



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>VALLEY NATIONAL BANK</u>	<u>/</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	<u>/</u>	<u>/</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>/</u>	<u>/</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>/</u>	<u>/</u>	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>/</u>	<u>/</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>/</u>	<u>/</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>/</u>	<u>/</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>/</u>	<u>/</u>	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	Child
1)	<u>/</u>	<u>/</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>/</u>	<u>/</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>/</u>	<u>/</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>/</u>	<u>/</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**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>/</u>	<u>/</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2)	<u>/</u>	<u>/</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3)	<u>/</u>	<u>/</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4)	<u>/</u>	<u>/</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G

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V. GIFTS: List the name, address, nature and amount for each source of gift in excess of \$250.

	Name & Nature of Gift	Address	Circle Amount				Self	Spouse	Child
			Code						
1)	<del>_____</del>	<del>_____</del>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<del>N/A</del>	<del>N/A</del>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<del>_____</del>	<del>_____</del>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<del>_____</del>	<del>_____</del>	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				Self	Spouse
			Code					
1)	CITIMORTGAGE	PO BOX 183040 COLUMBUS OH 43218-3040	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	<del>_____</del>	<del>_____</del>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
3)	<del>N/A</del>	<del>N/A</del>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
4)	<del>_____</del>	<del>_____</del>	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				Self	Spouse
			Code					
1)	<del>_____</del>	<del>_____</del>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
2)	<del>N/A</del>	<del>N/A</del>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
3)	<del>_____</del>	<del>_____</del>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
4)	<del>_____</del>	<del>_____</del>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>

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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)	<del>_____</del>	<del>_____</del>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<del>N/A</del>	<del>N/A</del>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<del>_____</del>	<del>_____</del>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<del>_____</del>	<del>_____</del>	<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)	DIRECTOR/ TRUSTEE	ST MARY'S HOSPITAL, PASSAIC NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	DIRECTOR/ TRUSTEE	BOYS & GIRLS CLUB OF ROYERSFORD PASSAIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	COOUNCILMAN	CITY OF PASSAIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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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)	511 PASSAIC AVE PASSAIC, NJ	SINGLE FAMILY HOME	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	<del>_____</del>	<del>_____</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<del>N/A</del>	<del>N/A</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<del>_____</del>	<del>_____</del>	<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.



May 5, 2006  
Date

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