APPENDIX "B"



COUNTY OF ULSTER

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE FORM

Herbert W. Litts, III

NAME (Please Print)

County Legislator, Legislature

POSITION and DEPARTMENT

January 1, 2022- December 31, 2022

CALENDAR YEAR

RECEIVED

MAR 1 0 2023

ULSTER COUNTY LEGISLATURE





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

Litts, III		erbert	. <u>W</u>
Last Name	Firs	st Name	Middle Initial
County Legislator		Legislature	
Title/Capacity in which statem	ent is required	Department/Agen	cy in which this function reports
244 Fair Street			845-340-3900
Work Address			Work Telephone Number
of household own or have None (Check if app Address of Real Estate	e a financial int	erest in.	mediate family member or men
N Chodikee Lake Rd, High	aland		Residence - owner Vacant Lot - co-owner
328 Hawley's Corners Rd,			Rental - owner
immediate family memb	per, or memb rproduced or oper of a board o	er of household of which you, an ir of directors, officer	utside employer ¹ from which yo receive compensation for se nmediate family member, or me r, or employee. Also include any
of household are a memb	n less than ten p		household has an ownership in standing stock owned.
of household are a member in which you, an immedic except a corporation with	n less than ten p opriate)		
of household are a member in which you, an immedic except a corporation with Mone (Check if approximation)	n less than ten popriate) Name of the second secon	percent of the out	standing stock owned.

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.

from the County of Ulster in exc or member of household du	cess of \$1,000.00 per y ring the reportable	vear for you, or an im year. This, howeve	nmediate family member r, does not include any
maintenance connected with None (Check if appropria		n, allmony or chila s	support payments.
Name of Family Member/Me		County Department/	Division/Office
Self		Legislature - sal	
			
· .	<u> </u>		
year from any source not described lecture fees, consultant fees, immediate family member, or does not include any mainter support payments. None (Check if appropria	contractual income, member of househo nance connected v	or other income o old during the report with a matrimonial	f any nature, for you, an able year. This, however,
Name of Family Member	of Income So		<u>Investment</u>
Self	NYS Retirement	System	Retirement
		4	
5. Immediate Family Member who is an officer or employe name, relationship to you, titl household include a spouse, County officer's or employee persons who are continually continually or at regular interv	e of Ulster County, vile, and department. Jun-emancipated chiles latest individual of or at regular intervoluments.	whether paid or un Immediate family Id or person claimed Ir joint state income Ils living or in the p	paid, including relative's members or members of d as a dependent on the e tax return or unrelated
None (Check if approp	riate)		
Name of Relative	Relationship to You	<u>Title</u>	<u>Department</u>
Erin Litts	Daughter	Dispatcher	Twn. of Ulster PD
-			

6. Money you owe. List any debts of Ulster County or anyone that you a debts that you owe to banking cor County.	re aware of who does business w	vith Ulster County. Do not list
None (Check if appropriate)		
<u>Creditor</u>	Type of Obligation	1
		· ·
6 a. Money owed to you. List any County or anyone that you are aw		
None (Check if appropriate) Debtor	Type of Obligation	<u>n</u>
7. Interest in Contracts. Describe an household have in any contract inv		mily member, or member of
Name of Family Member	<u>Contract Descrip</u>	tion .
8. Investments. Itemize and describe the value in any business, corporational pledged collateral, and other investigated household excluding investments in the collaboration of the collaboration.	ion, partnership, or other assets in stments, for you, an immediate fo	cluding stocks, bonds, loans, amily member, or member of
None (Check if appropriate) Name of Family Member	Name & Address of Business	Description of Asset
Name of Family Member		
Self Self	Putnam Securities LPL Financial	Bonds Stocks & Bonds
Name of Family Member	Location of Real Estate (including home, if owned)	Description of Investment

9. Trusts . Identify each interest excess of \$2,000.00, except for relative, for you, an immediate	r IRS eligil	ble retirement plans or	interest	s in an estate or trust of a
None (Check if appropria	te)			
Name of Family Member	<u>Tru</u>	ustee/Executor		Description of <u>Trust/Estate</u>
	- <u>-</u> - <u>-</u>			
10. Gifts and Honorariums. List during the last year by you, a gifts from a relative. The term income from property, withou An interest free or reduced into constitute the making of a gift or other items or services othe Ethics Law. None (Check if appropria	n immedia "gifts" sha t expectir erest loan "Gift" doe rwise excl	ate family member, or all mean the giving of a something for the sale of an item es not include campaigns.	membe some ite g of at le for less tl gn contri	er of household excluding em of value, or the use of east equal value in return. han fair market value also butions authorized by law
Name of Family Member		ame & Address of Dono	<u>or</u>	
10 a. Complimentary Attendar 5F of the County Ethics Law, of bona fide charitable or politi family member, or member of	at a value cal event	e greater than \$75.00," ts received during the	includin	g food and beverage, at
Name of Family Member	<u>No</u>	ame & Address of Dono	<u>or</u>	
``	 			
11. Loans. Describe all loans to excess of \$5,000.00. This does financial institution to finance a primary or secondary reside furniture or appliances. If any the liability and name of the g	not includ education nce, or pu such repo	de any loan issued in th nal costs, the cost of ho urchase of a personally ortable loan has been	e ordinc me purd owned	ary course of business by a chase or improvements for motor vehicle, household
None (Check if appropria	te)			
Name of Family Member	Name &	Address of Creditor	<u>Type</u>	of Loan & Collateral, if any

12. Political Parties. List any position you held as an officer of a political party, politic committee, candidate campaign committee, or political organization within the last five (years. The term "political organization" includes any independent body or any organization this affiliated with or a subsidiary of a political party or any committee organized for the purpo of electing or defeating a candidate or ballot initiative.	(5 a
None (Check if appropriate)	
Town of Lloyd Republican Committee	
13. Not-for-Profit Organizations. List any position you held as an officer of a not-for-proorganization within the reporting year. The term "nonprofit organization" includes an 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.

CO	ereby acknowledge my continuing responsibility to disclose any conflicts of interest or potential enflicts of interest and/or rescue myself from any act or action as required by Ulster County's with the continuity of the best of my ability. $\frac{3/9}{23}$
აფ	Date
	State of New York } County of Ulster ss.:
	On the 9^{t5} day of M_{sch} in the year 2023 before me the
	undersigned, a Notary Public in and for said State, personally appeared hether Litts, /// 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
d	

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.

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