

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.

Dawn Marie Addiego
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				Self	Spouse	Child
			Code						
1)	<u>County of Burlington</u>	<u>Mt Holly, NJ</u>	①	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>Dane Enterprises</u>	<u>10000 Midlantic Drive Mt Laurel NJ</u>	1	②	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>Tee Trust LLC</u>	<u>16 Palomino Dr Marlton NJ</u>	1	②	3	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	<u>Captain Haines</u>	<u>Suite 330 10000 Midlantic Dr Mt Laurel NJ</u>	①	2	3	4	<input checked="" 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				Self	Spouse	Child
			Code						
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"/>

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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 *All publicly Traded*

Name	Name Address	Circle Amount Code	all Self	Spouse	Child
1) <i>Amer Movil</i>	<i>Home depot, Morgan Stanley</i>	<i>all</i> ① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <i>Applied Mat</i>	<i>PFIZER, S&P</i>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <i>Discover</i>	<i>Time Warner, Telefonos demexico</i>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <i>Intel</i>	<i>Citadel Broadcast, Walmart Mex</i>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Disney</i>	<i>Johnson + Johnson</i>				

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <i>Susquehanna Patriot Bank</i>	<i>Rte 73 Marlton NJ</i>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <i>AG Edwards</i>	<i>Rte 73 Marlton NJ</i>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <i>Roxane Kostyk</i>	<i>106 Crown Prince Dr Marlton NJ</i>	① 2 3 4	<input checked="" 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"/>

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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) <i>Council of St. Gov.</i>	<i>Political acct</i>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N <input checked="" type="radio"/> G
2) <i>Chamber of Commerce.</i>	<i>political acct</i>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3) <i>League of Munic.</i>	<i>political acct</i>	① 2 3 4	<input checked="" 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)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)	Wamu Home Mortgage	P.O. Box 100576 Florence S.C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2)	Susquehanna Patriot Bank	Rte 73 Marlton NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) Tee Trust LLC	16 Palomino Dr Marlton	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Morgan Publishing LLC	16 Palomino Dr Marlton	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Krystal Custom Homes LLC	288 Hartford Rd Medford	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Krystal Homes Inc LLC	288 Hartford Rd Medford	<input checked="" 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) Mng Member	Tee Trust LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Mng Member	Morgan Publishing LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Mng Member	Krystal Custom Homes LLC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) VP/Sec	Krystal Homes Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Chair person of Centerforarts	6) Cabinet Member United way of Burles (Born 5+6)	<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) 16 Palomino Dr Marlton NJ	Home	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	<input type="checkbox"/>	<input 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"/>

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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.

5/13/09
Date

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



NEW JERSEY GENERAL ASSEMBLY

DAWN MARIE ADDIEGO
ASSEMBLYWOMAN, 8TH DISTRICT
BURLINGTON COUNTY
32-A NORTH MAIN STREET
MEDFORD, NJ 08055
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OFFICE OF
LEGISLATIVE
SERVICES

November 9, 2009

Joint Legislative Committee on Ethical Standards
Second Floor
State House Annex
Room 210
PO Box 068
Trenton NJ 08625-0068

Dear Committee,

As a result of my Ethics meeting with Marci Levin Hockman, Esq. and after a review of my 2008 schedule I need to amend my 2008 financial disclosure form. Please amend my disclosure form as noted on the attached document.

Thank you,

A handwritten signature in cursive script that reads "Dawn Marie Addiego".

Dawn Marie Addiego
Assemblywoman

Cc: Marci Levin Hochman

DMA:mbw

11/9/2009 Assemblywoman Dawn Marie Addiego 2008 financial disclosure form amendment.

Section I - Earned Income

Name of Employer	Address	Amount code	Self
Krystal Custom Homes*	228 Hartford Rd Medford NJ	none	X

*In 2008 Krystal Custom Homes received income though the company had a net loss. I received no profit, salary or any other form of monetary compensation.

Section V – Gifts

Name & Name of gift	Address	Amount Code	Self
New Jobs Legislative Reception - food	PO Box 1600 Trenton NJ	1	x
Deborah Hospital - Tour & coffee	200 Trenton Rd Browns Mills NJ	1	x
Excellence in Public Service Series Luncheon - food	518 East Passaic Ave Bloomfield, NJ	1	x
Trenton Diocese Legislative Breakfast - food	383 West State Street, Trenton NJ	1	x
Burl Co Advis Counsel on Women Luncheon - food	49 Rancocas Rd Mt Holly NJ	1	x
United Way of Burlington County Meetings & events – refreshments	595 Beverly Rancocas Rd, Rancocas, NJ	1	x
200 Club of Burlington County Dinner – food	325 New Albany Rd., Moorestown, NJ	1	x
Huber-Moore Funeral Home Holiday Open House – food	517 Farnsworth Ave, Bordentown, NJ	1	x
NJEA Burl Chapter Executive Board Dinner – food	621 Beverly Rancocas Rd Willingboro, NJ	1	x
Asm Bramnick GOP Policy Comm Retreat – food & Lodging	251 North Ave. W Westfield, NJ	1	x
Burl Co 4 – H Horseshow – Food	49 Rancocas Rd Mount Holly, NJ	1	x
Dept of Agriculture Farm Tour – food	P.O. Box 330, Trenton, NJ	1	x

SJNA WBO Dinner – food And award	c/o Sandy Spadaro, Pres. PO Box 357 Mt Laurel NJ	1	x
NJBIA	102 West State Street Trenton, NJ 08608-1199	1	x
Assembly Legislative Leadership Asm. DeCroce, Asm. Bramnick Asm. Biondi	Holiday gift	1	x
Asm. Malone Asm. Dancer	Holiday gift	1	x
Asm. Amodeo Asm. Polistina	Holiday gift	1	x