

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

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, 2006 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.

Amy H Handlin
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 2005. 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)	Monmouth University	WEST LONG BRANCH NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	COUNTY OF MONMOUTH	FREERHOLD NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	DAVID HANDLIN MOPA	LINCROFT NJ	1	2	3	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	RAYTHEON	MARLBOROUGH MA	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)	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"/>

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B. DIVIDENDS

Name	Address	Circle Amount Code	Self	Spouse	Child
1) SEE ATTACHED		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) SEE ATTACHED		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"/>

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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 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) TRAVEL + LODGING TO JUNIOR SCIENCE + HUMANITIES SYMPOSIUM		① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P (N) (G)
2) SPONSORED BY Dept, ARMY, NAVY, AIR FORCE AND ACADEMY of Applied Science	CONCORD NH 03301	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3) Gas, parking for	Monmouth University	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4) presenting a research paper at an academic conference in Philadelphia		① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P (N) G
5) Gas, tolls, parking for Commission meetings	Commission on Higher Education	①	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(G)

	1	2	3	4	SELF	SPOUSE	CHILD
<u>DIVIDENDS</u>							
WACHOVIA #1	X					X	
WACHOVIA #2	X				X		
WACHOVIA #3	X						X
WACHOVIA #4	X						X
WACHOVIA #5	X				X	X	
DELAWARE INTERNATIONAL VALUE	X				X		
EAGLE SMALL/MID CORE MANAGED FUND	X				X		
EARNEST PARTNERS SMALL CAP VALUE	X				X	X	
FAYEZ SAROFIM LARGE CAP GROWTH	X				X	X	
LORD ABBETT LARGE CAP VALUE	X				X	X	
LORD ABBETT BALANCED	X				X	X	
LORD ABBETT MID CAP VALUE FUND	X				X	X	
ING INVESTMENT	X				X	X	

	1	2	3	4	SELF	SPOUSE	CHILD
<u>C. INCOME</u>							
WACHOVIA #1	X					X	
WACHOVIA #2			X		X		
WACHOVIA #3	X						X
WACHOVIA #4	X						X
WACHOVIA #5			X		X	X	
WACHOVIA #6	X				X		
DELAWARE INTERNATIONAL VALUE	X				X		
EAGLE SMALL/MID CORE MANAGED FUND	X				X		
EARNEST PARTNERS SMALL CAP VALUE		X			X	X	
FAYEZ SAROFIM	X				X	X	
LORD ABBETT LARGE CAP VALUE	X				X	X	
LORD ABBETT BALANCED	X				X	X	
LORD ABBETT MID CAP VALUE			X		X	X	
BANK OF AMERICA	X				X	X	
US TREASURY	X				X	X	

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Accounts all publicly traded stocks, bonds, and funds.

WACHOVIA #1

VAN KAMP FUNDS VARIOUS MUNICIPAL BONDS JWH GLOBAL TRUST

WACHOVIA #2

WORLD MONITOR TRUST VARIOUS MUNICIPAL BONDS JENNISON FUND VAN KAMP MUNICIPAL FUNDS

WACHOVIA #3

ABBOTT LABS	WALT DISNEY	CREDIT SUISSE FUNDS	GENERAL AMERICAN INV
AMERICAN EXPRESS	GLAXO	JENNISON FUNDS	DRYDEN MUNICIPAL FUND
AMERIPRISE FINANCIAL	HEWLETT PACKARD	DRYDEN MUNI FUNDS	NUVEEN FUNDS
ATT	INTEL	FRANK TEMP 529	
BRISTOL MYER SQUIBB	JOHNSON & JOHNSON	MIDDLGATE SECURITIES	
COCA COLA	MERCK	VARIED MUNICIPAL BONDS	

WACHOVIA #4

PFIZER	CREDIT SUISSE FUNDS	CBF GR 529	VARIED MUNICIPAL BONDS
ALLIANCE GLOBAL TECH	DRYDEN MUNICIPAL FUND	ARRIVE 529	
GENERAL AMERICAN INV	NUVEEN FUNDS	MIDDLGATE SECURITIES	

WACHOVIA #5

JENNISON FUNDS	CHOICE HOTELS	EASTMAN KODAK	PFIZER	
KRAFT	WALT DISNEY	INTEL	PROCTOR & GAMBLE	HERSHEY
MICROSOFT	EASTMAN CHEMICAL	COMCAST	SCHLUMBERGER	TIME WARNER
FIRST ISRAEL FUND	VAN KAMPEN NJ MUNI FUND	ING EQUITY FUND	BLACKROCK NJ MUNI FUND	KEYCORP
NUVEEN NJ MUNI FUND	BARNES & NOBLE	DRYDEN MUNI SERIE	MUNI HOLDINGS NJ FUND	PF CHANG
SELIGMAN MUNI FUND	GENERAL AMERICAN INV	ST PAUL TRAVELER	CHARTERMAC	TRANSOCEAN
CREDIT SUISSE FUNDS	UNITED PARCEL SERVICE	VARIED MUNICIPAL BONDS	AIM INTERNATIONAL FUNDS	

WACHOVIA #6

MUNICIPAL BONDS

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If 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 in excess of \$250.

