



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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)			<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"/>

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

	Name	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	Wells Fargo Bank	1177 Route 33 Hamilton NJ 08690	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Navy FCU	820 Follin Ln Vienna VA 22180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	Customers Bank	2419 Nottingham Way Hamilton NJ 08610	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

**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	Amount Code				Self	Spouse
			1	2	3	4		
1)			<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"/>

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 FEDERAL RESERVE  
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**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 indicate whether source is a profit (P), nonprofit (N), or governmental (G) entity.

	Name & Nature of Reimbursement or Prepaid Expense	Address	Amount Code				Self	Spouse	Child	Check Source				
			1	2	3	4				P	N	G		
1)	Drexel University - Academic Conferences	3201 Arch St Ste 400 Philadelphia PA 19104	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Tekmark Global Solutions - Employer Travel/Meals	100 Metroplex Dr Ste 102 Edison NJ 08817	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	_____	_____	<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)	Roma Bank - Home Mortgage	1155 Whitehorse Mercerville Rd Hamilton NJ 08610	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	Bank of America - Home Mortgage	6400 Legacy Dr Plano TX 75024	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)	_____	_____	<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"/>	
3)	_____	_____	<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"/>	

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 STATE OF MARYLAND  
 DEPARTMENT OF GENERAL 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)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3)	_____	N/A	<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)	Technical Editor	Mathematical Programming Computation, Springer, 233 Spring St, New York NY 10013	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2)	Associate Editor	Omega, Reed Elsevier, 125 Park Avenue 23rd Floor New York NY 10017	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3)	APGA Representative	Alumni Faculty Forums Committee, Princeton University, Princeton NJ 08540	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4)	Board Member	RWJ Hamilton Hospital Young Professionals, 1 Hamilton Health Pl, Hamilton NJ 08690	<input checked="" type="checkbox"/>	<input type="checkbox"/>

See page 4B of 4 for Additional Offices, Trusteeships, or Directorships

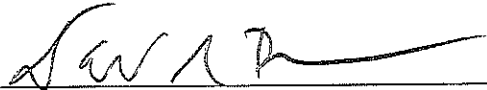
**X. REAL ESTATE:** Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

	Property Address	Description of Property	Self	Spouse	Child
1)	81 Hempstead Rd Hamilton NJ 08610	Primary Residence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	91 Hempstead Rd Hamilton NJ 08610	Parent's Residence	<input type="checkbox"/>	<input checked="" 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.

05/14/2013

Date

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

**ADDITIONAL OFFICES, TRUSTEESHIPS, or DIRECTORSHIPS**

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
5)	Nominating Chair	Hamilton Democratic Club, PO Box 9336, Hamilton NJ 08690	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6)	Mercer Board Member	Catholic Charities, Diocese of Trenton, 383 W State St, Trenton NJ 08607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7)	Vice President	Friends of the Hamilton Library, PO Box 3414, Hamilton NJ 08619	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8)	Past-President	Hamilton Kiwanis, PO Box 2842, Hamilton NJ 08619	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9)	Advisor	Hamilton Key Club, Steinert High School, 2900 Klockner Rd, Hamilton NJ 08690	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10)	Board Member	Henry J Austin Health Center, 321 N Warren St Trenton NJ 08618	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11)	Board Member	Ryan's Quest, PO Box 2544, Hamilton NJ 08690	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12)			<input type="checkbox"/>	<input type="checkbox"/>
13)			<input type="checkbox"/>	<input type="checkbox"/>
14)			<input type="checkbox"/>	<input type="checkbox"/>
15)			<input type="checkbox"/>	<input type="checkbox"/>
16)			<input type="checkbox"/>	<input type="checkbox"/>
17)			<input type="checkbox"/>	<input type="checkbox"/>
18)			<input type="checkbox"/>	<input type="checkbox"/>
19)			<input type="checkbox"/>	<input type="checkbox"/>
20)			<input type="checkbox"/>	<input type="checkbox"/>
21)			<input type="checkbox"/>	<input type="checkbox"/>
22)			<input type="checkbox"/>	<input type="checkbox"/>
23)			<input type="checkbox"/>	<input type="checkbox"/>
24)			<input type="checkbox"/>	<input type="checkbox"/>
25)			<input type="checkbox"/>	<input type="checkbox"/>
26)			<input type="checkbox"/>	<input type="checkbox"/>
27)			<input type="checkbox"/>	<input type="checkbox"/>
28)			<input type="checkbox"/>	<input type="checkbox"/>
29)			<input type="checkbox"/>	<input type="checkbox"/>
30)			<input type="checkbox"/>	<input type="checkbox"/>

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