



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) | CitiGroup            | Mutual Fund Retirement Account | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | MackCali Realty      | Mutual Fund Retirement Account | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | ING American Funds   | Mutual Fund Retirement Account | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | Fidelity Investments | Mutual Fund Retirement Account | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" 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) | Lakeland Bank                 | Boonton Branch  | <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) | Affinity Federal Credit Union | Denville Branch | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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"/> |

**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) | NONE                               |         | <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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**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) | Murphy McKeon, P.C.                               | 51 Route 23 South, Riverdale, NJ (Business Expense)    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | Elite Footings, LLC                               | 10 Janet Road, Boonton Township, NJ (Business Expense) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" 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"/> |
| 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"/> |

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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) | NONE                  |         | <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) | Wells Fargo - Home Mortgage                      | P.O. Box 11701, Newark, NJ | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) | Affinity Federal Credit Union - Home Equity Loan | Bedminster, NJ             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" 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) | NONE                                |         | <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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**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) | Elite Footings, LLC | 10 Janet Road, Boonton Township, NJ | <input type="checkbox"/> | <input checked="" 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) | Life Member                | Boonton Fire Department                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2) | Commissioner               | Morris County Crime Stoppers                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3) | Treasurer/Committee Member | Boonton Township Municipal Republican Committee | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4) | Attorney                   | Morris County Republican Committee              | <input checked="" 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) | 10 Janet Road, Boonton Township, New Jersey | Primary Residence       | <input checked="" type="checkbox"/> | <input checked="" 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.)

May 12, 2016

Date

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Signature of Member or Self-signed digital certificate