

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.

MARY PAT ANGELINI
 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 Code | Recipient | | |
|--|------------------------------|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | | | Self | Spouse | Child |
| 1) PREVENTION FIRST | 1405 Hwy 35, OCEAN, NJ | 1 2 3 ④ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) MONMOUTH CITY PROSECUTOR'S OFF. | JERSEYVILLE RD, FREEHOLD, NJ | 1 2 3 ④ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) OCEAN TWP BOARD OF ED. | MONMOUTH RD, OAKHURST, NJ | ① 2 3 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4) INTERNATIONAL CRIMES AGAINST CHILDREN | WASHINGTON DC | ① 2 3 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| UNIVERSITY OF MARYLAND | COLLEGE PARK, MD | ① | | | <input checked="" 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 | Recipient | | |
|------------------|-------------|--------------------|--------------------------|--------------------------|--------------------------|
| | | | Self | Spouse | Child |
| 1) <u>WA</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"/> |

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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

| | Name | Address | Circle Amount Code | Self | Spouse | Child |
|----|------|---------|--------------------|--------------------------|--------------------------|--------------------------|
| 1) | N/A | | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | N/A | | 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"/> |

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

| | Name | Address | Circle Amount Code | Self | Spouse | Child |
|----|------|---------|--------------------|--------------------------|--------------------------|--------------------------|
| 1) | N/A | | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | N/A | | 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) | N/A | | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | N/A | | 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) | N/A | | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P N G |
| 2) | N/A | | 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 |

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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 | | | | Self | Spouse | Child |
|----|-----------------------|---------|---------------|---|---|---|--------------------------|--------------------------|--------------------------|
| | | | Code | | | | | | |
| 1) | N/A | | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | N/A | | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | N/A | | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | N/A | | 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) | N/A | | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | N/A | | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | N/A | | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | N/A | | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |

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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) | N/A | | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | N/A | | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | N/A | | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | N/A | | 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) _____ | _____ | <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"/> |

NA

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.

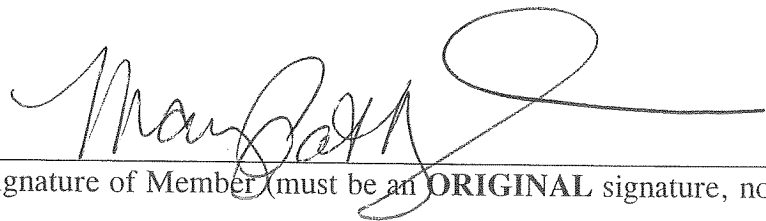
| Position Held | Name & Address of Entity | Self | Spouse |
|----------------------|--|-------------------------------------|-------------------------------------|
| 1) BOARD MEMBER | MONMOUTH PARK CHARITY, OCEANPORT NJ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) VP-BOARD | ASBURY PARK CHAMBER OF COMMERCE, ASBURY NJ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) PRESIDENT - BOARD | REVISION THEATRE, ASBURY PARK, NJ | <input type="checkbox"/> | <input checked="" 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) 54 Cold Indian Springs, Ocean, NJ | Primary Residence | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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.

4-16-09
Date


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

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