

**LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2010**

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, 2011 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 2010. Please note that a minor child is a child under the age of 18. 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)	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"/>

**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)	Asken Club, Manas, FB3109	MULTICE - PROPERTY MANAGE MENT	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"/>

**I EARNED INCOME**

Employer	Address	1	Amount 2	3	4	Self	Spouse	Child
State of New Jersey	Trenton, NJ			X		X		
Monmouth University	West Long Branch, NJ				X	X		
ABC-CLIO	Santa Barbara, CA	X				X		
Demand Media	New York, NY	X				X		
Bay Anesthesiology PC	Lincroft NJ				X		X	
Old BridgeAnesthesiology PC	Lincroft NJ				X		X	
Perth Amboy Anesthesiology PC	Lincroft NJ		X				X	
North Brunswick AnesthesiologyPC	Lincroft NJ	X					X	
Holmdel Anesthesiology PC	Lincroft NJ			X			X	
Garden State Anesthesiology PC	Lincroft NJ			X			X	
Mid-Jersey Anesthesiology PC	Lincroft NJ			X			X	

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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
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) MONMOUTH UNIVERSITY - ACADEMIC PRESENTATION	WEST LONG BRANCH NJ	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P ① N G
2)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input 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

2010

DIVIDENDS

	1	2	3	4	SELF	SPOUSE	CHILD
WACHOVIA #1	X					X	
WACHOVIA #2		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		
EARNST 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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WELLS FARGO #21  
 WELLS FARGO #22  
 WELLS FARGO #23  
 WELLS FARGO #25

X  
 X  
 X  
 X  
 X  
 X  
 X

C. INCOME

WACHOVIA #1  
 WACHOVIA #2  
 WACHOVIA #4  
 WACHOVIA #5  
 WACHOVIA #6  
 WACHOVIA #7  
 WACHOVIA #8  
 WACHOVIA #9  
 WACHOVIA #10  
 WACHOVIA #11  
 WACHOVIA #12  
 WACHOVIA #13  
 WACHOVIA #14  
 WACHOVIA #20  
 EARNEST PARTNERS SMALL CAP VALUE  
 LORD ABBETT LARGE CAP VALUE  
 LORD ABBETT BALANCED  
 LORD ABBETT MID CAP VALUE  
 BANK OF AMERICA  
 US TREASURY  
 TIAA-CREF  
 WELLS CAPITAL

	1	2	3	4	SELF	SPOUSE	CHILD
WACHOVIA #1	X					X	
WACHOVIA #2			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		
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 #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	MIDDLEGATE SECURITIES	LUCENT
			NATIONWIDE INVEST

**WACHOVIA #5**

JENNISON FUNDS	CHOICE HOTELS	EASTMAN KODAK	PFIZER	
KRAFT	WALT DISNEY	INTEL	PROCTOR & GAMBLE	HERSHEY
MICROSOFT	EASTMAN CHEMICAL	INTERNET HOLDERS	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	CITADEL BROADCAST
SELIGMAN MUNI FUND	GENERAL AMERICAN INV	CENTERLINE HOLDII	CHARTERMAC	TRANSOCEAN
CREDIT SUISSE FUNDS	UNITED PARCEL SERVICE	VARIED MUNICIPAL BONDS	AIM INTERNATIONAL FUNDS	OPPENHEIMER NJ MUNI
TRAVLERS	AMGEN	GENZYME	BIOTECH HOLDER	CHEESECAKE FACTORY
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	BARNES & NOBLE	CITIGROUP	COLGATE	GLS STRUCTURED
HEWLETT PACKARD	JENNISON BLEND FUND	JM SMUCKER	JOHNSON&JOHNSON	MEDTRONIC
MICROSOFT	PIONEER HIGH YIELD	PROCTOR&GAMBLE	TECHNOLOGY SECTOR SPDR	SPDR TRUST
TEXAS INSTRUMENT	TRAVELERS			

**WACHOVIA #9**

WENTWORTH HAUSER VIOLICH INTERNATIONAL GROWTH

**WACHOVIA #10**

GOLDEN CAPITAL MANAGEMENT LARGE CAP CORE

**WACHOVIA #11**

NICHOLAS APPLGATE GROWTH	NATIONWIDE MUTUAL	JENNISON GROWTH	H&Q HEALTH CARE	ATT
CBS	COMCAST	EURODISNEY	EXXON	MICROSOFT
NATIONAL AUSTRALIA BANK	ORACLE	UNISOURCE	VIACOM	US TREASURY STRIP
JENNISON VALUE	AIM TECHNOLOGY	ALLIANCE BERNSTEIN GLOBAL	JENNISON BLEND	DRYDEN GOVT
DRYDEN HIGH YIELD	JENNISON SMALL CAP	JENNISON UTILITY		

**WACHOVIA #12**

WACHOVIA SWEEP ACCOUNT

**WACHOVIA #13**

WACHOVIA SWEEP ACCOUNT

**WACHOVIA #14**

VARIED MUNICIPAL BONDS	CREDIT SUISSE LARGE GROWTH	CREDIT SUISSE MID CAP
NATIONWIDE MUTUAL FUND	CREDIT SUISSE INTERNATIONAL FOCUS	CREDIT SUISSE GLOBAL FIXED
OPPENHEIMER NJ MUNI	NUVEEN NJ MUNI	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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**WELLS FARGO #21**

GRANT PK FUTURE FUND

INVESCO DOW SELECT

**WELLS FARGO #22**

RUSSEL STRATEGIES BLENDED FUND

**WELLS FARGO #23**

TEMPLETON GLOBAL BOND FUND

INVESCO

**WELLS FARGO #25**

NATIONWIDE MUTUAL FUND

PRUDENTIAL JENNISON BLEND

GENERAL AMERICAN

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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)	_____	_____	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"/>

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)	_____	_____	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"/>

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)	_____	_____	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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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"/>

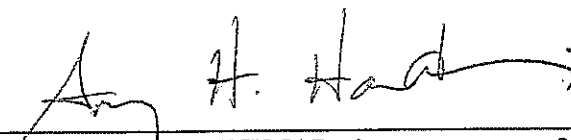
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X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

Property Address	Description of Property	Self	Spouse	Child
1) 20 MINWOOD DRIVE LICHTON 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.

4/17/11  
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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