

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2015

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. A completed form must contain an original signature or a self-signed digital certificate 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, 2016 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 2015. 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)	<u>STATE OF NEW JERSEY</u>	<u>TRENTON NJ</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>MONMOUTH UNIVERISTY</u>	<u>WEST LONG BRANCH NJ</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>ATHAKA</u>	<u>NEW YORK NY</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>EBSCO INDUSTRIES</u>	<u>BIRMINGHAM AL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	<u>HARVARD BUSINESS SCHOOL PUBI</u>	<u>WATERTOWN, MA</u>	<input checked="" type="checkbox"/>	<input 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)	<u>PROVIDENT HOTEL AND SUITES / ISLAND INSIDERS, MIAMI FL</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)	<u>SPECIALTY SURGICAL CENTER OF NORTH BRUNSWICK, NJ</u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u></u>	<u></u>	<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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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	BAY ANESTHESIOLOGY PC	LINCROFT NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8)	PERTH AMBOY ANESTHESIOLOGY	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)	RESOLUTE ANESTHESIOLOGY	BOCA RATON, FL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10)	GARDEN STATE ANESTHESIOLOGY	LINCROFT NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11)	HOLMDEL ANESTHESIOLOGY PC	LINCROFT NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12)	OLD BRIDGE ANESTHESIOLOGY PC	LINCROFT NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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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 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"/>	

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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 CONFEE	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	NEW JERSEY STATE SOCIETY ANESTHESIOLO	NJ - ACADEMIC/LEADERSHIP CONFERENCE	<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"/>	<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"/>
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"/>

2015	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
LEGACY SEI ACCOUNT	X				X	X

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2015

1 2 3 4 SELF SPOUSE

C. INCOME

	X						
WELLS FARGO #1				X	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	

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2015

Accounts all publicly traded stocks, bonds, and funds.

WELLS FARGO #1

Wells Fargo Fund

WELLS FARGO #2

VARIOUS MUNICIPAL BONDS
WORLD MONITOR TRUST
CLAYMORE SECURITIES DELTA GLOBAL FUND
EATON VANCE TAX MANAGED EQUITY FUN INVESCO DOW FUND
KMP FUTURES 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
MUNIHOLDINGS 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

2015

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

COMCAST
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)	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"/>	
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)	NONE		<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)	DAVID HANDLIN MDPA	LINCROFT NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2)	GARDEN STATE ANESTHESIA PC	LINCROFT NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3)	MID JERSEY ANESTHESIA ASSOCIATES PC	LINCROFT NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4)	HOLMDEL ANESTHESIOLOGY PC	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3)	PRESIDENT	MID JERSEY ANESTHESIA ASSOCIATES PC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4)	PRESIDENT	HOLMDEL ANESTHESIOLOGY PC	<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.)

4/29/16
Date

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Signature of Member or Self-signed digital certificate

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	LINCROFT NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6)	BAY ANESTHESIOLOGY PC	LINCROFT NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7)	PERTH AMBOY ANESTHESIOLOGY PC	LINCROFT NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8)	NORTH BRUNSWICK ANESTHESIOLOGY PC	LINCROFT NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9)	AMBULATORY ANESTHESIOLOGY OF OLD BRIDG	LINCROFT NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10)	RESOLUTE ANESTHESI AND PAIN SOLUTIONS	BOCA RATON 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"/>

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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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6)	PRESIDENT	BAY ANESTHESIOLOGY PC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7)	PRESIDENT	PERTH AMBOY ANESTHESIOLOGY PC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8)	PRESIDENT	NORTH BRUNSWICK ANESTHESIOLOGY PC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9)	PRESIDENT	AMBULATORY ANESTHESIOLOGY OF OLD BRIDGE PC	<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"/>

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