

Last Name: Grazianno First Name: Joseph Middle: A

State of New Jersey  
Department of Community Affairs

**Local Government Ethics Law  
Financial Disclosure Statement**

(for DLGS use only)  
Municode: \_\_\_\_\_  
Division of Local Government Services  
Local Finance Board

**Section II. Financial Information - continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

1.	2.	3.	4.	5.	Name	Address	Self Spouse	Dependent Name
					NONE		<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

1.	2.	3.	4.	5.	Name	Address	Self Spouse	Dependent Name
					NONE		<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

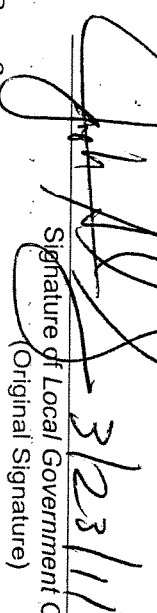
1.	2.	3.	4.	5.	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
					Berkeley Heights	Union	602	4		209 Berkeley Avenue	100%	<input checked="" type="checkbox"/>	
												<input checked="" type="checkbox"/>	
												<input type="checkbox"/>	
												<input type="checkbox"/>	
												<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.  
I still have a mortgage (209 Berkeley Ave) Block 602 Lot 4

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

Date \_\_\_\_\_

  
3/23/11  
Signature of Local Government Officer  
(Original Signature)

## Local Government Ethics Law Financial Disclosure Statement

*This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq, the Local Government Ethics Law.*

**Year of Service: 2011**

**Section I. Personal Information - Local Government Officer**

Local Government Served: \_\_\_\_\_ County: Union County Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 First Name: Joseph Middle: Anthony Last Name: Graziano Suffix: Sr.  
 \*Spouse's First Name: Janet Middle: Patricia Last Name: Graziano Suffix: \_\_\_\_\_  
 Home Address: 209 Berkeley Avenue Telephone Numbers (optional) \_\_\_\_\_  
Berkeley Heights, NJ 07922 Home: 908-771-8957  
 Business: 908-789-3660

UNION CO. CLERKS OFFICE  
 FILED  
 MAR 24 2011  
 JOANNE RAJOPP, County Clerk

\* Spouse includes a Civil Union partner.  
 1. U.C Dept. of Engineering, Public Works & Facilities Agency Position Held Director Term Expires (if applicable) N/A  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**Section II. Financial Information**

**Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.**

A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.

1.	Name	Address	Self Spouse	Dependent Name
1.	<u>County of Union</u>	<u>2325 South Avenue, Scotch Plains, NJ</u>	<input checked="" type="checkbox"/>	
2.	_____	_____	<input type="checkbox"/>	_____
3.	_____	_____	<input type="checkbox"/>	_____
4.	_____	_____	<input type="checkbox"/>	_____
5.	_____	_____	<input type="checkbox"/>	_____

B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

1.	Name	Address	Self Spouse	Dependent Name
1.	<u>NONE</u>		<input type="checkbox"/>	
2.	_____	_____	<input type="checkbox"/>	_____
3.	_____	_____	<input type="checkbox"/>	_____
4.	_____	_____	<input type="checkbox"/>	_____
5.	_____	_____	<input type="checkbox"/>	_____

Last Name: Milveo  
 State of New Jersey  
 Department of Community Affairs

First Name: THOMAS  
 Middle: OWEN

(for DLGS use only)  
 Municode: \_\_\_\_\_  
 Division of Local Government Services  
 Local Finance Board

**Section II. Financial Information- continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

1.	Name	Address	Self Spouse	Dependent Name
1.			<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

1.	Name	Address	Self Spouse	Dependent Name
1.			<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

1.	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1.	<u>Westfield</u>	<u>Union</u>	<u>3000</u>	<u>9</u>	<u>1</u>	<u>515 Tenurey Place, 100 Westfield, NJ</u>	<u>100%</u>	<input checked="" type="checkbox"/>	
2.	<u>Westfield</u>	<u>Somerset</u>	<u>17003</u>	<u>9</u>	<u>1</u>	<u>23 Hammershoel, Deerfield, NJ</u>	<u>100%</u>	<input checked="" type="checkbox"/>	
3.								<input type="checkbox"/>	
4.								<input type="checkbox"/>	
5.								<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

