

**LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007**

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, 2008 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.

Herb Conway  
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 2007. 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                  | 2 | 3 | 4 |                                     |                                     |                          |
| 1) | <u>Herb Conway MD PC</u>                                  | <u>1500 2nd St Delance NJ 08645</u>  | 1                  | 2 | 3 | ④ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2) | <u>State of New Jersey</u>                                | <u>W State St, Trenton NJ</u>  | 1                  | 2 | ③ | 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3) | <u>Cooper Hospital / UMC</u>                              | <u>One Cooper PL Camden NJ</u>   | 1                  | 2 | ③ | 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4) | <u>Cooper Hospital / UMC</u><br><u>Galaxy Smith Kline</u> | <u>One Cooper PL Camden NJ 08103</u><br><u>POB 7529, Philadelphia PA 19101</u> | 1                  | 2 | 3 | ④ | <input type="checkbox"/>            | <input checked="" 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                  | 2 | 3 | 4 |                                     |                                     |                          |
| 1) | <u>138 Buckingham Dr Willingboro NJ</u> | <u>GARBOW LLC</u><br><u>(Little Girl Dresses)</u> | ①                  | 2 | 3 | 4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) | <u>(held by HERK LLC)</u>               | <u>HERK LLC</u>                                   | 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"/> |

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                   |
|------------------------------------|---------|--------------------|--------------------------|--------------------------|
| 1) _____                           | _____   | 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) Cooper Hospital Inc (professional development)             | One Cooper Pl Camden NJ        | Ⓟ 2 3 4            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | P <input checked="" type="radio"/> N <input type="radio"/> G |
| 2) State Alliance for E-Health                                | 444 N Capital St Wash DC 20001 | Ⓟ 2 3 4            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | P N <input checked="" type="radio"/> G                       |
| 3) National Conference of State Legislatures                  | 7700 East 1st Pl Denver CO     | Ⓟ 2 3 4            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | P N <input checked="" type="radio"/> G                       |
| 4) HIMSS (Health Care Information Management Systems Society) | 230 E. Ohio St Chicago IL      | Ⓟ 2 3 4            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | P <input checked="" type="radio"/> N <input type="radio"/> 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 to you, your spouse or minor child from a named donor connected to the legislative process.

|    | Name & Nature of Gift | Address | Circle Amount Code |   |   |   | Self                     | Spouse                   | Child                    |
|----|-----------------------|---------|--------------------|---|---|---|--------------------------|--------------------------|--------------------------|
|    |                       |         | 1                  | 2 | 3 | 4 |                          |                          |                          |
| 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 Code |   |   |   | Self                                | Spouse                              |
|----|---|---------------------------|--------------------|---|---|---|-------------------------------------|-------------------------------------|
|    |   |                           | 1                  | 2 | 3 | 4 |                                     |                                     |
| 1) | Mortgage Service Center (Home)                            | Dept 6173, Los Angeles Ca | 1                  | 2 | 3 | 4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) | US DOE Student Loan Consolidation                         | POB 530260 Atlanta Ga     | 1                  | 2 | 3 | 4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) | Commerce Bank (138 Buckingham Dr<br>Willingboro NJ 07096) | Rt 70E Cherry Hill, NJ    | 1                  | 2 | 3 | 4 | <input checked="" type="checkbox"/> | <input checked="" 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 Code |   |   |   | Self                     | Spouse                   |
|----|-------------------------------------|---------|--------------------|---|---|---|--------------------------|--------------------------|
|    |                                     |         | 1                  | 2 | 3 | 4 |                          |                          |
| 1) | _____                               | _____   | 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"/> |

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) <u>Herb Conaway MD PC</u> | <u>1506 2nd St Delanco NJ 08075</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2) <u>HCKH LLC</u>           | <u>1506 2nd St Delanco NJ 08075</u> | <input checked="" type="checkbox"/> | <input checked="" 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) <u>Trustee</u> | <u>Family Service 770 Woodlane Rd Sx-23<br/>Mt Holly NJ 08060</u> | <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"/> |

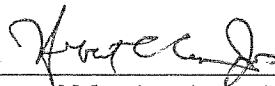
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

| Property Address                                 | Description of Property                 | Self                                | Spouse                              | Child                    |
|--|---|-------------------------------------|-------------------------------------|--------------------------|
| 1) <u>1506 2nd St Delanco NJ 08075</u>           | <u>primary residence</u>                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) <u>138 Buckingham Dr Willingboro NJ 08096</u> | <u>rental property held by HCKH LLC</u> | <input checked="" 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.

15 May 08

Date



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