

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2008

NOTE: Before completing this Disclosure Statement, please carefully read the enclosed instructions. If additional space is needed, please duplicate this form as necessary and staple all pages together. An original signature is required on page 4; a facsimile, photocopy or stamp signature is not acceptable. Questions should be directed to Legislative Counsel at (609) 292-4625. The completed disclosure form is due May 15, 2009 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.

MILA M. JASEY

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 2008. For each entry, check  the box of the appropriate recipient. When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000 - \$24,999.99; 3=\$25,000 - \$49,999.99; 4=\$50,000 or more.

I. EARNED INCOME: List the name, address and amount for each source of earned income. (Earned income includes salaries, bonuses, royalties, commissions, profit sharing and fees.)

Name of Employer	Address of Employer	Circle Amount Code	Recipient		
			Self	Spouse	Child
1) Prudential NonQualified Plans	3 Chase Metrotech Ctr. B'lyn, NY	1 2 3 ④	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) JPMorgan Chase NATEFRA	" 11245	1 2 3 ④	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Prudential Insurance	30 Scranton Office Park, Scranton, Pa	1 2 3 ④	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	18507	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. UNEARNED INCOME: List the name, address and amount for each source of unearned income. (Unearned income includes rents, dividends and income from investments, trusts and estates.)

A. RENTS

Property Address	Tenant Name	Circle Amount Code	Recipient		
			Self	Spouse	Child
1) 2115 Millburn Ave, Maplewood, N.J.	Millburn Property Mgmt. LLC	1 2 3 ④	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

B. DIVIDENDS

Name	Address	Circle Amount Code	Self	Spouse	Child
1) Prudential Insurance	P.O. Box 7657 Philadelphia, Pa.	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) First Clearing LLC	10700 Wheat First Dr, Glen Allen, Va.	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Prudential Financial	Public Company 23060	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Vanguard	P.O. Box 2600 Valley Forge, Pa.	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) Vanguard	P.O. Box 2600 Valley Forge, Pa.	1 ② 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Prudential Financial	Public Company	1 2 3 ④	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) First Clearing LLC	10700 Wheat First Dr, Glen Allen, Va.	1 2 3 ④	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Wachovia Bank N.A.	1525 W. W. Harris Blvd. 23060 385 Charlotte, N.C. 28262	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III. HONORARIA and FEES: List the name, address, nature and amount for each source of honorarium or fee received by you or your spouse for personal appearances, speeches or writings.

Name & Nature of Honorarium or Fee	Address	Circle Amount Code	Self	Spouse
1) None		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
2)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
3)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
4)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>

IV. REIMBURSEMENTS or PREPAID EXPENSES for TRAVEL, LODGING or SUBSISTENCE: List the name, address, nature and amount for each source of reimbursement or prepaid expense and circle whether the source is a profit (P), nonprofit (N), or governmental (G) entity.

Name & Nature of Reimbursement or Prepaid Expense	Address	Circle Amount Code	Self	Spouse	Child	Circle P, N or G
1) None		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G

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B. DIVIDENDS

Name	Address	Circle Amount Code	Self	Spouse	Child
5) BOSTON PROPERTIES INC	Public Co.	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) MACK CALI REALTY	Public Co.	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) COUNTRYWIDE FINANCIAL	Public Co.	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8) BANK OF AMERICA	Public Co.	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9) LIFETIME FITNESS	Public Co.	①		<input checked="" type="checkbox"/>	

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

Name	Address	Circle Amount Code	Self	Spouse	Child
5) ETRADE FINANCIAL	PO. Box 1542 Merrifield, Va. 22116	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) MILLBURN PROPERTY MGMT LLC	2115 Millburn Ave, Maplewood, NJ 07040	1 2 3 ④	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) → bldg. houses multiple tenants & rentals are collected by LLC		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. HONORARIA and FEES: List the name, address, nature and amount for each source of honorarium or fee received by you or your spouse for personal appearances, speeches or writings.

