

# LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

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, 2007 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.

MARTHA W. BARK  
 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 2006. 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) | <u>Social Security</u> | <u>Washington, D.C.</u> | 1 <input checked="" type="radio"/> 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | <u>State of N.J.</u>   | <u>Trenton, N.J.</u>    | 1 2 <input checked="" type="radio"/> 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"/> |

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) | <u>N/A</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"/> |

OFFICE OF LEGISLATIVE SERVICES  
 2007 MAY 1 A 10:21

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) | _____ | _____   | 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"/> |

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

|    | Name  | Address | Circle Amount Code | Self                     | Spouse                   | Child                    |
|----|-------|---------|--------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

**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                   | Child                    |
|----|------------------------------------|---------|--------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

2007 MA 1409 02  
 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) | _____   | _____   | 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            |

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 |   |   |   | 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"/> |

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) | Washington Mutual<br>(Mortgage) | P.O. Box 1005-11, Florence<br>S.C. | 1             | 2 | 3 | 4 | <input checked="" 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"/> |

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) | _____                               | _____   | 1             | 2 | 3 | 4 | <input checked="" 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"/> |

OFFICE OF LEGISLATIVE SERVICES

MAY 14 10:22

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"/> |

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) | _____         | _____                    | <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"/> |

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) | 4 N. Wewaldover  | _____                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | Medford, NJ      | Residence               | <input checked="" 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.

5/11/07  
Date

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