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LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2014

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, 2015 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 2014. 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, fees, pensions and Social Security.)

Name of Employer	Address of Employer	Amount Code				Self	Spouse	Child
		1	2	3	4			
1) State of New Jersey	Trenton, NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Monmouth University	West Long Branch, NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) ABC CLIO	Santa Barbara, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) EBSCO Industries	Birmingham, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Harvard Business School Publishing	Watertown, MA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

See page 1A of 4 for Additional Earned Income

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) Provident Hotel and Suites, Miami FL	Multiple -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"/>

ADDITIONAL EARNED INCOME

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, fees, pensions and Social Security.)

	Name of Employer	Address of Employer	Amount Code				Self	Spouse	Child
			1	2	3	4			
6)	Cengage Learning	Mason OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	Bay Anesthesiology PC	Lincroft NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8)	Perth Amboy Anesthesiology PC	Lincroft NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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)	New Jersey Association Jewish Federations	Union, 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"/>
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"/>

2014

1

2

3

4

SELF

SPOUSE

DIVIDENDS

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
LEGACY SEI ACCOUNT	X					X	X

2014

1 2 3 4 SELF SPOUSE

C. INCOME

	X						X
WELLS FARGO #1				X		X	
WELLS FARGO #2			X			X	X
WELLS FARGO #5			X			X	
WELLS FARGO #6	X					X	X
WELLS FARGO #7	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	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
LEGACY SEI ACCOUNT	X					X	X

2014

Accounts all publicly traded stocks, bonds, and funds.

WELLS FARGO #1

Wells Fargo Fund

WELLS FARGO #2

WORLD MONITOR TRUST

VARIOUS MUNICIPAL BONDS

JENNISON FUND VAN KAMP MUNICIPAL FUNDS

ALPINE GLOBAL DYNAMIC DIVIDEND FUND

CLAYMORE SECURITIES DELTA GLOBAL FUND

BLACROCK REAL ASSET EQUITY

EATON VANCE TAX MANAGED EQUITY FUN INVESCO DOW FUND

FIRST TRUST TARGET GLOBAL FUND

KMP FUTURES 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

RETIREMENT, PENSION, IRA, TRUSTS

2014

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

NATIONWIDE MUTUAL
GOLDEN CAPITAL MANAGEMENT LARGE CAP CORE

WELLS FARGO #11

COMCAST
NICHOLAS APPLGATE GROWTH
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

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)	NONE		<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)	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"/>

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)	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"/>

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 Handlin MDPA	20 Rimwood Drive Lincroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2)	Garden State Anesthesia PC	20 Rimwood Drive Lincroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3)	Mid Jersey Anesthesia Associates PC	20 Rimwood Drive Lincroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4)	Holmdel Anesthesiology PC	20 Rimwood Drive Lincroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>

See page 4A of 4 for Additional Business Organizations

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 Handlin MDPA Lincroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2)	President	Garden State Anesthesia PC Lincroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3)	President	Mid Jersey Anesthesia Associates PC Lincroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4)	President	Holmdel Anesthesiology PC Lincroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>

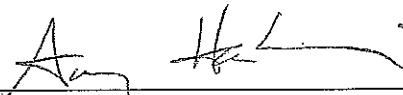
See page 4B of 4 for Additional Offices, Trusteeships, or Directorships

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 Lincroft 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.

May 1, 2015
Date


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

ADDITIONAL BUSINESS ORGANIZATIONS

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
5)	Old Bridge Anesthesiology PC	20 Rimwood Drive Linroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6)	Bay Anesthesiology PC	20 Rimwood Drive Linroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7)	Perth Amboy Anesthesiology PC	20 Rimwood Drive Linroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8)	North Brunswick Anesthesiology PC	20 Rimwood Drive Linroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9)	Ambulatory Anesthesiology of Old Bridge PC	20 Rimwood Drive Linroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10)	Resolute Anesthesia and Pain Solutions LLC	Bocar Ratn FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11)			<input type="checkbox"/>	<input type="checkbox"/>
12)			<input type="checkbox"/>	<input type="checkbox"/>
13)			<input type="checkbox"/>	<input type="checkbox"/>
14)			<input type="checkbox"/>	<input type="checkbox"/>
15)			<input type="checkbox"/>	<input type="checkbox"/>
16)			<input type="checkbox"/>	<input type="checkbox"/>
17)			<input type="checkbox"/>	<input type="checkbox"/>
18)			<input type="checkbox"/>	<input type="checkbox"/>
19)			<input type="checkbox"/>	<input type="checkbox"/>
20)			<input type="checkbox"/>	<input type="checkbox"/>
21)			<input type="checkbox"/>	<input type="checkbox"/>
22)			<input type="checkbox"/>	<input type="checkbox"/>
23)			<input type="checkbox"/>	<input type="checkbox"/>
24)			<input type="checkbox"/>	<input type="checkbox"/>
25)			<input type="checkbox"/>	<input type="checkbox"/>
26)			<input type="checkbox"/>	<input type="checkbox"/>
27)			<input type="checkbox"/>	<input type="checkbox"/>
28)			<input type="checkbox"/>	<input type="checkbox"/>
29)			<input type="checkbox"/>	<input type="checkbox"/>
30)			<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL OFFICES, TRUSTEESHIPS, or DIRECTORSHIPS

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
5)	President	Old Bridge Anesthesiology PC Lincroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6)	President	Bay Anesthesiology PC Lincroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7)	President	Perth Amboy Anesthesiology PC Lincroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8)	President	North Brunswick Anesthesiology PC Lincroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9)	President	Ambulatory Anesthesiology of Old Bridge PC Lincroft NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10)	Secretary	Seaside Village Association Miami FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11)	Board of Directors	Resolute Anesthesia and Pain Solutions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12)			<input type="checkbox"/>	<input type="checkbox"/>
13)			<input type="checkbox"/>	<input type="checkbox"/>
14)			<input type="checkbox"/>	<input type="checkbox"/>
15)			<input type="checkbox"/>	<input type="checkbox"/>
16)			<input type="checkbox"/>	<input type="checkbox"/>
17)			<input type="checkbox"/>	<input type="checkbox"/>
18)			<input type="checkbox"/>	<input type="checkbox"/>
19)			<input type="checkbox"/>	<input type="checkbox"/>
20)			<input type="checkbox"/>	<input type="checkbox"/>
21)			<input type="checkbox"/>	<input type="checkbox"/>
22)			<input type="checkbox"/>	<input type="checkbox"/>
23)			<input type="checkbox"/>	<input type="checkbox"/>
24)			<input type="checkbox"/>	<input type="checkbox"/>
25)			<input type="checkbox"/>	<input type="checkbox"/>
26)			<input type="checkbox"/>	<input type="checkbox"/>
27)			<input type="checkbox"/>	<input type="checkbox"/>
28)			<input type="checkbox"/>	<input type="checkbox"/>
29)			<input type="checkbox"/>	<input type="checkbox"/>
30)			<input type="checkbox"/>	<input type="checkbox"/>