





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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	Not Applicable		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<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"/>	<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	Amount Code				Self	Spouse
			1	2	3	4		
1)	TD Bank, Mortgage	West Park Avenue, Ocean, NJ 07712	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

**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	Amount Code				Self	Spouse
			1	2	3	4		
1)	Not Applicable		<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"/>

**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)	Not Applicable		<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"/>

**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	Asbury Park Chamber of Commerce, Main Street, Asbury Park, NJ 07712	<input checked="" 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"/>

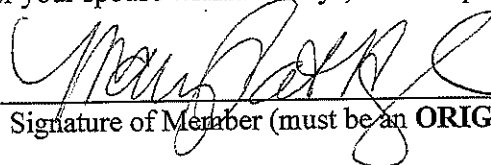
**X. REAL ESTATE:** Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

	Property Address	Description of Property	Self	Spouse	Child
1)	Not Applicable		<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"/>

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.

April 2, 2012

Date



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