LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2010

NOTE: Before completing this Disclosure Statement, please carefully read the enclosed instructions. If additional space is needed, please duplicate this form as necessary and staple all pages together. An original signature is required on page 4; a facsimile, photocopy or stamp signature is not acceptable. Questions should be directed to Legislative Counsel at (609) 292-4625. The completed disclosure form is due May 15, 2011 and should be sent to: Joint Legislative Committee on Ethical Standards, 2nd Floor, State House Annex, Room 210, PO Box 068, Trenton, New Jersey 08625-0068.

CHECK APPROPRIATE HOUSE: \Box Senate \Box General Assembly

PRINT NAME

Provide the following information for yourself, your spouse and minor children (unless otherwise indicated) for calendar year 2010. Please note that a minor child is a child under the age of 18. For each entry, check \square the box of the appropriate recipient. When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000 - \$24,999.99; 3=\$25,000 - \$49,999.99; 4=\$50,000 or more.

I. EARNED INCOME: List the name, address and amount for each source of earned income. (Earned income includes salaries, bonuses, royalties, commissions, profit sharing and fees.)

Name of Employer	Address of Employer	Circle Amount Code	Self	Spouse	Child
1)		1 2 3 4			
2)		1 2 3 4			
3)		1 2 3 4			
4)		1 2 3 4			

II. UNEARNED INCOME: List the name, address and amount for each source of unearned income. (Unearned income includes rents, dividends and income from investments, trusts and estates.)

A	. RENTS Property Address	Circle Amou Tenant Name Code		Self	Spouse	Child
1)			1 2 3 4			
2)			1 2 3 4			
3)			1 2 3 4			
4)			1 2 3 4			

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

B	. DIVIDENDS				our	ıt			
	Name	Address		Co	de		Self	Spouse	Child
1)						3 4			
				1	2	3 4			
				1	2	3 4			
				1	2	3 4			
C	. INCOME from investments, trusts and estat	es (including capital gains).		Ci	cle				
				An	iou	nt			
	Name	Address		Co	de		Self	Spouse	Child
1)						3 4			
2)						3 4			
			_	1	2	3 4			
4)				1	2	3 4			
	spouse for personal appearances, speeches of Name & Nature of Honorarium or Fee	Address			cle nou de		Self	Spouse	
1)				1	2	3 4			
						3 4			
						3 4			
/						3 4			
IV.	REIMBURSEMENTS or PREPAID EXPEN for each source of reimbursement or prepaid			prof					
			Ame						Circle
Na	ame & Nature of Reimbursement or Prepaid Expense	Address	Cod			Self	Spouse	Child	P, N or G
1)			1 2	2 3	4				PNG
				2 3	4				PNG
				2 3	4				P N G
4)			- 1 2						PNG
/				-					. –

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

V. GIFTS: List the name, address, nature and amount for each source of gift to you, your spouse or minor child from a named donor connected to the legislative process.

Name & Nature of Gift	Address	Circle Amount Code	Self	Spouse	Child
1)		1 2 3 4			
2)		1 2 3 4			
3)		1 2 3 4			
4)		1 2 3 4			

VI. LIABILITIES: List the name and address of each creditor for you or your spouse and the nature and amount of each liability <u>except</u> for liabilities which are: (a) less than \$15,000 and owed to a relative; (b) less than \$3,000 and owed to any other person; (c) loans secured by a personal motor vehicle or household furniture or appliances; or (d) revolving charge accounts.

Name & Nature of Liability	Address	Circle Amount Code	Self	Spouse
1)		1 2 3 4	П	П
2)		$\begin{array}{cccccccccccccccccccccccccccccccccccc$		
3)		1 2 3 4		
4)		1 2 3 4		

VII. FORGIVEN LIABILITIES: List the name and address of each former creditor for you or your spouse and the nature and amount of each forgiven liability which would have been required to be reported pursuant to VI above had it not been forgiven.

Name & Nature of Forgiven Liability	Address	Circle Amount Code	Self	Spouse
1)		1 2 3 4		
2)		1 2 3 4		
3)		1 2 3 4		
4)		1 2 3 4		

VIII. BUSINESS ORGANIZATIONS: List the name and address of all business organizations in which you or your spouse held an interest.

	Name	Address	Self	Spouse
1)				
2)				
3)				
4)				

IX. OFFICES, TRUSTEESHIPS, OR DIRECTORSHIPS: List the title of each position held by you or your spouse in any firm, corporation, association, partnership or business and the name and address of the entity in which the position was held.

	Position Held	Name & Address of Entity		Self	Spouse
1)					
2)			-		
3)			_		
4)			_		

X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

	Property Address	Description of Property	Self	Spouse	Child
$ \begin{array}{c} 1) \\ 2) \\ 3) \end{array} $					
4					

I certify that the above information is correct and complete to the best of my knowledge. In addition to this statement, you have a continuing obligation to report any termination or assumption of public employment of yourself or your spouse within 30 days, which report shall be an addendum to this statement.