

# LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2013

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, 2014 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 2013. 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)	<u>SEE ATTACHED</u>		<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"/>

**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)	<u>Fisher Club / PROVIENT HOTEL MIAMI FL 33109</u>	<u>MULTIPLE - PROPERTY MANAGEMENT</u>	<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"/>

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OFFICE OF LEGISLATIVE SERVICES

2013

**I EARNED INCOME**

Employer	Address	1	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	
Harvard Business Publishing	Watertown, 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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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 personal appearances, speeches or writings.

	Name & Nature of Honorarium or Fee	Address	Amount Code				Self	Spouse
			1	2	3	4		
1)	COUNCIL OF STATE LIBRARY AGENCIES NORTHEAST	HARTFORD CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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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 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 CONFERENCE	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)	COUNCIL OF STATE LIBRARY AGENCIES NORTHEAST	HARTFORD, CT	<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"/>
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"/>

2013	1	2	3	4	SELF	SPOUSE
<u>DIVIDENDS</u>						
MCDONNELL INVEST	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 #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	
EARNEST 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 #22	X				X	
MERRILL IRA 1	X				X	
MERRILL IRA 2	X					X
MERRILL	X					X

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2013

C. INCOME

	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	
TIAA-CREF	X				X	
WELLS CAPITAL			X		X	
MERRIL	X					X

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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  
KMP FUTURES FUND                      INVESCO DOW FUND

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

**WELLS FARGO #5**

JENNISON FUNDS  
KRAFT  
MICROSOFT  
AOL  
NUVEEN NJ MUNI FUND  
SELIGMAN MUNI FUND  
ABERDEEN FUNDS  
TRAVLERS  
GAMESTOP  
CHEESECAKE

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

EASTMAN KODAK  
INTEL  
PRUDENTIAL FUNDS  
ING EQUITY FUND  
DRYDEN MUNI SERIE  
CENTERLINE HOLDII  
VARIED MUNICIPAL BONDS  
GENZYME  
MONDELEZ  
KEYCORP

PFIZER  
PROCTOR & GAMBLE  
SCHLUMBERGER  
BLACKROCK NJ MUNI FUND  
MUNI HOLDINGS NJ FUND  
CHARTERMAC  
AIM INTERNATIONAL FUNDS  
INVESCO FUNDS  
TIME WARNER  
TRANSOCEAN

**WELLS FARGO #6**

MUNICIPAL BONDS  
CONOCO  
KINDER MORGAN ENERGY  
FIRS TRUST TARGET GLOBAL FUND

ALTRIA  
GENERAL DYNAMICS  
PHILIP MORRIS

ATT  
HUDSON CITY BANK  
TEMPLETON GLOBAL

BP  
MCDONALD  
EATON VANCE FUNDS

**WELLS FARGO #7**

MUNICIPAL BONDS

GENERAL AMERICAN

NUVEEN

**MERRILL**

ACE  
CARDINAL HEALTH  
COVIDEN  
HESS  
MONSANTO  
THERMO FISHER

AMERICAN EXPRESS  
CATERPILLAR  
CVS  
HOME DEPOT  
NIKE  
UNITED TECH

AMERICA MOVIL  
CITIGROUP  
DIAGEO  
HONEYWELL  
ORACLE  
VALERO

AMERICAN WATER WORKS  
COMCAST  
DOMINION  
IBM  
PRICE T ROWE  
VISA

ADP  
COSTCO  
FEDEX  
MCDONALDS  
SCHLUMBERGER  
WELLS FARGO

**WELLS FARGO #22**

RUSSEL STRATEGIES BLENDED FUND

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RETIREMENT, PENSION, IRA, TRUSTS

2013

**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 NATIONWIDE MUTUAL

**WELLS FARGO #11**

NICHOLAS APPLGATE GROWTH  
COMCAST  
CBS  
NATIONAL AUSTRALIA BANK  
JENNISON VALUE  
DRYDEN HIGH YIELD  
INVESCO TECH FUND

ORACLE  
AIM TECHNOLOGY  
JENNISON SMALL CAP  
ATT  
PRUDENTIAL FUNDS

JENNISON GROWTH  
EURODISNEY  
UNISOURCE  
ALLIANCE BERNSTEIN GLOBAL  
JENNISON UTILITY

H&Q HEALTH CARE  
EXXON  
VIACOM  
JENNISON BLEND  
MICROSOFT

**WELLS FARGO #17**

AIM INVESCO BALANCED

GRANT PARK FUTURES

**WELLS FARGO #18**

AIM INVESCO FUND

TEMPLETON GLOBAL FUND

**WELLS FARGO #20**

JENNISON BLEND FUND

NATIONWIDE MUT FUND

GENERAL AMERICAN INV

**MERRILL IRA 1 -**

ISHARES FUNDS

**MERRILL IRA 2**

ISHARES FUNDS

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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	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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**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)			<input type="checkbox"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>	<input type="checkbox"/>
3)	SEE ATTACHED		<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)			<input type="checkbox"/>	<input type="checkbox"/>
2)	SEE ATTACHED		<input type="checkbox"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>

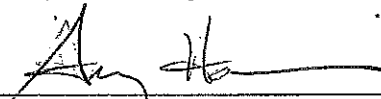
**X. REAL ESTATE:** Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

	Property Address	Description of Property	Self	Spouse	Child
1)	20 RIMWOOD DRIVE LINCOLN 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.

4/21/14

Date



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

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SERVICES

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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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	