

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2012

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) 847-3901. The completed disclosure form is due May 15, 2013 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 2012. Please note that a minor child is a child under the age of 18. For each entry, mark 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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	SEE ATTACHED		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
5)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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LEGISLATIVE COUNSEL

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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	FOUR CUB HOUSE FL 33109	INACTIVE - PROPERTY MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

I. EARNED INCOME

Employer	Address	1	Amount 2	3	4	Self	Spouse
State of New Jersey	Trenton, NJ			X		X	
Monmouth University	West Long Branch, NJ				X	X	
ABC-CLIO	Santa Barbara, CA	X				X	
EBSCO	Ipswich, MA	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
Specialty Surgery Cntr of No Brunsw	North Brunswick NJ				X		X

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UNIVERSITY
OF CALIFORNIA

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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	SEE ATTACHED		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

C. INCOME from investments, trusts and estates (including capital gains).

	Name	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	SEE ATTACHED		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<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"/>	<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	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"/>	

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 indicate whether source is a profit (P), nonprofit (N), or governmental (G) entity.

	Name & Nature of Reimbursement or Prepaid Expense	Address	Amount Code				Self	Spouse	Child	Check Source				
			1	2	3	4				P	N	G		
1)	MONMOUTH UNIVERSITY - ACADEMIC OFFICER	WEST LONG BRANCH NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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RECEIVED
COMMUNICATIVE
SERVICES

<u>DIVIDENDS</u>	1	2	3	4	SELF	SPOUSE
WELLS FARGO #2	X				X	
WELLS FARGO #5		X			X	X
WELLS FARGO #6	X				X	
WELLS FARGO #7	X				X	X
WELLS FARGO #8	X					X
WELLS FARGO #9	X					X
WELLS FARGO #10	X					X
WELLS FARGO #11		X				X
WELLS FARGO #17	X					X
WELLS FARGO #18	X				X	
WELLS FARGO #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
AGI LARGE CAP VALUE	X				X	X
AGI LARGE EQUITY	X				X	X
JANUS MID CAP VALUE FUND	X				X	X
WELLS CAPITAL	X				X	
WELLS FARGO #21	X					X
WELLS FARGO #22	X				X	
WELLS FARGO #23	X				X	

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SECURITIES
SERVICES

<u>C. INCOME</u>	1	2	3	4	SELF	SPOUSE
WELLS FARGO #1	X					X
WELLS FARGO #2			X		X	
WELLS FARGO #5			X		X	X
WELLS FARGO #6			X		X	
WELLS FARGO #7	X				X	X
WELLS FARGO #8	X					X
WELLS FARGO #9	X					X
WELLS FARGO #10	X					X
WELLS FARGO #11	X					X
WELLS FARGO #20	X				X	
EARNEST PARTNERS SMALL CAP VALUE	X				X	X
AGI LARGE CAP VALUE	X				X	X
AGI LARGE EQUITY	X				X	X
JANUS MID CAP VALUE FUND	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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CONFIDENTIAL
 INTERNAL USE ONLY
 SECURITIES

2012

Accounts all publicly traded stocks, bonds, and funds.

WELLS FARGO #1

Wells Fargo Fund

WELLS FARGO #2

WORLD MONITOR TRUST VARIOUS MUNICIPAL BONDS
CLAYMORE SECURITIES DELTA GLOBAL FUND
EATON VANCE TAX MANAGED EQUITY FUND

JENNISON FUND VAN KAMP MUNICIPAL FUNDS
ALPINE GLOBAL DYNAMIC DIVIDEND FUND
BLACROCK REAL ASSET EQUITY

WELLS FARGO #5

JENNISON FUNDS
KRAFT
MICROSOFT
FIRST ISRAEL FUND
NUVEEN NJ MUNI FUND
SELIGMAN MUNI FUND
CREDIT SUISSE FUNDS
TRAVLERS
GAMESTOP

CHOICE HOTELS
WALT DISNEY
EASTMAN CHEMICAL
VAN KAMPEN NJ MUNI FUND
BARNES & NOBLE
GENERAL AMERICAN INV
UNITED PARCEL SERVICE
AMGEN
BLACKROCK MUNI

EASTMAN KODAK
INTEL
INTERNET HOLDERS
ING EQUITY FUND
DRYDEN MUNI SERIE
CENTERLINE HOLDII
VARIED MUNICIPAL BONDS
GENZYME

PFIZER
PROCTOR & GAMBLE
SCHLUMBERGER
BLACKROCK NJ MUNI FUND
MUNI HOLDINGS NJ FUND
CHARTERMAC
AIM INTERNATIONAL FUNDS
BIOTECH HOLDER

WELLS FARGO #6

MUNICIPAL BONDS

WELLS FARGO #7

MUNICIPAL BONDS

GENERAL AMERICAN

NUVEEN

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WELLS FARGO
SERVICES

RETIREMENT, PENSION, IRA, TRUSTS

WELLS FARGO #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

WELLS FARGO #9

WENTWORTH HAUSER VIOLICH INTERNATIONAL GROWTH

WELLS FARGO #10

GOLDEN CAPITAL MANAGEMENT LARGE CAP CORE

WELLS FARGO #11

NICHOLAS APPLGATE GROWTH NATIONWIDE MUTUAL
CBS COMCAST
NATIONAL AUSTRALIA BANK ORACLE
JENNISON VALUE AIM TECHNOLOGY
DRYDEN HIGH YIELD JENNISON SMALL CAP

JENNISON GROWTH H&Q HEALTH CARE
EURODISNEY EXXON
UNISOURCE VIACOM
ALLIANCE BERNSTEIN GLOBAL JENNISON BLEND
JENNISON UTILITY

WELLS FARGO #17

AMERICAN CENTURY ULTRA FOUND

WELLS FARGO #18

AMERICAN CENTURY HERITAGE FUND

WELLS FARGO #20

JENNISON BLEND FUND NATIONWIDE MUT FUND GENERAL AMERICAN INV

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

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WELLS FARGO
NATIONWIDE
MUTUAL FUNDS

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	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"/>	<input type="checkbox"/>
2)	_____	_____	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4)	_____	_____	<input type="checkbox"/>	<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	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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LEGISLATIVE
SERVICES

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	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)	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 HAWKINS DRIVE LYNDEN NJ 07738	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.

April 15, 2013
Date

Am H. H. H. H. H.
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
OBGYN Mobile	66 West Gilbert Street, Red Bank		X

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OFFICE OF
LEGISLATIVE
SERVICES

IX Offices

Position	Name	Address	Self	Spouse
President	David Handlin MDPA	Lincroft, NJ		X
President	Garden State Anesthesia PC	Lincroft, NJ		X
President	Mid-Jersey Anesthesia Associates PC	Lincroft, NJ		X
President	Holmdel Anesthesiology PC	Lincroft, NJ		X
President	Old Bridge Anesthesiology PC	Lincroft, NJ		X
President	Bay Anesthesiology PC	Lincroft, NJ		X
President	Perth Amboy Anesthesiology PC	Lincroft, NJ		X
President	North Brunswick Anesthesiology PC	Lincroft, NJ		X
President	Ambulatory Anesthesiology of Old Bridge	Lincroft, NJ		X
Secretary	Seaside Village Association	Miami, FL	X	