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**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

3/20/11  
 Date

  
 Signature of Local Government Officer  
 (Original Signature)

## Local Government Ethics Law Financial Disclosure Statement

*This Financial Disclosure Statement is required annually of all local government officers  
 in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
 (Please Type or Print)*

**Year of Service: 2011**

**Section I. Personal Information - Local Government Officer**

Local Government Served: \_\_\_\_\_ County: Union Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 First Name: THOMAS Middle: OWEN Last Name: MINEO Suffix: \_\_\_\_\_  
 \*Spouse's First Name: KRISTINE Middle: \_\_\_\_\_ Last Name: MINEO Suffix: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home: \_\_\_\_\_ Telephone Numbers (optional) \_\_\_\_\_  
 (optional) \_\_\_\_\_ Business: \_\_\_\_\_

\* Spouse includes a Civil Union partner.

1. Union County, Dept of Engr, Pub Facilities Dussard Director, E. Vanderlinck JOHANNE RAJOPI County Clerk  
 Agency Position Held Term Expires (if applicable)
2. \_\_\_\_\_
3. \_\_\_\_\_

**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- |    | Name                      | Address                                 | Self                                | Spouse                              | Dependent                | Name  |
|----|---------------------------|---|-------------------------------------|-------------------------------------|--------------------------|-------|
| 1. | <u>Union County</u>       | <u>10 ELMHURSTOWN PLAZA, ENHART, NJ</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | _____ |
| 2. | <u>Atlas Data Systems</u> | <u>560 SPANWIELD AVE WESTFIELD, NJ</u>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. | <u>Equity LEA</u>         | <u>150 ESTER SQ, HUDQUEN, NJ</u>        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | _____ |
| 4. | _____                     | _____                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | _____ |
| 5. | _____                     | _____                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | _____ |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- |    | Name  | Address | Self                     | Spouse                   | Dependent                | Name  |
|----|-------|---------|--------------------------|--------------------------|--------------------------|-------|
| 1. | _____ | _____   | <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"/> | _____ |
| 5. | _____ | _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Suffix: \_\_\_\_\_  
 UNION CO. CLERK'S OFFICE  
 FILED  
 MAR 24 2011

Last Name: BRENNAN  
 State of New Jersey  
 Department of Community Affairs

First Name: Michael

Middle: J

(For DLGS use only)  
 Municode: \_\_\_\_\_

**Local Government Ethics Law  
 Financial Disclosure Statement**

Division of Local Government Services  
 Local Finance Board

**Section II. Financial Information - continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

Name	Address	Self	Spouse	Dependent Name
1. <u>None</u>		<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"/>	
5. _____		<input type="checkbox"/>	<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

Name	Address	Self	Spouse	Dependent Name
1. <u>J &amp; M CURBSIDE CAFE</u>	<u>2268 JERSEY AVE SCOTCH PLAINS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <u>BRAVE SPIRITS, LLC</u>	<u>18 BEECHWOOD CT WALKERVILLE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. _____		<input type="checkbox"/>	<input type="checkbox"/>	
4. _____		<input type="checkbox"/>	<input type="checkbox"/>	
5. _____		<input type="checkbox"/>	<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1. <u>Scotch Plains</u>	<u>Union</u>				<u>2268 JERSEY AVE</u>	<u>100</u>	<input checked="" 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"/>	
5. _____							<input type="checkbox"/>	<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

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**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

4/16/2011  
 Date

[Signature]  
 Signature of Local Government Officer  
 (Original Signature)

This Financial Disclosure Statement is required annually of all local government officers  
 in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
 (Please Type or Print)

**Section I. Personal Information- Local Government Officer**  
 Local Government Served \_\_\_\_\_ County: UNION Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_

First Name: MICHAEL Middle: J. Last Name: BRENNAN Suffix: \_\_\_\_\_  
 \*Spouse's First Name: MARYANN Middle: \_\_\_\_\_ Last Name: BRENNAN Suffix: \_\_\_\_\_  
 Home Address: 2268 JERSEY AVE Last Name: \_\_\_\_\_ Telephone Numbers (optional) \_\_\_\_\_  
 (optional) SCOTCH PLAINS, NJ 07076 Home: \_\_\_\_\_ Business: \_\_\_\_\_  
 \* Spouse includes a Civil Union partner.

