

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

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, 2006 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 B. 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 2005. 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) State of New Jersey	P.O. Box 207 Trenton, NJ 08625	2 ③ 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Vidcamp Inc.	11 West Broad St. Burlington, NJ 08016	1 2 3 ④	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Universal Motor Distributors Inc	3215 Spring Garden St. Phila, PA 19104	1 2 3 ④	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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) 3215 Spring Garden St. Phila PA 19104	Universal Motor Distributors Inc	2 ③ 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) 13 Freeburn Rd. North Creek NY	Various	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) 57 Freeburn Rd. North Creek NY	Various	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE OF LEGISLATIVE SERVICES
MAY 15 3 35 PM '06

No. 3163 P. 2

May 15. 2006 3:57PM

MAY 15 2006 16:31

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) Legg Mason Wood Walker, Inc.	100 Light St. Baltimore, MD 21203	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Franklin Templeton Investments	P.O. Box 33030 St. Petersburg, FL 33733	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Value Line Funds	P.O. Box 219730 Kansas City, MO 64121	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Fidelity Brokerage Services LLC	82 Devonshire St. Boston, MA 02109	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) Estate of M Jane Betzendahl	1650 Market St. Philadelphia, PA 19103	1 ② 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Walter Betzendahl Trust	1650 Market St. Philadelphia, PA 19103	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Farmers + Mechanics Bank	P.O. Box 397 Burlington, NJ 08016	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Universal Motor Distributors, Inc.	3215 Spring Garden St. Phila, PA 19104	1 2 3 ④	<input 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) <u>None</u>		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>None</u>		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

OFFICE OF LEGISLATIVE SERVICES
MAY 15 4:35 PM '06

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) Vanguard Group	P.O. Box 2600 Valley Forge PA 19482	1 (2) 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Screen Bancshares Inc.	104 N. Main St. Sylvania GA 30467	1 (2) 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) The Glenmede Trust Company	1650 Market St. Philadelphia, PA 19103	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"/>

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) Capital gains from various sources	Various	1 (2) 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Via Comm	11 W Broad St.	1 (2) 3 4	<input checked="" 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) 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

OFFICE OF LEGISLATIVE SERVICES
 MAY 15 11 35 AM '06

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 in excess of \$250.

	Name & Nature of Gift	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	NONE						<input type="checkbox"/>	<input 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"/>

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)	Citi Corp					4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	Wells Fargo		1			3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3)	Farmers & Mechanics Bank,	Burlington, NJ				4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4)	Oakton Federal Savings					4	<input checked="" 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)	NONE						<input type="checkbox"/>	<input type="checkbox"/>
2)							<input type="checkbox"/>	<input type="checkbox"/>
3)							<input type="checkbox"/>	<input type="checkbox"/>
4)							<input type="checkbox"/>	<input type="checkbox"/>

OFFICE OF LEGISLATIVE SERVICES
MAY 15 2006 3:58 PM

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) Vidcomm Inc.	11 West Broad St. Burlington, NJ 08016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Universal Motor Distributors, Inc.	3215 Spring Garden St. Philadelphia, PA 19104	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Allen+Allen Leasing	445 Cottage Ave. Edgewater Park, NJ 08010	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) AllenAtlantic LLC	445 Cottage Ave. Edgewater Park, NJ 08010	<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.

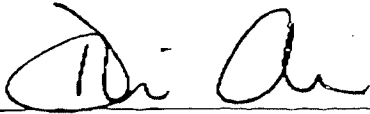
Position Held	Name & Address of Entity	Self	Spouse
1) President	Vidcomm Inc. 11 West Broad St. Burlington, NJ 08016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) President	Universal Motor Distributors Inc. 3215 Spring Garden St. Phila, PA 19104	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Partner	Allen+Allen Leasing 445 Cottage Ave. Edgewater Park, NJ 08010	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) Member	AllenAtlantic LLC 445 Cottage Ave. Edgewater Park, NJ 08010	<input checked="" type="checkbox"/>	<input checked="" 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) 445 Cottage Ave. Edgewater Park NJ 08010	Personal residence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Belle Condominium Unit 801 526 Pacific Ave.	Investment property	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Atlantic City, NJ		<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.

5/15/06
Date


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

2006 MAY 15 P 4: 35

OFFICE OF
TREASURY