

COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

RECEIVED

MAY 142024

ULSTER COUNTY LEGISLATURE

Kevin Roberts

NAME (Please Print)

Legislator, District 12 - Legislature

POSITION and DEPARTMENT

January 1, 2023 - December 31, 2023

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

First Name	
1 #31 14CINE	Middle Initial
Ulster County Legislatu	ure
Department/Agency ii	n which this function reports
845	-340-3900
Wor	rk Telephone Number
al interest in. Type of own res st the name of any outsi ember of household red or of which you, an imm and of directors, officer, or	of Interest ner idence - owner ide employer I from which you, one ceive compensation for service and the complete and the consensation of the c
of Rusiness/Employer	Relationship to Business
	President
rts Sc	Administrative Assistant
	Department/Agency in 845 Wooddress of each piece of dary that you, or an immedial interest in. Type ow resember of household related of directors, officer, or member, or member of household related of directors, officer, or member, or member of household related of directors, officer, or member of household related to the outstood of Business/Employer ats Sc

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.

lame of Family Member/Mem	har of Hausahald (County Donartm	ont/Division/Office
ame of ramily Member/Mem	bei di Housendia C		ent/Division/Office
self	*	County of U	Jister - salary
<u> </u>	1		
			4
None (Check if appropriate	Name & Addr		Nature of
lame of Family Member	of Income Sou	<u>rce</u>	<u>Investment</u>
self	DAC (Disabled Ad	ult Child)	Social Security
·-····································			
<u> </u>			
is an officer or employee e, relationship to you, title, tehold include a spouse, urnty officer's or employee's ons who are continually or at regular interva	of Ulster County, w and department. I n-emancipated child latest individual or r at regular interval	hether paid or mmediate fan I or person clai joint state inco s living or in th	unpaid, including relati nily members or membe med as a dependent on ome tax return or unrela
imediate Family Member/Nois an officer or employee e, relationship to you, title, whold include a spouse, untry officer's or employee's cons who are continually o	of Ulster County, w and department. I n-emancipated child latest individual or r at regular interval Is lived in the same h	hether paid or mmediate fan I or person clai joint state inco s living or in th	unpaid, including relati nily members or membe med as a dependent on ome tax return or unrela
is an officer or employee e, relationship to you, title ehold include a spouse, unity officer's or employee's ons who are continually of inually or at regular interva	of Ulster County, w and department. I n-emancipated child latest individual or r at regular interval Is lived in the same h	hether paid or mmediate fan I or person clai joint state inco s living or in th	unpaid, including relati nily members or membe med as a dependent on ome tax return or unrela

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 w	ho does business w	ith Ulster County. Do not list
None (Check if appropriate)			
<u>Creditor</u>		Type of Obligation	, F ₁
	_ _		
6 a. Money owed to you. List any a County or anyone that you are awa	·		· · · · · · · · · · · · · · · · · · ·
None (Check if appropriate) Debtor		Type of Obligation	· !
·	- .		
7. Interest in Contracts. Describe any household have in any contract involved None (Check if appropriate)			nily member, or member of
Name of Family Member		Contract Descripti	<u>.</u>
8. Investments. Itemize and describe the value in any business, corporation pledged collateral, and other invest household excluding investments in place (Check if appropriate)	n, partnership ments, for you	o, or other assets inc u, an immediate far	cluding stocks, bonds, loans, mily member, or member of
Name of Family Member	Name & Add	dress of Business	Description of Asset
Self	Nella's Nest No	rth	land holdings
Name of Family Member	Location of I	Real Estate ome, if owned)	Description of Investment

9. Trusts . Identify each interest in excess of \$2,000.00, except for IR relative, for you, an immediate for	RS eligible retirement plans or in	terests in an estate or trust of a
None (Check if appropriate)	,	
Name of Family Member	<u>Trustee/Executor</u>	Description of <u>Trust/Estate</u>
10. Gifts and Honorariums. List the during the last year by you, an ingifts from a relative. The term "gift income from property, without exan interest free or reduced interest constitute the making of a gift. "Gor other items or services otherwise Ethics Law. None (Check if appropriate)	mmediate family member, or mifts" shall mean the giving of so expecting to receive something est loan or the sale of an item for bift" does not include campaign	member of household excluding me item of value, or the use of of at least equal value in return. I less than fair market value also contributions authorized by law
Name of Family Member	Name & Address of Donor	
10 a. Complimentary Attendance 5F of the County Ethics Law, at a bona fide charitable or politica family member, or member of ha	a value greater than \$75.00, inc I events received during the lo	cluding food and beverage, at
Name of Family Member	Name & Address of Donor	
11. Loans. Describe all loans to y excess of \$5,000.00. This does not financial institution to finance ed a primary or secondary residence furniture or appliances. If any such the liability and name of the guarantees.	t include any loan issued in the ucational costs, the cost of hom e, or purchase of a personally o ch reportable loan has been gu	ordinary course of business by a ne purchase or improvements for owned motor vehicle, household
None (Check if appropriate)	,	
Name of Family Member No	ame & Address of Creditor	Type of Loan & Collateral, if any

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)
Committeeman - Plattekill Republican Committee
13. Not-for-Profit Organizations. 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. ✓ 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.

L	iles taw. I centry that I will undertake and carry out this responsibility to the best of my ability.
Siç	inature Date
	State of New York } County of Ulster } ss.:
	On the 14^{th} day of May in the year 2024 before me the
	undersigned, a Notary Public in and for said State, personally appeared Levin Poberts 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 instrument.

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.