

**LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006**

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, 2007 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.

David R. Mayer

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 2006. 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>State of New Jersey (Assembly)</u>	<u>18 Somerdale Road, Blackwood</u>	1 2 <b>3</b> 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>Long Mermere + Mayer LLP</u>	<u>75 Cooper Street, Woodbury</u>	1 2 3 <b>4</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>Virtua Health Systems</u>	<u>Carnie Blvd, Voorhees</u>	<b>1</b> 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	<u>Wild Iris Florist</u>	<u>8 N. West Ave, Wenonah</u>	1 2 <b>3</b> 4	<input type="checkbox"/>	<input checked="" 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	Self	Spouse	Child
1)	<u>119 Herring Lane Kissimmee Florida</u>	<u>Carla Pagan-Morales</u>	1 <b>2</b> 3 4	<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"/>

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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 \* see attached

Name	Address	Circle Amount Code	Self	Spouse	Child
1) American Mutual Fund	PO Box 2280 Norfolk VA	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Growth Fund	" "	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Investment Co. of America	" "	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) New Perspective Fund	" "	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) The Bond Fund of America					

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

\* see attached

Name	Address	Circle Amount Code	Self	Spouse	Child
1) American Mutual Fund	PO Box 2280 Norfolk VA	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Growth Fund	" "	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Investment Co. of America	" "	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) New Perspective	" "	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) N/A		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) David Mayer for assembly / travel / expense	PO Box 4028 Lindenwood	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

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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 in excess of \$250.

	Name & Nature of Gift	Address	Circle Amount				Self	Spouse	Child
			Code						
1)	N/A		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				Self	Spouse
			Code					
1)	National City Mortgage Co.		1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	Commerce Bank Home Equity	1700 Horizon Way, Mt. Laurel	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3)	Susquehanna Patriot Bank (Business)	901 Fayette St. Conshohocken PA	1	2	3	4	<input checked="" type="checkbox"/>	<input 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				Self	Spouse
			Code					
1)	N/A		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"/>

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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) Long Murmero + Mayer LLP	44 Euclid Street Woodbury	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Wild Iris Florist	8 N. West Ave. Wenonah	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Gylder LLC Property	44 Euclid Street Woodbury	<input checked="" 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) Partner	Long Murmero + Mayer LLP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Partner	Gylder LLC (Florida Property)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Board Member	United Way of Camden County	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Partner	Wild Iris Florist	<input type="checkbox"/>	<input checked="" type="checkbox"/>

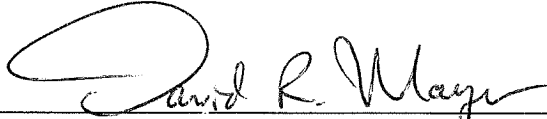
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

Property Address	Description of Property	Self	Spouse	Child
1) 1537 Old Black Horse Pike	Home	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) 75 Cooper Street Woodbury (sold)	office	<input checked="" 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"/>

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I certify that the above information is correct and complete to the best of my knowledge.

4/3/07  
Date

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

Income & Dividends (Continued)

Minnesota Life Insurance Co.	IRA	2	Self
400 Robert Street North			
St. Paul MN 55101-2098			

Fidelity Investments	Mutual Funds	2	Children
P. O. Box 145421		UTMA-Children	
Cincinnati, OH 45250-5421			

City Street	Deferred Comp	1	Self
2 Tower Center			
East Brunswick, NJ 08816-1063			

City Street	Deferred Comp	1	Spouse
2 Tower Center			
East Brunswick, NJ 08816-1063			

Lincoln Financial	IRA	3	Spouse
Carnie Blvd			
Voorhees, NJ			