	
usehold have in any contract in the second s	involving the C	Contract Descrip	tion
usehold have in any contract in the None (Check if appropriate)  Name of Family Member  Investments. Itemize and descriptions of the Normal Street, and other investiged collateral, and other investiged.	involving the C  ribe all investmetion, partnershestments, for y	Contract Descrip  ents in excess of \$5,0 hip, or other assets in exception, an immediate for	000.00 or five percent (5% cluding stocks, bonds, locamily member, or membe
usehold have in any contract in the None (Check if appropriate)  Name of Family Member  Investments. Itemize and descriptions of the Normal Street, and other investiged collateral, and other investiged.	involving the C  ribe all investmetion, partnershestments, for y	Contract Descrip  ents in excess of \$5,0 hip, or other assets in exception, an immediate for	000.00 or five percent (5% cluding stocks, bonds, locamily member, or membe
None (Check if appropriate)  Name of Family Member  Investments. Itemize and described value in any business, corporedged collateral, and other invusehold excluding investments	ribe all investmation, partnershes in publicly trac	Contract Descrip  ents in excess of \$5,0 hip, or other assets in exception, an immediate for	000.00 or five percent (5% cluding stocks, bonds, locamily member, or membe
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usehold have in any contract in None (Check if appropriate)  Name of Family Member  Investments. Itemize and description of the None (Check if appropriate)  None (Check if appropriate)	ribe all investmation, partnershes in publicly trac	Contract Descrip  ents in excess of \$5,0 hip, or other assets in each and in each assets and in	000.00 or five percent (5% acluding stocks, bonds, locamily member, or member terest in real property.
Name of Family Member  Investments. Itemize and describe value in any business, corporedged collateral, and other invusehold excluding investments  Vone (Check if appropriate)	ribe all investmation, partnersivestments, for your in publicly track	Contract Descrip  ents in excess of \$5,0 hip, or other assets in each and in each assets and in	000.00 or five percent (5% acluding stocks, bonds, locamily member, or member terest in real property.

✓ None (Check if appropriate)		
Name of Family Member	<u>Trustee/Executor</u>	Description of <u>Trust/Estate</u>
luring the last year by you, an in ifts from a relative. The term "g acome from property, without e an interest free or reduced intere onstitute the making of a gift. "C	mmediate family member, or ifts" shall mean the giving of xpecting to receive somethinest loan or the sale of an item of the campaigns of the excluded as gifts as provided the company of the excluded as gifts as provided the company of the excluded as gifts as provided the company of the excluded as gifts as provided the company of the excluded as gifts as provided the excluded as gifts as provided the excluded the ex	ating in excess of \$75.00 received member of household excluding some item of value, or the use of g of at least equal value in return for less than fair market value also gn contributions authorized by lavided for in Section 5F of the Countributions.
Name of Family Member	Name & Address of Done	<u>or</u>
Name of Family Member	Name & Address of Don	<u>or</u>
0 a. Complimentary Attendanc F of the County Ethics Law, at	e. List all complimentary atter a value greater than \$75.00, Il events received during the	ndance, as provided for in Section including food and beverage, c last year by you, an immediate
0 a. Complimentary Attendance on a fide charitable or political amily member, or member of he	e. List all complimentary atter a value greater than \$75.00, Il events received during the busehold.	ndance, as provided for in Section including food and beverage, c last year by you, an immediate
0 a. Complimentary Attendance on a fide charitable or political amily member, or member of he	e. List all complimentary atter a value greater than \$75.00, Il events received during the busehold.	ndance, as provided for in Section including food and beverage, o last year by you, an immediate
O a. Complimentary Attendance  F of the County Ethics Law, at bona fide charitable or political amily member, or member of harmonial member.  Name of Family Member  1. Loans. Describe all loans to yexcess of \$5,000.00. This does no inancial institution to finance eda primary or secondary residence.	e. List all complimentary atter a value greater than \$75.00, if events received during the busehold.  Name & Address of Done of the line o	ndance, as provided for in Sectio including food and beverage, c last year by you, an immediate
O a. Complimentary Attendance F of the County Ethics Law, at sona fide charitable or political amily member, or member of he Name of Family Member  1. Loans. Describe all loans to yexcess of \$5,000.00. This does no nancial institution to finance ed a primary or secondary residence untiture or appliances. If any sur	e. List all complimentary atter a value greater than \$75.00, it events received during the busehold.  Name & Address of Done  You, an immediate family ment include any loan issued in the bucational costs, the cost of how, or purchase of a personally ch reportable loan has been arantor.	mber, or member of household the ordinary course of business by owned motor vehicle, household owned motor vehicle, household owned motor vehicle, household

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12. Political Parties. List any position you held as an committee, candidate campaign committee, or political years. The term "political organization" includes any indep is affiliated with or a subsidiary of a political party or any of electing or defeating a candidate or ballot initiative.	al organizatio endent body	on within the or any orga	e last five (5) unization that
None (Check if appropriate)			
Member, Marbletown, Democratic Committee  Member, Ulster County Democratic Committee			
13. Not-for-Profit Organizations. List any position you have organization within the reporting year. The term "not organization that is organized pursuant to the New York None (Check if appropriate)	onprofit orga	inization" in	ncludes any
✓ Inone (Check ii appropriate)			
			<u> </u>
		<u> </u>	

## 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.

**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.