

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

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, 2005 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.

Dr. ROBERT L. MORGAN (12)
 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 2004. 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) ST. OF NJ	Trenton, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) UMDNJ	335 GROSS ST, MB, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) BD OF ED & MUN. RES. HS	HIGHTOWNS, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) JASKY-SHARR/NAV. PROGRAMS	RED BANK, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) PROF. SAA & MGT, LLC	LITTLE SILVER, NJ	1 2 3 4	<input checked="" 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	Self	Spouse	Child
1) 194 HIGHWAY # 35	MERIDIAN REALTY	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) RED BANK, NJ		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	2	3	4			
1)							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	See ATTACHED						<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"/>

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

	Name	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	See ATTACHED						<input type="checkbox"/>	<input 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"/>

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	2	3	4		
1)	NONE						<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"/>

2005 APR 21 A.D. COLLECTIVE SERVICES

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	2	3	4				P	N	G
1)	NONE						<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"/>
3)							<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"/>

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)	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"/>

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 and Nature of Liability	Address	Circle Amount Code				Self	Spouse
1)	SITABURY BANK	LITTLE SICUM, NY	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	COMMERCIAL BANK	QUAKENBROOK, NY	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" 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.

	Name and Nature of Forgiven Liability	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"/>

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 OFFICE OF
 STATE TAX SERVICES

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)	① PROFESSIONAL SERVICES	PO BOX 271, LITTLEFIELD, NJ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	AND MANAGED BY LLC	_____	<input type="checkbox"/>	<input type="checkbox"/>
3)	② SHASHY SHORE - NAUASKUK	194 HIGHWAY #35	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	PHOTOGRAPHY, PC	RBN BANK, NJ	<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 and Address of Entity	Self	Spouse
1)	<i>none</i>	_____	<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)	34 CRIST DR, LITTLEFIELD	RESIDENCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	PAWCATON AVE, PT. PLAIN, NJ	RESIDENCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	194 A HIGHWAY #35	COMMERCIAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	194 B HIGHWAY #35	COMMERCIAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	170 HIGHWAY #35 / MIDDLERTOWN	COMMERCIAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Date

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

2005 APR 21 A.M. 02:02
 L. JAMES

ROBERT MORGAN, M.D.
Fellow, American Academy of Pediatrics

194 Highway 35
P.O. Box 446
Middletown, NJ 07748
(908) 842-6677

PORTFOLIO POSITIONS APRIL 2005

- ST JOE CO.
- BARON ASSET FUND
- COLUMBIA GROWTH FUND
- MUTUAL SHARES FUND
- NB PARTNERS FUND
- SCHWAB S&P 500 INDEX FUND
- T. ROWE PRICE DIVIDEND GROWTH FUND
- T. ROWE PRICE EQUITY - INCOME FUND
- T. ROWE PRICE SCITACH FUND
- ISHARES TR CORP + STREA
- ISHARES TR CHMAN TRPS
- VANGUARD STAR FUND - CHILD (1)
- FIDELITY UTILITIES FUND
- FIDELITY EQUITY INCOME II FUND
- FIDELITY PURITAN FUND
- FIDELITY CONSERVATIVE SECURITIES FUND
- FIDELITY GROWTH + INCOME FUND

2005 APR 21 AM 10:12

STOCK (1)

SPONS (1)

ROBERT MORGAN, M.D.
Fellow, American Academy of Pediatrics

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(908) 842-6677

TRC - CONTINENTAL CORP.
i SHARES DJ US ENERGY
MACK CALI REALTY
NASDAQ 100 TR UNIT
OIL SERVICE HOLDINGS DEP. ACT.
SITALL TRANSPORT
COLORADO REALTY
DAVIS REAL ESTATE FUND
i SHARES DJ UTIL. SECTOR
BANKSIAIR HATHAWAY INC
DIAMONDS TRUST
DOMINION RESOURCES
GENERAL ELECTRIC CORP
i SHARES S+P MID CAP 400 TRUST
i SHARES DJ TOTAL MARKET INDEX
NATURAL RESOURCES PARTNERS
PLUM CREEK TIMBER CORP.
RAYORRA CORP

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DEPT OF
EDUCATION
SERVICES

SACF
①

ROBERT MORGAN, M.D.
Fellow, American Academy of Pediatrics

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GNMA II PASS THROUGH POOL
SOUTHCOAST BANK CD
JANISON UTILITY FUND
JERNISON VALUE FUND
SCUPPA Growth And Income Fund
JANISON 20/20 FOCUS FUND
GARTMAN FUND
PIMCO REAL RETURN FUND
WELLSWORTH CONSERVATIVE FUND

SECRET
(1)

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CONFIDENTIAL
LEGISLATIVE
SERVICES