



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) | American Express Co.    | Publicly traded | <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) | Amgen, Inc.             | Publicly traded | <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) | Exxon Mobil Corp.       | Publicly traded | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4) | Time Warner Cable, Inc. | Publicly traded | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

See page 2A of 4 for Additional Unearned Income (Dividends)

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

|    | Name                       | Address                              | Amount Code                         |                          |                                     |                          | Self                                | Spouse                              | Child                    |
|----|----------------------------|--------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
|    |                            |                                      | 1                                   | 2                        | 3                                   | 4                        |                                     |                                     |                          |
| 1) | TD Bank                    | 106 N. Main Street, Forked River, NJ | <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) | Stafford Bay Ave. LLC      | PO Box 356, Forked River, NJ         | <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) | Morgan Stanley & Co., Inc. | Jersey City, NJ                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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"/> |        |

2016 MAY 13 A 10:40  
 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 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) | None  |         | <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"/> |
| 2) |   |         | <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"/> |
| 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"/> |

**ADDITIONAL UNEARNED INCOME (DIVIDENDS)**

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                        |                                     |                                     |                          |
| 5)  | Time Warner, Inc.      | Publicly traded | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6)  | Voda Fone GP           | Publicly traded | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7)  | EMC Corp Mass          | Publicly traded | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8)  | Verizon Communications | Publicly traded | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9)  |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 10) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 11) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 12) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 13) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 14) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 15) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 16) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 17) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 18) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 19) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 20) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 21) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 22) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 23) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 24) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 25) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 26) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 27) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 28) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 29) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 30) |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

2016 MAY 13 A 10:46

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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 | 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) | Ocean First Bank (home mortgage) | 975 Hooper Avenue, Toms River, NJ 08753 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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"/>            |

**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"/> |        |
| 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"/> |        |

2016 MAY 13 AM 10:46  
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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) | Stafford Bay Ave. LLC | PO Box 356, Forked River, NJ | <input checked="" 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) | Partner       | Stafford Bay Ave. LLC    | <input checked="" 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"/>            |

**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) | 235 Cherokee Trail, Forked River, NJ | Developed land (residence) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) | 102 East Bay Avenue, Manahawkin, NJ  | Commercial property        | <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.)

May 10, 2016

Date

Signature of Member or Self-signed digital certificate

2016 MAY 13 10:46

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