

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

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, 2006 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.

Pamela Lampitt
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 2005. 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 | Address | Circle Amount Code | Self | Spouse | Child |
|----|------------------------|---------------------------------|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1) | <u>Pamela Lampitt</u> | <u>558 Taerangin Rd Chocoma</u> | 1 2 3 <u>4</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | <u>Charles Lampitt</u> | <u>same</u> | 1 2 3 <u>4</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) | <u>Elsie Lampitt</u> | <u>same</u> | <u>1</u> 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4) | <u>Andrew Lampitt</u> | <u>same</u> | <u>1</u> 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 | Self | Spouse | Child |
|----|------------------|-------------|--------------------|--------------------------|--------------------------|--------------------------|
| 1) | _____ | _____ | 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"/> |

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) | _____ | _____ | 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"/> |

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

| | Name | Address | Circle Amount Code | Self | Spouse | Child |
|----|------------------------------|------------|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1) | SMITH Barney Investment Fund | Marlton NJ | 1 2 3 4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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"/> |

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) | _____ | _____ | 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) | UNIV of Tenn Trip to Tenn. | 3401 WALNUT ST PHILA PA | 1 2 3 4 | <input checked="" 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 in excess of \$250.

| | Name & Nature of Gift | Address | Circle Amount Code | | | | Self | Spouse | Child |
|----|-----------------------|---------|--------------------|---|---|---|--------------------------|--------------------------|--------------------------|
| | | | 1 | 2 | 3 | 4 | | | |
| 1) | _____ | _____ | 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"/> |

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) | XXXXXXXXXX | XXXXXXXXXX | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) | NATIONAL city Mortgage | Dayton OH 454 | 1 | 2 | 3 | 4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) | INDIRECT MORTGAGE | St Cloud MN | 1 | 2 | 3 | 4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4) | XXXXXXXXXX | XXXXXXXXXX | 1 | 2 | 3 | 4 | <input checked="" type="checkbox"/> | <input checked="" 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 | | |
| 1) | _____ | _____ | 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"/> |

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) | _____ | _____ | <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.

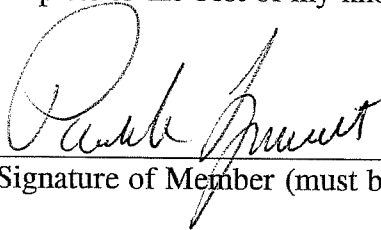
| | Position Held | Name & Address of Entity | Self | Spouse |
|----|---------------|--------------------------|--------------------------|--------------------------|
| 1) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | _____ | _____ | <input type="checkbox"/> | <input 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) | 559 The Ridge Rd Cherry Hill, NJ | 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.

April 8, 2006
Date


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



NEW JERSEY GENERAL ASSEMBLY

PAMELA R. LAMPITT
ASSEMBLYWOMAN, 6TH DISTRICT
1103 LAUREL OAK ROAD
SUITE 142
VOORHEES, NJ 08043
(856) 435-1247
e-mail: aswlampitt@njleg.org

VICE CHAIRWOMAN
HIGHER EDUCATION COMMITTEE
MEMBER
COMMERCE & ECONOMIC
DEVELOPMENT COMMITTEE

June 29, 2006

Ms. Marci Levin Hochman
Office of Legislative Services
Room 210 State House Annex
PO Box 068
Trenton, NJ 08625-0068

2006 JUL 12 AM 11:19
LEGISLATIVE
SERVICES

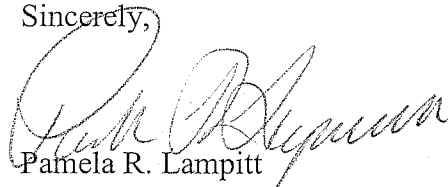
Dear Ms. Hochman:

Please let this correspondence serve as my official revision of my *Legislator's Financial Disclosure Statement for Calendar Year 2005*. This revision pertains to section I Earned Income and should reflect the following:

1. University of Pennsylvania, 3701 Spruce Street, Philadelphia, PA 19104, amount code is 4 and is for myself
2. Marriott Sodexo, Collingswood Manor, Haddon Ave. Collingswood, NJ 08108, amount code is 4 and is for my spouse
3. Abercrombie and Fitch, Cherry Hill Mall, Cherry Hill, NJ 08003, amount code is 1 and is for my child
4. Cherry Hill Township, 820 Mercer Street, Cherry Hill, NJ 08002, amount code is 1 and is for my child

Should you have need for further information, please do not hesitate to contact me.

Sincerely,


Pamela R. Lampitt
Assemblywoman

PRL:as