1. ENGINEERING Agency DR of PARKS MAINTENANCE Position Held MAINTENANCE Term Expires (if applicable) APR 18 2011  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**Section II. Financial Information**  
 Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate **NONE** in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- |    | Name                                  | Address                | Self Spouse                         | Dependent Name |
|----|---------------------------------------|------------------------|-------------------------------------|----------------|
| 1. | <u>MICHAEL BRENNAN (UNION COUNTY)</u> | <u>2268 JERSEY AVE</u> | <input checked="" type="checkbox"/> |                |
| 2. | _____                                 | _____                  | <input type="checkbox"/>            | _____          |
| 3. | _____                                 | _____                  | <input type="checkbox"/>            | _____          |
| 4. | _____                                 | _____                  | <input type="checkbox"/>            | _____          |
| 5. | _____                                 | _____                  | <input type="checkbox"/>            | _____          |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- |    | Name        | Address | Self Spouse              | Dependent Name |
|----|-------------|---------|--------------------------|----------------|
| 1. | <u>NONE</u> | _____   | <input type="checkbox"/> | _____          |
| 2. | _____       | _____   | <input type="checkbox"/> | _____          |
| 3. | _____       | _____   | <input type="checkbox"/> | _____          |
| 4. | _____       | _____   | <input type="checkbox"/> | _____          |
| 5. | _____       | _____   | <input type="checkbox"/> | _____          |

Last Name: Policay Sr.  
 State of New Jersey  
 Department of Community Affairs

First Name: Joseph  
 Middle: John

(for DLGS use only)  
 Murrincode: \_\_\_\_\_

**Local Government Ethics Law  
 Financial Disclosure Statement**

Division of Local Government Services  
 Local Finance Board

**Section II. Financial Information- continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

Name	Address	Self	Spouse	Dependent Name
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"/>	_____
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

D. List the name and address of all business organizations in which an interest was held.

Name	Address	Self	Spouse	Dependent Name
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"/>	_____
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1. <u>Scotch Plains</u>	<u>Union</u>	<u>4602</u>	<u>4</u>		<u>2187 Mountain Avenue</u>	<u>100%</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Joseph John Policay III</u>
2. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

F. Please add any other information you believe is necessary to complete this form.

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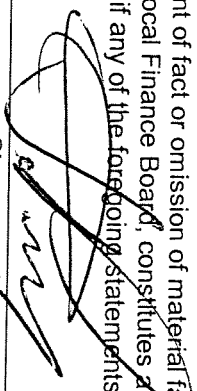


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**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

3/17/2011  
 Date

  
 Signature of Local Government Officer  
 (Original Signature)

This Financial Disclosure Statement is required annually of all local government officers  
 in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law. Year of Service: **2011**  
 (Please Type or Print)

**Section I. Personal Information - Local Government Officer**

Local Government Served: County of Union county: Union Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 First Name: Joseph Middle: John Last Name: Polivay Suffix: SE  
 \*Spouse's First Name: Marie Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Home Address: 2550 HORTON AVE Telephone Numbers (optional):  
 (optional) SECRET PHONES AT HOME Home: 908 988-8263 Business: 908 787-3657

Suffix: \_\_\_\_\_  
 Term Expires (if applicable): **MAR 22 2011**  
 JOANNE RAUO (PJ), County Clerk

\* Spouse includes a Civil Union partner:  
 1. County of Union Agency: \_\_\_\_\_ Position Held: Director of Public Works Term Expires: \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate  
**NONE in the space provided. If additional space is needed, please use Extension Forms.**

A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business or organization.

