



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) NONE |         | 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) PNC Bank | Brick, NJ | 1 2 3 4            | <input checked="" type="checkbox"/> | <input checked="" 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                   |
|------------------------------------|---------|--------------------|--------------------------|--------------------------|
| 1) NONE                            |         | 1 2 3 4            | <input 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"/> |

**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) Ferguson Enterprises<br>(work travel)          | Lakewood, NJ | 1 2 3 4            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> G |
| 2)  |              | 1 2 3 4            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> G            |
| 3)  |              | 1 2 3 4            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> G            |
| 4)  |              | 1 2 3 4            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> G            |

2011 APR -9 P 12:35

SERVICES

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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) NONE               |         | 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) PNC Bank - Mortgage     | Brick, NJ | 1             | 2 | 3 | 4 | <input checked="" type="checkbox"/> | <input checked="" 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) NONE                             |         | 1             | 2 | 3 | 4 | <input 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"/> |

201 MAR -9 P 12:33

OFFICE OF LEGISLATIVE 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) Sandbar Bluff Realty LLC | 545 Winding River Ct, Brick, 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) Director   | NJ Shore Builders, Lakewood, NJ | <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"/> |

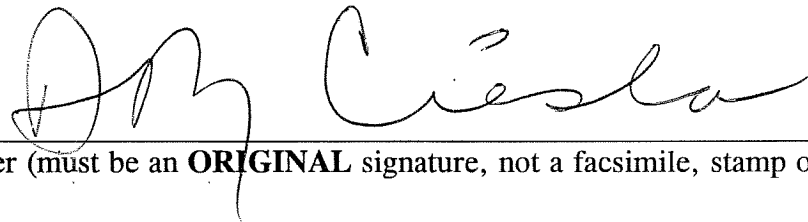
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

| Property Address                         | Description of Property | Self                                | Spouse                              | Child                    |
|--|-------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1) 545 Winding River Court               | Home                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) Vacant land- Block 100                | Vacant Land             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3) Lot 1; Pt. Pleasant Beach, NJ         | _____                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4) All Rental Property Listed Under IIA. | _____                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

I certify that the above information is correct and complete to the best of my knowledge.

4-4-07

Date



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

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 2007 APR -9 PM 12:33