

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

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, 2008 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.

RICHARD A. MERKT

 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 2007. 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
6)	STATE OF NJ JUDICIARY	TRENTON, NJ (JURY DUTY FEE)	1 2 3 4 ①	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1)	Transistor Devices, Inc.	36 Newburgh Rd, Hackettstown, NJ	1 2 3 4 ④	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	NJ General Assembly	State House, Trenton, NJ	1 2 3 4 ③	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Donald W. Warnock Trust	P.O. Box 444, Brookside, NJ	1 2 3 4 ③	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Mendham Township Schools	W. Main Street, Brookside, NJ	1 2 3 4 ③	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5)	Fairview Lake YMCA Camp	Fairview Lake Rd., Newton, NJ	1 2 3 4 ①	<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 - NONE

	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"/>

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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) <u>MICROSOFT</u>	<u>Publicly Traded</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>GENERAL ELECTRIC</u>	<u>" "</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>CENTENNIAL MONEY MKT</u>	<u>" "</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>BLACK ROCK NJ MUNI TR.</u>	<u>" "</u>	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) <u>AFFINITY FED. CREDIT UNION</u>	<u>HACKETTSTOWN, NJ</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>PEAPACK-GLADSTONE BANK</u>	<u>MENDHAM, NJ</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) <u>STIFEL NICOLAUS MONEY MKT.</u>	<u>Publicly Traded</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>NJ TURNPIKE AUTHORITY</u>	<u>Publicly Traded</u>	① 2 3 4	<input checked="" 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.

NONE

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) <u>Transistor Devices, Inc.</u>	<u>Hackettstown, NJ</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	① 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.

B. DIVIDENDS

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>Coca-Cola</u>	<u>Publicly Traded</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>Diamonds Trust</u>	<u>" "</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>Walt Disney</u>	<u>" "</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) <u>Home Depot</u>	<u>" "</u>	① 2 3 4	<input checked="" 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) <u>DELAWARE RIV. PORT AUTH.</u>	<u>Publicly Traded</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>NEW BRUNSWICK PARK AUTH.</u>	<u>" "</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>NJ ECON DEV. AUTH.</u>	<u>" "</u>	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) <u>JACKSON TWP SCH. DIST.</u>	<u>" "</u>	① 2 3 4	<input checked="" 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) _____	_____	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
1) <u>Intel</u>	<u>Publicly Traded</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>Pfizer</u>	<u>" "</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>Procter + Gamble</u>	<u>" "</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>Verizon</u>	<u>" "</u>	① 2 3 4	<input checked="" 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) <u>PORT AUTH NY/NJ</u>	<u>Publicly Traded</u>	1 ② 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>NJ HEALTH CARE FAC.</u>	<u>" "</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>SALEM CTY POLLUTION CNTRL.</u>	<u>" "</u>	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>FED. AUTO CASH MGMT</u>	<u>" "</u>	① 2 3 4	<input 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) _____	_____	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) _____	_____	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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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) <u>WASH. MUTUAL INVS. FD.</u>	<u>Publicly Traded</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>FRANKLIN INC. FUND</u>	<u>" "</u>	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) <u>GROWTH FUND AMERICA</u>	<u>" "</u>	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) <u>Citigroup</u>	<u>" "</u>	① 2 3 4	<input checked="" 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) <u>THE VANGUARD GROUP</u>	<u>PHILADELPHIA, PA</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>NJ STATE HWY AUTH.</u>	<u>Publicly Traded</u>	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>Puerto Rico</u>	<u>Publicly Traded</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>NJ STATE EDUC FAC. AUTH.</u>	<u>Publicly Traded</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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) _____	_____	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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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) <u>AIM EUROPEAN GROWTH FD.</u>	<u>Publicly Traded</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>GOLDMAN SACHS FUND (BRIC)</u>	<u>" "</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>UNIT TAX EXEMPT SEC. TR.</u>	<u>" "</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>LEGG MASON APPREC. FD.</u>	<u>" "</u>	<u>1</u> 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>HOWELL TWP</u>	<u>Publicly Traded</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>PARAGON BANK CTF DEP</u>	<u>RALEIGH, NC</u>	<u>1</u> 2 3 4	<input checked="" 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"/>

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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) _____	_____	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.

B. DIVIDENDS

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>Wal-Mart</u>	<u>Publicly Traded</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>Capital World Growth Fd</u>	<u>" "</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>EURO PACIFIC GROWTH Fd.</u>	<u>" "</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>FRANKLIN MUTUAL Fd</u>	<u>" "</u>	<u>1</u> 2 3 4	<input checked="" 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) _____	_____	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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Name & Nature of Honorarium or Fee	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"/>

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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) _____	_____	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.

B. DIVIDENDS

Name	Address	Circle Amount Code	Self	Spouse	Child
1) AMER. GROWTH FUND	Publicly Traded	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) ING GROEP NV	" "	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) ROYAL BANK SCOTLAND	" "	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) LARGE CAP BLEND INDEX	" "	① 2 3 4	<input checked="" 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) _____	_____	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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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"/>

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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) _____	_____	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.

B. DIVIDENDS

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>DCP EQUITY FUND</u>	<u>Publicly Traded</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>MID CAP VALUE/CRM FUND</u>	<u>" "</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>INTL EQUITY/TULIUS BAER FD.</u>	<u>" "</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>AMERICAN EURO PACIFIC F.D. A</u>	<u>" "</u>	① 2 3 4	<input checked="" 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) _____	_____	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"/>

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"/>

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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) _____	_____	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.

B. DIVIDENDS

Name	Address	Circle Amount Code	Self	Spouse	Child
1) METLIFE STOCK MKT INDEX	Publicly Traded	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) AMERICAN FUND BALANCED FUNDA	" "	① 2 3 4	<input checked="" 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) _____	_____	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"/>

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"/>

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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) _____	_____	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.

NONE

	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.

NONE

	Name & Nature of 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"/>

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.

NONE

	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"/>

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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.

	<u>NONE</u>	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
6)	Board member	NJ Arms Collectors Club, Fairfield, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1)	V.P. & Corp. Secretary	Transistor Devices, Hackettstown, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Board member	Morris Center YMCA, Cedar Knolls, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	Board member	Mendham Area Senior Housing, Mendham, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	Board member	Heath Village, Hackettstown, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5)	Board member	Visting Nurse Assn., Morristown, NJ	<input checked="" 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)	13 Carroll Dr., Brookside, NJ	1/2 acre family 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.

April 14, 2008

Date



(Richard A. Merkt)

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

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