

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

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, 2007 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 2006. 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)	State of NJ	TRENTON NJ	1 2 ③ 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	MONMOUTH UNIVERSITY	WEST LONG BRANCH NJ	1 2 3 ④	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	COUNTY OF MONMOUTH	FREEDHO NJ	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	DAVID HANDLIN MOPA	LINCOLN NJ	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)	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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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)	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	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"/>

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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				Circle P, N or G
			Code	Self	Spouse	Child	
1)	TRAVEL + LODGING JUNIOR SCIENCE & HUMANITIES SYMPOSIUM	ALBUQUERQUE NM	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P (N) (G)
2)	SPONSORED BY ARMY NAVY AIR FORCE & ACADEMY OF APPLIED SCIENCE	CONCORD NH 03301	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3)	INTERNATIONAL SCIENCE & ENGINEERING FAIR	INDIANAPOLIS IN Delaware Valley, PA	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P (N) G
4)	NATIONAL ACADEMIC CHAMPIONSHIP	CHICAGO ILL - Morgan County Vt	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P N (G)
5)	Technology Student Association	DALLAS TX School system	①	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(G)
6)	ASTRONOMICAL LEAGUE - YOUNG ASTRONOMER AWARD	DALLAS TX	①	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(N)

DIVIDENDS

	1	2	3	4	SELF	SPOUSE	CHILD
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	

C. INCOME

	1	2	3	4	SELF	SPOUSE	CHILD
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 ALPINE GLOBAL DYNAMIC DIVIDEND FUND
CLAYMORE SECURITIES DELTA GLOBAL FUND

WACHOVIA #2

WORLD MONITOR TRUST VARIOUS MUNICIPAL BONDS JENNISON FUND VAN KAMP MUNICIPAL FUNDS
CLAYMORE SECURITIES DELTA GLOBAL FUND ALPINE GLOBAL DYNAMIC DIVIDEND FUND
EATON VANCE TAX MANAGED EQUITY FUND BLACROCK REAL ASSET EQUITY

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 GARTMORE FUNDS
BRISTOL MYER SQUIBB JOHNSON & JOHNSON MIDDLEGATE SECURITIES OPPENHEIMER FUNDS
COCA COLA MERCK VARIED MUNICIPAL BONDS AGILENT TECHNOLOGY
COMCAST HOSPIRA MEDCO HEALTH SOUTH ZIMMER HOLDINGS

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 MIDDLEGATE SECURITIES

WACHOVIA #5

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

WACHOVIA #6

MUNICIPAL BONDS

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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 in excess of \$250.

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

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)	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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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 HANGLIN M.D.P.A.	LIVERMONT MT 20 RIMWOOD DR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) GARDEN STATE ANESTHESIOLOGY PC	LIVERMONT MT "	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) MID SEASIDE ANESTHESIA ASSOCIATES PC	LIVERMONT MT "	<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 HANGLIN M.D.P.A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) President	GARDEN STATE ANESTHESIOLOGY PC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) President	MID SEASIDE ANESTHESIA ASSOCIATE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4)		<input type="checkbox"/>	<input type="checkbox"/>

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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 LIVERMONT MT	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.

5/14/07

Date

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



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

OFFICE OF
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SERVICES
2008 MAY - 6 P 2:43

2006 ADDENDUM

RETIREMENT, PENSION, IRA, TRUSTS

B. DIVIDENDS

WACHOVIA #8
 WACHOVIA #9
 WACHOVIA #10
 WACHOVIA #11
 WACHOVIA #14

	1	2	3	4	SELF	SPOUSE	CHILD
	X					X	
	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

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

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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 #9

WENTWORTH HAUSER VIOLICH INTERNATIONAL GROWTH

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

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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