

COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

RECEIVED
APR 3 0 2024

ULSTER COUNTY LEGISLATURE

Herbert W. Citts III NAME (Please Print)

County Legislator, Legislature POSITION and DEPARTMENT

January 1, 2023 - December 31, 2023

CALENDAR YEAR



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

Title/Capacity in which statement is required

Legislatore

Department/Agency in which this function reports 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, 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 N. Chodikee Rd. Highland 328 Hawley's Corners Rd. Hyhland 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 PT Greenman Employee

Pedersen The

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.

| 3. Income From County En from the County of Ulster in or member of household | excess of \$1,000.00 per yed during the reportable ye | ar for you, or an immedi ar. This, however, doe | ate family member s not include any |
|--|--|--|--|
| maintenance connected v | with a matrimonial action, | alimony or child suppo | rt payments. |
| None (Check if appro | * | | |
| Name of Family Member/ | Member of Household Co | ounty Department/Division | n/Office |
| Seif | | Legislatura | e-Salary |
| | 1 | | <u> </u> |
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| does not include any mai | | | • |
| support payments. | oriote) | | |
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| support payments. | Name & Addres | ss Natu | re of stment |
| support payments. None (Check if appro | Name & Addres | ss Natu | • |
| support payments. None (Check if appro | Name & Addres | ss Natu <u>ce Inve</u> | • |
| support payments. None (Check if appro | Name & Addres | ss Natu <u>ce Inve</u> | • |
| support payments. None (Check if appropriate appropri | Name & Addresser of Income Source Name & Addresser Of Income Source Nys Zet | ss Natu ce Inves | Zetirement |
| Support payments. None (Check if appropriate in the second secon | Name & Address of Income Source Name & Address of Income Source Name & Address of Income Source Name & Address of Income & | in Ulster County service ether paid or unpaid, | e. List each relative including relative's |
| Support payments. None (Check if appropriate of Family Members) Self 5. Immediate Family Members on a officer or empley name, relationship to you | Name & Address of Income Source Der/Member of Household oyee of Ulster County, who | in Ulster County service ether paid or unpaid, nmediate family memb | e. List each relative including relative's pers or members of |
| Support payments. None (Check if appropriate in the control of th | Name & Addresser of Income Source Der/Member of Household oyee of Ulster County, who title, and department. In the see, un-emancipated child oyee's latest individual or just the second sec | in Ulster County service ether paid or unpaid, nmediate family memborint state income tax | e. List each relative including relative's pers or members of dependent on the return or unrelated |
| Support payments. None (Check if appropriate in the payments) Name of Family Members Self 5. Immediate Family Members who is an officer or employed name, relationship to you, household include a spous County officer's or employersons who are continuous persons who are continuous in the payments. | Name & Addresser of Income Source Der/Member of Household oyee of Ulster County, who it it it, and department. In se, un-emancipated child yee's latest individual or just of all yer at regular intervals | in Ulster County service ether paid or unpaid, or person claimed as a pint state income tax living or in the precedents. | e. List each relative including relative's pers or members of dependent on the return or unrelated |
| Support payments. None (Check if appropriate in the continually or at regular in the continual in the conti | Name & Addresser of Income Source Der/Member of Household oyee of Ulster County, who title, and department. In se, un-emancipated child yee's latest individual or justify or at regular intervals tervals lived in the same had | in Ulster County service ether paid or unpaid, or person claimed as a pint state income tax living or in the precedents. | e. List each relative including relative's pers or members of dependent on the return or unrelated |
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| Support payments. None (Check if appropriate in the continually or at regular in the continual in the conti | Name & Addresser of Income Source Der/Member of Household oyee of Ulster County, who title, and department. In se, un-emancipated child yee's latest individual or justify or at regular intervals tervals lived in the same had | in Ulster County service ether paid or unpaid, or person claimed as a pint state income tax living or in the precedents. | e. List each relative including relative's pers or members of dependent on the return or unrelated |

| 6. Money you owe. List any debts of Ulster County or anyone that you are debts that you owe to banking com County. | e aware of wi | ho does business wit | n Ulster County. Do not list |
|---|----------------------------------|---|--|
| None (Check if appropriate) | | | |
| | • | | |
| <u>Creditor</u> | | Type of Obligation | |
| | | | |
| | - | | * |
| | <u>.</u> | | |
| 6 a. Money owed to you. List any dicounty or anyone that you are awa | ebts of \$10,00 are of who do | 00 or more that offic es business with Ulste | ers or employees of Ulster r County owes you. |
| None (Check if appropriate) | | | |
| <u>Debtor</u> | | Type of Obligation | • |
| | <u>.</u> | | |
| | - - | | |
| household have in any contract involved None (Check if appropriate) Name of Family Member | olving the Cou | unty of Ulster. <u>Contract Descriptio</u> | n |
| Harrie Of Tarrilly Member | | <u>Confider Description</u> | <u>[]</u> |
| | <u>-</u> · | | |
| - | <u>.</u> | | |
| 8. Investments. Itemize and describe the value in any business, corporation pledged collateral, and other invest household excluding investments in None (Check if appropriate) | n, partnershir ments, for yo | o, or other assets incl u, an immediate fam | Jding stocks, bonds, loans, illy member, or member of |
| Name of Family Member | Name & Ad | dress of Business | Description of Asset |
| Seif Seif | Putnam | Securities | Bonds Stocks & Bonds |
| Name of Family Member | Location of (including h | Real Estate ome, if owned) | Description of Investment |
| | | · · · · · · · · · · · · · · · · · · · | |