1.	Name	Address	Self Spouse	Dependent Name
1.	_____	_____	<input type="checkbox"/>	_____
2.	_____	_____	<input type="checkbox"/>	_____
3.	_____	_____	<input type="checkbox"/>	_____
4.	_____	_____	<input type="checkbox"/>	_____
5.	_____	_____	<input type="checkbox"/>	_____

B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

1.	Name	Address	Self Spouse	Dependent Name
1.	_____	_____	<input type="checkbox"/>	_____
2.	_____	_____	<input type="checkbox"/>	_____
3.	_____	_____	<input type="checkbox"/>	_____
4.	_____	_____	<input type="checkbox"/>	_____
5.	_____	_____	<input type="checkbox"/>	_____



Last Name: PALMERI  
 State of New Jersey  
 Department of Community Affairs

First Name: NIEL  
 Middle: J

(for DLGS use only)  
 Municode: \_\_\_\_\_

**Local Government Ethics Law  
 Financial Disclosure Statement**

Division of Local Government Services  
 Local Finance Board

**Section II. Financial Information- continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

1.	Name	Address	Self Spouse	Dependent Name
1.	NONE		<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

1.	Name	Address	Self Spouse	Dependent Name
1.	NONE		<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

1.	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1.	MYSTIC ISLAND	OCEAN				140 S LONG BOAT DR.	100%	<input type="checkbox"/>	
2.								<input type="checkbox"/>	
3.								<input type="checkbox"/>	
4.								<input type="checkbox"/>	
5.								<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

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**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

Date 3/22/11

Signature of Local Government Officer  
 (Original Signature) Neil Palmeri

**Section I. Personal Information - Local Government Officer**

Local Government Served: \_\_\_\_\_ County: \_\_\_\_\_ Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 First Name: NIEL Middle: J Last Name: PALMERI Suffix: \_\_\_\_\_  
 \*Spouse's First Name: TRICIA Middle: A. Last Name: PALMERI  
 Home Address: 113 GREENBROOK RD Telephone Numbers (optional) 732-863-7249  
 (optional) FREEHOLD, NJ 07738-1512 Business: 908-451-5651

\* Spouse includes a Civil Union partner. Term Expires (if app) JOANNE RAJOPPI, County Clerk  
 MAR 22 2011  
 UNION CO. CLERKS OFFICE FILED

1. ENGINEERING, PUBLIC WORKS Agency PUBLIC WORKS Position Held DIVISION DIRECTOR
2. 8 FACILITIES
3. DIV. OF FACILITIES MGT

**Section II. Financial Information**  
 Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

A.	List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.	Name	Address	Self Spouse	Dependent Name
1.					
2.					
3.					
4.					
5.					

B.	List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.	Name	Address	Self Spouse	Dependent Name
1.					
2.					
3.					
4.					
5.					

Last Name: Caroselli First Name: Lawrence Middle: M (for DLGS use only)  
 Municode: \_\_\_\_\_

State of New Jersey  
 Department of Community Affairs

**Local Government Ethics Law  
 Financial Disclosure Statement**

Division of Local Government Services  
 Local Finance Board

**Section II. Financial Information- continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self Spouse	Dependent Name
1.	N/A			
2.				
3.				
4.				
5.				

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self Spouse	Dependent Name
1.	N/A			
2.				
3.				
4.				
5.				

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1.	Westfield	Union	04809	0026		909 Irving Avenue	100%	X	
2.								X	
3.									
4.									
5.									

F. Please add any other information you believe is necessary to complete this form.

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

March 16, 2011  
 Date

[Signature]  
 Signature of Local Government Officer  
 (Original Signature)

Last Name: Caroselli First Name: Lawrence Middle: M Municode: \_\_\_\_\_  
(for DLCS use only)

State of New Jersey  
 Department of Community Affairs  
 Division of Local Government Services  
 Local Finance Board

## Local Government Ethics Law Financial Disclosure Statement

*This Financial Disclosure Statement is required annually of all local government officers  
 in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.*

(Please Type or Print)

Year of Service: 2011

### Section I. Personal Information - Local Government Officer

Local Government Served \_\_\_\_\_ County: Union Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_

First Name: Lawrence Middle: M Last Name: Caroselli  
 \*Spouse's First Name: Joan Middle: L Last Name: Caroselli

Home Address: 909 Irving Avenue, Westfield Home: 908-233-4133 Telephone Numbers (optional) 908-527-4055  
 (optional) Business: \_\_\_\_\_

\* Spouse includes a Civil Union partner.  
 Agency: \_\_\_\_\_ Position Held: CFO Term Expires (if applicable): DOMINNE RAJOPPI, County Clerk

1. County of Union
2. \_\_\_\_\_
3. \_\_\_\_\_

### Section II. Financial Information

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.

