

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2008

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, 2009 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 2008. 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 of Employer	Address of Employer	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	STATE OF NJ	TRENTON NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	MORRIS HART UNIVERSITY	WEST LONG BRANCH NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	DAVID HANDLIN MOPA	LIMORPT NJ	1	2	3	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	DEFENSE FINANCE + ACTG SERVICE	CLEVELAND OH	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)	FISHKIN CLUB FL MAR 3/09	MULTIPLE PARTY MANAGEMENT	1	2	3	4	<input checked="" 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 ATTA (HEG)		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)	INTEL SCIENCE TALENT SEARCH	WASHINGTON DC	2 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	XX
2)	MONTGOMERY COUNTY VOCATIONAL SCH/D DISTRICT	FREEDOM MS	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	XX
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)	SKILLS USA - TRAVEL - FORT SAU CITY MO	MONTGOMERY COUNTY VOCATIONAL SCH/D DISTRICT	P 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P N G
2)	TECHNOLOGY STUDENTS - TRAVEL - ORLANDO - FL		P 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P N G
3)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G

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 #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 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	
WELLS CAPITAL	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 #20	X				X		
DELAWARE INTERNATIONAL VALUE	X				X		
EAGLE SMALL/MID CORE MANAGED FUND	X				X		
EARNEST PARTNERS SMALL CAP VALUE	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		
WELLS CAPITAL	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	MUNIHOLDINGS 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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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 FOUND

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				Self	Spouse	Child
			Code						
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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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				Self	Spouse
			Code					
1)	HOME EQUITY	WATKIN BANK	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" 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"/>

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				Self	Spouse
			Code					
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)	SEE ATTACHED		<input 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"/>

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)	SEE ATTACHED		<input 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)	20 KIMWOOD DRIVE LIVINGSTON	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"/>

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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.

5/5/09

 Date



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

VIII. Business Organizations

Name	Address	Self	Spouse
David Handlin MDPA	20 Rimwood Drive, Lincroft		X
Garden State Anesthesia PC	20 Rimwood Drive, Lincroft		X
Mid-Jersey Anesthesia Associates PC	20 Rimwood Drive, Lincroft		X
Holmdel Anesthesiology PC	20 Rimwood Drive, Lincroft		X
Old Bridge Anesthesiology PC	20 Rimwood Drive, Lincroft		X
Bay Anesthesiology PC	20 Rimwood Drive, Lincroft		X
Perth Amboy Anesthesiology PC	20 Rimwood Drive, Lincroft		X
North Brunswick Anesthesiology PC	20 Rimwood Drive, Lincroft		X
Ambulatory Anesthesiology of Old Bridge	20 Rimwood Drive, Lincroft		X

IX Offices

Position	Name	Address	Self	Spouse
President	David Handlin MDPA	20 Rimwood Drive, Lincroft		X
President	Garden State Anesthesia PC	20 Rimwood Drive, Lincroft		X
President	Mid-Jersey Anesthesia Associates PC	20 Rimwood Drive, Lincroft		X
President	Holmdel Anesthesiology PC	20 Rimwood Drive, Lincroft		X
President	Old Bridge Anesthesiology PC	20 Rimwood Drive, Lincroft		X
President	Bay Anesthesiology PC	20 Rimwood Drive, Lincroft		X
President	Perth Amboy Anesthesiology PC	20 Rimwood Drive, Lincroft		X
President	North Brunswick Anesthesiology PC	20 Rimwood Drive, Lincroft		X
President	Ambulatory Anesthesiology of Old Bridge	20 Rimwood Drive, Lincroft		X

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