

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

NOTE: Before completing this Disclosure Statement, please carefully read the enclosed instructions. If additional space is needed, please duplicate the 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, 2008 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.

MILA M. JASEY
 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 2007. 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	Address	Circle Amount Code	Self	Spouse	Child
1) Prudential Nonqualified Plans	3 Chase Metrotech Ctr. Bridlepen, NJ	1 2 3 ④	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) J.P. Morgan Chase NA TEFRA	" " " 11245	1 2 3 ④	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Prudential Insurance	30 Scranton Office Park Scranton, Pa.	1 2 3 ④	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Prudential Insurance	2001 Research Forest Dr. 18507 The Woodlands, Tx 77381	1 2 3 ④	<input type="checkbox"/>	<input checked="" 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>None</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"/>

Stamp: RECEIVED LEGISLATIVE COUNSEL MAY 15 2008

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) Prudential Insurance	P.O. Box 7657 Philadelphia, Pa.	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) First Clearing LLC	10700 Wheat First Dr., Glen Allen, Va	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Prudential Financial	Public Company 23060	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Vanguard	P.O. Box 2600 Valley Forge, Pa	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) Vanguard	PO Box 2600 Valley Forge, Pa	1 ② 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Prudential Financial	Public Company	1 2 3 ④	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) First Clearing LLC	10700 Wheat First Dr. Glen Allen, Va	1 2 3 ④	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Wachovia Bank N.A.	1525 W. W. Harris Blvd. 23060 385 Charlotte, N.C. 28262	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" 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) None		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) None		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N 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.

B. DIVIDENDS

Name	Address	Circle Amount Code	Self	Spouse	Child
5) <u>Boston Properties Inc</u>	<u>Publee Co.</u>	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) <u>Mack-Cali Realty</u>	<u>Publee Co.</u>	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) <u>Countrywide Financial</u>	<u>Publee Co.</u>	① 2 3 4	<input type="checkbox"/>	<input checked="" 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
5) <u>E-trade Financial</u>	<u>PO Box 1542 Merrifield, Va 22116</u>	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) <u>Millburn Property Management LLC</u>	<u>2115 Millburn Ave, Naperville, IL 60563</u>	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) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N 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)	<u>None</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"/>

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>Wachovia Bank N.A.</u>	<u>P.O. Box 13327 Roanoke, Va.</u>	1	2	3	④	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	<u>Chase Home Finance</u>	<u>3415 U. Zion Dr. Columbus</u>	1	2	3	④	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3)		<u>Onid 432191</u>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
4)			1	2	3	4	<input type="checkbox"/>	<input 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)	Millbourn Property Management LLC	2115 Millbourn Ave. Maplewood, NJ 07040	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4)	_____	_____	<input type="checkbox"/>	<input 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)	Member	Millbourn Property Management LLC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4)	_____	_____	<input 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)	9 Keasbey Rd. S Orange, NJ 07079	Primary Res.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	2115 Millbourn Ave. Maplewood, NJ 07040	Office Bldg owned by Millbourn Management LLC	<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.

5-14-08
Date

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



NEW JERSEY GENERAL ASSEMBLY

MILA M. JASEY
ASSEMBLYWOMAN, 27TH DISTRICT
ESSEX COUNTY
15 VILLAGE PLAZA, SUITE 1B
SOUTH ORANGE, NJ 07079
(973) 762-1886
FAX (973) 762-6118
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July 15, 2008

COMMITTEES
VICE CHAIR
HOUSING AND
LOCAL GOVERNMENT
MEMBER
EDUCATION
JOINT COMMITTEE ON
THE PUBLIC SCHOOLS

Marci Levin Hochman
Assistant Legislative Counsel
Ethics Counsel
State House Annex
Room 214
P.O. Box 068
Trenton, NJ 08625-0068

Dear Ms. Hochman:

Please accept this letter as an amendment to my Financial Disclosure Statement for 2007.

Page 1. Earned Income

All items #1 – 4 are either Retirement Income or Deferred Compensation. My spouse retired from Prudential Insurance Company in May 2004.

Page 1. A. Rents

#1. Add Millburn Property Management, L.L.C. 2115 Millburn Ave. Maplewood, N.J. 07040 circle code #4.

Page 3. C. Income #6

Change code # to 4 add explanation – The building houses multiple tenants and rentals are collected by the L.L.C.

Page 4. Item 1x

Add that my spouse is currently:

2. President, Board of Trustees – Family Connections, 395 South Center Street, Orange, New Jersey 07050
3. Chairman, Board of Trustees – Christ the King Prep School, 239 Woodside Ave., Newark, New Jersey 07104
4. District Leader – S. Orange Democratic Committee

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OFFICE OF
LEGISLATIVE
SERVICES

Marci Levin Hochman, Esq.

July 15, 2008

Page 2

Re: Amendment to 2007 Financial Disclosure Statement

Should you have any questions, please do not hesitate to contact me at your convenience.

Very truly yours,

A handwritten signature in cursive script that reads "Mila M. Jasey". The signature is written in dark ink and is positioned above the printed name.

MILA M. JASEY
Assemblywoman – District 27