	Name & Nature of Gift	Address	Circle 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"/>	
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"/>	

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)	_____	_____	<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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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)	_____	_____	<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"/>	

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)	DAVID HANDLIN MOPA	LINCROFT NJ 20 RIMWOOD DR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2)	GARDEN STATE ANESTHESIOLOGY	LINCROFT NJ 11	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3)	MID JERSEY ANESTHESIA ASSOCIATES	LINCROFT NJ 11	<input type="checkbox"/>	<input checked="" 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.

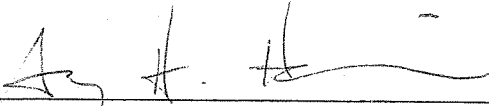
	Position Held	Name & Address of Entity	Self	Spouse
1)	President	DAVID HANDLIN MOPA 20 RIMWOOD DR LINCROFT NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2)	President	GARDEN STATE ANESTHESIOLOGY 11	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3)	President	MID JERSEY ANESTHESIA ASSOCIATES 11	<input type="checkbox"/>	<input checked="" 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)	20 RIMWOOD DRIVE LINCROFT NJ	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.

5/11/06
Date


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

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 2006 MAR 15 A 10:21



NEW JERSEY GENERAL ASSEMBLY

AMY H. HANDLIN, PH.D.
ASSEMBLYWOMAN, 13th DISTRICT
MONMOUTH-MIDDLESEX COUNTIES
890 MAIN STREET
TOWNSHIP OF MIDDLETOWN
BELFORD, NJ 07718
E-MAIL: ASWHandlin@njleg.org
PHONE: (732) 787-1170
FAX: (732) 787-0356

COMMITTEES
COMMERCE AND ECONOMIC DEVELOPMENT
STATE GOVERNMENT

May 5, 2008

Mr. Albert Porroni
c/o Joint Committee of Ethical Standards
145 West State Street
State House Annex, Room 210
Trenton, NJ 08629

Dear Mr. Porroni,

In the spirit of full disclosure, even though the following do not generate tax reportable income at this point, please be advised that I have listed holdings in the categories of pension plans; IRAs; and education trust accounts for my children. All are publicly traded investments.

Please attach copies of this letter to my prior disclosure statements.

Thank you.

Sincerely,

Amy Handlin
Assemblywoman
13th District

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2005 ADDENDUM

RETIREMENT, PENSION, IRA, TRUSTS

B. DIVIDENDS

WACHOVIA #8
 WACHOVIA #10
 WACHOVIA #11
 WACHOVIA #14

	1	2	3	4	SELF	SPOUSE	CHILD
	X					X	
	X					X	
	X					X	
	X						X
	1	2	3	4	SELF	SPOUSE	CHILD

C. INCOME

WACHOVIA #8
 WACHOVIA #10
 WACHOVIA #11
 WACHOVIA #14
 WACHOVIA #17
 WACHOVIA #18
 WACHOVIA #20
 TIAA-CREF

		X				X	
		X				X	
	X					X	
	X						X
	X					X	
		X			X		
	X				X		
		X			X		

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 PROPOSED
 CONSOLIDATED
 SERVICES

RETIREMENT, PENSION, IRA, TRUSTS

WACHOVIA #8

AIG
HEWLETT PACKARD
MICROSOFT
TEXAS INSTRUMENT

BARNES & NOBLE
JENNISON BLEND FUND
PIONEER HIGH YIELD
TRAVELERS

CITIGROUP
JM SMUCKER
PROCTOR&GAMBLE

COLGATE
JOHNSON&JOHNSON
TECHNOLOGY SECTOR SPDR

GLS STRUCTURED
MEDTRONIC
SPDR TRUST

WACHOVIA #10

GOLDEN CAPITAL MANAGEMENT LARGE CAP CORE

WACHOVIA #11

NICHOLAS APPLGATE GROWTH
CBS
NATIONAL AUSTRALIA BANK
JENNISON VALUE
DRYDEN HIGH YIELD

NATIONWIDE MUTUAL
COMCAST
ORACLE
AIM TECHNOLOGY
JENNISON SMALL CAP

JENNISON GROWTH
EURODISNEY
UNISOURCE
ALLIANCE BERNSTEIN GLOBAL
JENNISON UTILITY

H&Q HEALTH CARE
EXXON
VIACOM
JENNISON BLEND

ATT
MICROSOFT
US TREASURY STRIP
DRYDEN GOVT

WACHOVIA #14

VARIED MUNICIPAL BONDS
NATIONWIDE MUTUAL FUND
OPPENHEIMER NJ MUNI

CREDIT SUISSE LARGE GROWTH
CREDIT SUISSE INTERNATIONAL FOCUS
NUVEEN NJ MUNI

CREDIT SUISSE MID CAP
CREDIT SUISSE GLOBAL FIXED
NUVEEN NJ INCOME FUND

WACHOVIA #17

AMERICAN CENTURY ULTRA FUND

WACHOVIA #18

AMERICAN CENTURY HERITAGE FUND

WACHOVIA #20

JENNISON BLEND FUND

NATIONWIDE MUT FUND

GENERAL AMERICAN INV

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