| None (Check if appropr | iate) | |
|---|---|---|
| Name of Family Member | <u>Trustee/Executor</u> | Description of <u>Trust/Estate</u> |
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| itts from a relative. The ferracome from property, without interest free or reduced in onstitute the making of a girl other items or services oth thics Law. | n "gifts" shall mean the giving of out expecting to receive somethin nterest loan or the sale of an item ft. "Gift" does not include campai erwise excluded as gifts as provid | r member of household excluding some item of value, or the use of ng of at least equal value in return. for less than fair market value also gn contributions authorized by law ded for in Section 5F of the County |
| None (Check if appropr | | |
| Name of Family Member | • | <u>or</u> |
| | • | <u>or</u> |
| Name of Family Member | Name & Address of Don | |
| Name of Family Member O a. Complimentary Attend F of the County Ethics Law ona fide charitable or pol | Name & Address of Don ance. List all complimentary atter, at a value greater than \$75.00, itical events received during the | ndance, as provided for in Section |
| Name of Family Member O a. Complimentary Attend F of the County Ethics Law ona fide charitable or pol | Name & Address of Don ance. List all complimentary atter , at a value greater than \$75.00, itical 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 O a. Complimentary Attend F of the County Ethics Law ona fide charitable or pol amily member, or member | Name & Address of Don ance. List all complimentary atter, at a value greater than \$75.00, itical 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 O a. Complimentary Attend F of the County Ethics Law ona fide charitable or pol amily member, or member | Name & Address of Don ance. List all complimentary atter, at a value greater than \$75.00, itical 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 O a. Complimentary Attend F of the County Ethics Law ona fide charitable or pol amily member, or member Name of Family Member | Name & Address of Don ance. List all complimentary atter , at a value greater than \$75.00, itical events received during the of household. Name & Address of Done | ndance, as provided for in Section including food and beverage, at a last year by you, an immediate or |
| Name of Family Member O a. Complimentary Attend F of the County Ethics Law ona fide charitable or pol amily member, or member Name of Family Member Name of Samily Member 1. Loans. Describe all loans xcess of \$5,000.00. This doe nancial institution to finance primary or secondary resid | Name & Address of Don ance. List all complimentary atter at a value greater than \$75.00, itical events received during the of household. Name & Address of Don to you, an immediate family me s not include any loan issued in the e educational costs, the cost of he ence, or purchase of a personally y 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 D. a. Complimentary Attend of the County Ethics Law, ona fide charitable or pol amily member, or member Name of Family Member Name of Family Member Loans. Describe all loans access of \$5,000.00. This doe nancial institution to finance primary or secondary resid arniture or appliances. If an | Name & Address of Don ance. List all complimentary atter at a value greater than \$75.00, itical events received during the of household. Name & Address of Don to you, an immediate family me s not include any loan issued in the e educational costs, the cost of ho ence, or purchase of a personally y such reportable loan has been guarantor. | ember, or member of household in purchase or improvements for motor vehicle, household with the purchase or improvements for younged motor vehicle, household in the purchase or improvements for the purchase or improvements for younged motor vehicle, household in the purchase or improvements for younged motor vehicle, household in the purchase or improvements for younged motor vehicle, household in the purchase or improvements for younged motor vehicle, household in the purchase or improvements for younged motor vehicle, household in the purchase or improvements for younged motor vehicle, household in the purchase or improvements for younged motor vehicle, household in the purchase or improvements for younged motor vehicle, household in the purchase or improvements for younged motor vehicle, household in the purchase or improvements for younged motor younged younged motor younged |

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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) |
| Town of Lloyd Republican Committee |
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| |
| 13. <u>Not-for-Profit Organizations</u> . 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. |
| $oldsymbol{\mathcal{L}}$ 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 Ethics Law Loorlife that Leville and carry out this responsibility to the best of my ability.

State of New York
County of Ulster ss.:

On the 30 day of April in the year 2024 before me the undersigned, a Notary Public in and for said State, personally appeared that but the best of my ability.

In the year 2024 before me the state of New York county of Ulster State of New York county of

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.