

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.

Amy 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 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)	STATE OF NJ	TRENTON, NJ	1 2 ③ 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	MONMOUTH UNIVERSITY	WEST LANE BRANCH NJ	1 2 3 ④	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	ARDÆN PRESS	Colorado	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	DAVID HANDLIN MOPA	LIVCROFT NJ	1 2 3 ④	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	REFENSE FINANCE + ACTG. SERVICE MULTIPLE RESOURCES OF PROFESSIONAL UNIVERSITY TESTS	CLEVELAND OH VARIOUS	①	<input checked="" 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)	NOVE		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)	Delaware Valley Science Fair		① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	X
2)	INTEL CORPORATION		① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	X
3)	MONTHLY UNIVERSITY NATIONAL DEFENSE AWARD		① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	X
4)	BRADLEY BORDER AWARD SCIENCE SERVICE INC		① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	X

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 WASHINGTON DC	INTEL / SCIENCE SERVICE	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	① P N G
2)	TRAVEL + LODGING - HUMPHREYS AL	US ARMY / ARCADEY Applied Science	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P N G
3)	TRAVEL + LODGING ORLANDO FL	MONTHLY COUNTY Vocational School District	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P N G
4)	TRAVEL + LODGING KENNY JOSE CENTER FL	ROBERT HAINES - Delaware Valley	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P N G
5)	TRAVEL + LODGING KANSAS CITY MO	STILLS USA	①			<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	
WACHOVIA #6	X				X		
WACHOVIA #7	X				X	X	
WACHOVIA #8	X					X	
WACHOVIA #9	X					X	
WACHOVIA #10	X					X	
WACHOVIA #11		X				X	
WACHOVIA #14	X						X
WACHOVIA #20	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	

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	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		
WACHOVIA #7	X				X	X	
WACHOVIA #8		X				X	
WACHOVIA #9		X				X	
WACHOVIA #10	X					X	
WACHOVIA #11		X				X	
WACHOVIA #12	X						X
WACHOVIA #13	X						X
WACHOVIA #14	X						X
WACHOVIA #17		X				X	
WACHOVIA #18	X				X		
WACHOVIA #20		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	
TIAA-CREF		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	CITADEL BROADCAST
AMERICAN EXPRESS	GLAXO	JENNISON FUNDS	DRYDEN MUNICIPAL FUND	VERIGY LIMITED
AMERIPRISE FINANCIAL	HEWLETT PACKARD	DRYDEN MUNI FUNDS	NUVEEN FUNDS	NATIONWIDE INVEST
ATT	INTEL	FRANK TEMP 529	GARTMORE FUNDS	
BRISTOL MYER SQUIBB	JOHNSON & JOHNSON	MIDDLGATE 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	LSI	
GENERAL AMERICAN INV	NUVEEN FUNDS	MIDDLGATE SECURITIES	LUCENT	NATIONWIDE INVEST

WACHOVIA #5

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

WACHOVIA #6

MUNICIPAL BONDS

WACHOVIA #7

MUNICIPAL BONDS	GENERAL AMERICAN	PF CHANG	NUVEEN
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CORPORATE
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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 #12

WACHOVIA SWEEP ACCOUNT

WACHOVIA #13

WACHOVIA SWEEP ACCOUNT

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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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)	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 HARDUK MOPA	20 KIMMERS DR LIMEPORT NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2)	GARDEN STATE ANESTHESIOLOGY PC	11	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3)	MID JERSEY ANESTHESIA ASSOCIATES PC	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.

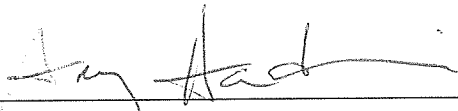
	Position Held	Name & Address of Entity	Self	Spouse
1)	PRESIDENT	DAVID HARDUK MOPA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2)	PRESIDENT	GARDEN STATE ANESTHESIOLOGY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3)	PRESIDENT	MID JERSEY ANESTHESIA ASSOCIATES	<input type="checkbox"/>	<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 KIMMERS DRIVE LIMEPORT 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. 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.

5/6/08
Date


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