

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.

Dawn Marie Addiego
PRINT NAME

CHECK APPROPRIATE HOUSE: Senate General Assembly
AS OF 12/6/10

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 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.)

1) 2) 3) 4)	Name of Employer	Address of Employer	Circle Amount Code	Recipient		
				Self	Spouse	Child
	<u>MGFS LLC</u>	<u>10000 Midlantic Dr Mt. Laurel</u>	1 <input checked="" type="radio"/> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Morgan Publishing, LLC</u>	<u>16 Palomino Dr Marlton</u>	1 2 <input checked="" type="radio"/> 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> DMA 5/19/11
	_____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	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

1) 2) 3) 4)	Property Address	Tenant Name	Circle Amount Code	Recipient		
				Self	Spouse	Child
	_____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE OF LEGISLATIVE SERVICES
 JUN 12 PM 3:11

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
All Publicly Traded					
1) Amer Mowl Home Depot, Morgan Stanley, Disney Applied Mat,		① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Pfizer, SAP, Johnson + Johnson, Discover Time Warner		① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Telefonos de Mexico, Intel, Citadel Broadcasting		① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Walmart Mex		① 2 3 4	<input checked="" 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) Susquehanna Bank	Rte 70 Marlton	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Wells Fargo	Rte 73 Marlton	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Rozane Kostyk	106 Crown Prince Dr Marlton	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"/>

2011 MAY 12 P 3:11
 OFFICE OF LEGISLATIVE SERVICES

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) League of Municipalities	Political Acct	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2) Morgan Publishing LLC	Marlton NJ	① 2 3 4	<input type="checkbox"/>	<input checked="" 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) <u>United Way of Burico Cabinet Breakfast</u>		① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>SJ Chamber of Comm Leg. Reception</u>		① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>NJ BIA Speaker Breakfast bag of products</u>		① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>BCFA Reception Soda, Cheese + Crackers</u>		① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Cont: attached)

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) <u>Wamu Home Mortgage</u>	<u>PO Box 100511, Florence S.C</u>	1 2 3 ④	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>Susquehanna Bank</u>	<u>Rte 73 Marlton, NJ</u>	1 2 3 ④	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) _____	_____	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) _____	_____	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"/>

MAY 12 P 3:11

OFFICE OF LEGISLATIVE SERVICES

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>Morgan Publishing LLC</u>	<u>16 Palomino Dr Marlton</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>KRYSTAL Homes INC</u>	<u>298 Hartford Rd Medford</u>	<input checked="" 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) <u>Mgr Member</u>	<u>Morgan Publishing LLC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>ve/sec</u>	<u>KRYSTAL Homes Inc</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>vice chair</u>	<u>Center For Arts SJ - Marlton</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>Cabinet</u>	<u>United Way Burlington</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>16 Palomino Dr, Marlton</u>	<u>Home</u>	<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"/>

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.

5/3/11
Date

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

OFFICE OF
 LEGISLATIVE
 SERVICE
 MAY 12 10:31 AM '11

V. Gifts (Conti) all Self and Amount Code 1.

- 5.) Lenape Council of School Dist. Mtgs - Coffee
- 6.) N.J. Bus. + Ind New Jobs receptions
- 7.) Armed Forces Council Mtgs Coffee/donuts
- 8.) Contact of Burlco reception
- 9.) ELC Speaker - breakfast
- 10.) Burlco Chamber receptions/dinner
- 11.) SJ Nawbo dinner
- 12.) Open House John Tedeschi Continuum Health Alliance
- 13.) Governor's Swearing in reception & Gala
- 14.) Assembly GOP Women Lunch w/ Lt. Gov
- 15.) Burlco Consumer Bowl - Lunch
- 16.) Assemblyman Bramnick accommodations & dinner Policy Committee
- 17.) Ribbon-cutting Frankford Umbrellas reception
- 18.) NFIB Guardian of Small Business Award and Breakfast
- 19.) NJ outdoor Alliance - mug
- 20.) Legislators Fall Farm Visit
- 21.) Lee Bros. Farm - Cranberry harvesting Tour - bag of cranberries
- 22.) Builders League Legis. Breakfast
- 23.) Nancy Taminow sporting event
- 24.) Hartford Plaza LLC Mtgs - food

MAY 12 P 3:11

OFFICE OF
LEGISLATIVE
SERVICES