Name & Nature of Honorarium or Fee	Address	Circle Amount Code	Self	Spouse	Child
1) none		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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IV. REIMBURSEMENTS or PREPAID EXPENSES for TRAVEL, LODGING or SUBSISTENCE: List the name, address, nature and amount for each source of reimbursement or prepaid expense and circle whether the source is a profit (P), nonprofit (N), or governmental (G) entity.

Name & Nature of Reimbursement or Prepaid Expense	Address	Circle Amount Code	Self	Spouse	Child	Circle P, N or G
1) none		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

V. GIFTS: List the name, address, nature and amount for each source of gift to you, your spouse or minor child from a named donor connected to the legislative process.

Name & Nature of Gift	Address	Circle Amount Code				Self	Spouse	Child
		1	2	3	4			
1) <u>E 3 (Excellent Education for Everyone) INC, 45 Academy St. Ste 501</u>	<u>Newark, NJ 07102</u>	<u>1</u>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. LIABILITIES: List the name and address of each creditor for you or your spouse and the nature and amount of each liability except for liabilities which are: (a) less than \$15,000 and owed to a relative; (b) less than \$3,000 and owed to any other person; (c) loans secured by a personal motor vehicle or household furniture or appliances; or (d) revolving charge accounts.

Name & Nature of Liability	Address	Circle Amount Code				Self	Spouse
		1	2	3	4		
1) <u>Wachovia Bank N.A. (mortgage)</u>	<u>P.O. Box 13327 Roanoke, Va</u>	1	2	3	<u>4</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>Chase Home Finance (mortgage)</u>	<u>3415 Vision Dr. Columbus, Ohio</u>	1	2	3	<u>4</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) <u>E Trade Financial (Margin Acct.)</u>	<u>P.O. Box 1542 Merrifield, Va 22116</u>	1	2	<u>3</u>	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) _____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>

VII. FORGIVEN LIABILITIES: List the name and address of each former creditor for you or your spouse and the nature and amount of each forgiven liability which would have been required to be reported pursuant to VI above had it not been forgiven.

Name & Nature of Forgiven Liability	Address	Circle Amount Code				Self	Spouse
		1	2	3	4		
<del>1) _____</del>	<del>_____</del>	<del>1</del>	<del>2</del>	<del>3</del>	<del>4</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>
<del>2) _____</del>	<del>_____</del>	<del>1</del>	<del>2</del>	<del>3</del>	<del>4</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>
<del>3) _____</del>	<del>_____</del>	<del>1</del>	<del>2</del>	<del>3</del>	<del>4</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>
<del>4) _____</del>	<del>_____</del>	<del>1</del>	<del>2</del>	<del>3</del>	<del>4</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>

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VIII. BUSINESS ORGANIZATIONS: List the name and address of all business organizations in which you or your spouse held an interest.

Name	Address	Self	Spouse
1) Millburn Property Management LLC	2115 Millburn Ave. Maplewood, NJ 07040	<input checked="" type="checkbox"/>	<input checked="" 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) Member	Millburn Property Management LLC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) President, Bd. of Trustees	2115 Millburn Ave, Maplewood, NJ 07040	<input type="checkbox"/>	<input type="checkbox"/>
3) Family Connections	3955 Center St. Orange, NJ 07050	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Chair, Bd. of Trustees, Christ the King Prep Sch.	239 Woodside Ave. Newark, NJ 07104	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) District leader - S. Orange Democratic Committee	S. Orange, N.J.		<input checked="" 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) 9 Keasbey Rd. S. Orange, NJ 07079	Primary Residence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) 2115 Millburn Ave. Maplewood, NJ. 07040	Office Bldg. owned by Millburn Mgmt. LLC	<input checked="" type="checkbox"/>	<input checked="" 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 20, 2009

Date

Nila M. Jasey

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

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