

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2008

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, 2009 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.

Diane Allen

PRINT NAME

CHECK APPROPRIATE HOUSE:

Senate

General Assembly

Provide the following information for yourself, your spouse and minor children (unless otherwise indicated) for calendar year 2008. For each entry, check 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)	<u>VidComm</u>	<u>11 W. Broad, Burlington, NJ</u>	1 2 3 <u>(4)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>State of NJ</u>	<u>Trenton, NJ</u>	1 2 <u>(3)</u> 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>Universal Motors</u>	<u>3215 Springgarden, Phula, Pa</u>	1 2 3 <u>(4)</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Tenant Name	Circle Amount Code	Self	Spouse	Child
1)	<u>3215 Spring Garden St., Phula, Pa</u>	<u>Universal Motors</u>	1 2 <u>(3)</u> 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	<u>13 Freeburn Rd, North Creek, NY</u>	<u>various</u>	1 <u>(2)</u> 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>57 Freeburn Rd, " "</u>	<u>various</u>	1 <u>(2)</u> 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>Bella, 801, 526 Pacific Ave, Atlantic City, NJ.</u>	<u>m/m myron schiff</u>	1 <u>(2)</u> 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>see attached sheets</u>		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. INCOME from investments, trusts and estates (including capital gains).

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>see attached sheets</u>		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. HONORARIA and FEES: List the name, address, nature and amount for each source of honorarium or fee received by you or your spouse for personal appearances, speeches or writings.

Name & Nature of Honorarium or Fee	Address	Circle Amount Code	Self	Spouse
1) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>

IV. REIMBURSEMENTS or PREPAID EXPENSES for TRAVEL, LODGING or SUBSISTENCE: List the name, address, nature and amount for each source of reimbursement or prepaid expense and circle whether the source is a profit (P), nonprofit (N), or governmental (G) entity.

Name & Nature of Reimbursement or Prepaid Expense	Address	Circle Amount Code	Self	Spouse	Child	Circle P, N or G
1) <u>NCSL</u>	<u>OFFICE OF LEGISLATIVE SERVICES</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P <u>N</u> G
2) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G

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	2	3	4			
1)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. LIABILITIES: List the name and address of each creditor for you or your spouse and the nature and amount of each liability except 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	2	3	4		
1)	<u>Citibank (mortgage)</u>	_____	1	2	③	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	<u>community bank (mortgage)</u>	_____	1	2	3	④	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3)	<u>Beneficial (mortgage)</u>	_____	1	2	3	④	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4)	<u>Astoria Federal Savings (mortgage)</u>	_____	1	2	3	④	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<u>Sovereign Bank (Line of Credit)</u>	_____	1	2	3	④	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	2	3	4		
1)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
2)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
3)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
4)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>

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) <u>VidComm, Inc</u>	<u>11 W. Broad St., Burlington, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>Universal Motors</u>	<u>3215 Spring Garden St, Philadelphia, PA</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) <u>Allen & Allen Leasing</u>	<u>445 cottage ave, Edgewater Park, NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) <u>Allen Atlantic, LLC</u>	<u>445 cottage ave, Edgewater Park, NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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) <u>President / CEO</u>	<u>VidComm, Burlington, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>President / CEO</u>	<u>Universal, Phila., PA</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) <u>Partner</u>	<u>Allen & Allen Leasing, Edgewater Park, NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) <u>Member</u>	<u>Allen Atlantic, Edgewater Park, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
1) <u>445 cottage Ave, Edgewater Park, NJ</u>	<u>/ Primary residence</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>801 Bella, 526 Pacific Ave, Atlantic City, NJ</u>	<u>/ investment property</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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5/15/09
Date

OFFICE OF
LEGISLATIVE
SERVICES


Signature of Member (must be an ORIGINAL signature, not a facsimile, stamp or photocopy)

Mutual Funds	Self	Spouse	Dividends	Investment
Legg Mason Opportunity Trust	x	x	1	4
Legg Mason Growth fund	x	x		1
Legg Mason value Trust	x	x	1	2
Hartfprd Growth Fund	x			4
Legg Mason Clasic Valuation	x			4
Legg Mason American Leading Companies	x		1	4
New Perspective Fund	x		1	3
Royce premier Fund	x		1	4
Thornburg international Value Fund	x		1	4
Glenmede Fund	x		1	4
Equities				
General Electric	x	x		2
Johnson and Johnson	x		1	4
Legg Mason	x	x	1	4
Meritor Savings	x			2
Pfizer	x		1	4
IBM		x	1	1
Computer Task Group		x	1	1
Microsoft	x		1	1
Goldman Sachs Group	x		1	1
Wachovia	x		1	4
Express Scripts	x		1	4
Varian	x		1	1
Wyeth	x		1	1
	x		1	1
Adobe	x		1	1
Cisco	x			1
	x			
Hewlett Packard	x		1	2
Mutual Funds				
Buffalo small cap fund	x		1	3
Dodge and Cox Stock Fund	x		1	4

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Glenmede Fund - Small cap	x	1	4
Glenmede Fund - Large Cap	x	1	4
Dodge and Cox International Stock Fund	x	1	4
T. Rowe Price Emerging Stock	x	1	1
Glenmede Fund - International	x	1	1
William Blair - international growth	x	1	1

Municipal Bonds

NJ Health Care Fac Fin	x	2	
Piscataway Twp NJ School Dist	x	4	
Ridgewood NJ School Dist	x	1	

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	Self	Spouse	Dividends	Investment
Stocks				
Corning	x	x	1	4
Costco	x		1	4
Deere	x		1	4
3M	x		1	4
Unilever	x		1	3
Colgate Palmolive	x	x	1	4
Lockheed Martin	x		1	2
McDermott International	x		1	2
Target	x		1	2
Telvue	x			1
HJ Heinz	x		1	2
Pepsico	x		1	2
Procter & Gamble	x		1	3
Chevron	x		1	1
Exxon Mobil	x		1	4
Charles Schwab	x		1	1
Gilead Sciences	x			1
Apple	x			2
Oracle	x		1	1
Mutual Funds				
Vanguard Funds (various)	x	x	1	4
Fidelity Contrafund	x	x	1	4
Other				
Global opportunities bond fund	x		1	3
Florida St Dept Env MBIA	x		1	4
Glenmede long/short Portfolio	x		1	4

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