

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2009

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, 2010 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.

Samuel D. Thompson

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 2009. Please note that a minor child is a child under the age of 18. 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 | | | | Self | Spouse | Child |
|----|---------------------------|---------------------|--------------------|---|---|---|-------------------------------------|-------------------------------------|--------------------------|
| | | | 1 | 2 | 3 | 4 | | | |
| 1) | <u>N.J. State Pension</u> | _____ | 1 | 2 | 3 | 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | <u>Social Security</u> | _____ | 1 | 2 | 3 | 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | <u>" "</u> | _____ | 1 | 2 | 3 | 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4) | <u>N.J. State Pension</u> | _____ | 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 | | | | Self | Spouse | Child |
|----|------------------|-------------|--------------------|---|---|---|--------------------------|--------------------------|--------------------------|
| | | | 1 | 2 | 3 | 4 | | | |
| 1) | <u>None</u> | _____ | 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"/> |

2010 APR 30 A 10:23
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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) Vanguard Strategic Equity Funds | P.O. Box 2600, Valley Forge, Pa. 19482-2600 | ① 2 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"/> |

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

| Name | 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"/> |

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"/> |

200 APR 30 A 10:23
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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) | 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"/> | |

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) | None | | <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"/> | |
| 3) | | | <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"/> | |

2010 APR 30 04:00:23
 OFFICE OF LEGISLATIVE SERVICES

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 | | |
| 1) | None | | <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"/> |
| 3) | | | <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"/> |

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) | None | | | |
| 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) | None | | | |
| 2) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | | | <input type="checkbox"/> | <input type="checkbox"/> |

2010 APR 30 04:10 PM
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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) | 5 Lincroft Ave, Old Bridge, NJ, 08857 | 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. 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.

4/27/10
Date

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