	Name	Address	Self	Spouse	Dependent Name
1.	<u>County of Union</u>	<u>Admin Bldg, Elizabethtown Plaza, Elizabeth, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	<u>Linden Board of Education</u>	<u>Linden, NJ 07036</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3.	<u>Rental Income</u>	<u>Emerald Isle, N. Carolina</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

	Name	Address	Self	Spouse	Dependent Name
1.	<u>N/A</u>		<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"/>	
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

UNION CO. CLERK'S OFFICE  
 FILED  
 APR - 6 2011

Last Name: Padusniak, Jr.

First Name: Frank

Middle: W

(for DLCS use only)  
Municode: \_\_\_\_\_

State of New Jersey  
Department of Community Affairs

### Local Government Ethics Law Financial Disclosure Statement

Division of Local Government Services  
Local Finance Board

#### Section II. Financial Information - continued

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self Spouse	Dependent Name
1.	N/A			
2.				
3.				
4.				
5.				

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self Spouse	Dependent Name
1.	N/A			
2.				
3.				
4.				
5.				

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Self Spouse	Dependent Name
1.	Garnwood	Union	18	22		310 Hickory Avenue	100%	X	X	
2.	Lacey Township	Ocean	16342	18		2 Hill Top Court	100%	X	X	
3.										
4.										
5.										

F. Please add any other information you believe is necessary to complete this form.

[Redacted area for additional information]

#### Section III. Certification

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

3/18/2016  
Date

[Signature]  
Signature of Local Government Officer  
(Original Signature)

Last Name: Padusniak, Jr.

First Name: Frank

Middle: W

Other: [ ]

(for DCS use only)  
Municode: [ ]

State of New Jersey  
Department of Community Affairs

# Local Government Ethics Law Financial Disclosure Statement

Division of Local Government Services  
Local Finance Board

This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.

Year of Service: 2011

(Please Type or Print)

## Section I. Personal Information - Local Government Officer

Local Government Served: [ ] County: Union Other: [ ]

Municipality: [ ] First Name: Frank Middle: W Last Name: Padusniak, Jr.

\*Spouse's First Name: Robbyn Middle: K Last Name: Padusniak

Home Address: 310 Hickory Avenue Telephone Numbers (optional)  
Home: 908-654-0631  
Business: 908-527-4754

Position Held: Comptroller Consultant Term Expires (if applicable): JENNIFER RAJOPPI, County Clerk

- 1. County of Union
- 2. City of Linden
- 3. [ ]

## Section II. Financial Information

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.

Name	Address	Self	Spouse	Dependent Name
1. County of Union	10 Elizabethtown Plaza, Elizabeth NJ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. County of Union	Courthouse Complex, Surrogates Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. City of Linden	301 North Wood Avenue, Linden, NJ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4. [ ]	[ ]	<input type="checkbox"/>	<input type="checkbox"/>	
5. [ ]	[ ]	<input type="checkbox"/>	<input type="checkbox"/>	

B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

Name	Address	Self	Spouse	Dependent Name
1. N/A		<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"/>	
5. [ ]	[ ]	<input type="checkbox"/>	<input type="checkbox"/>	

UNION CO. CLERK'S OFFICE  
FILED  
APR - 6 2011



Last Name: Bowe First Name: Joseph Middle: P (for DLCS use only) Municode: \_\_\_\_\_

State of New Jersey  
Department of Community Affairs

**Local Government Ethics Law  
Financial Disclosure Statement**

Division of Local Government Services  
Local Finance Board

**Section II. Financial Information - continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self Spouse	Dependent Name
1.	N/A			
2.				
3.				
4.				
5.				

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self Spouse	Dependent Name
1.	N/A			
2.				
3.				
4.				
5.				

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.


	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Self Spouse	Dependent Name
1.	Scotch Plains	Union	3601	8		384 Park View Drive	100%	X		
2.										
3.										
4.										
5.										

F. Please add any other information you believe is necessary to complete this form.

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

Date March 16, 2011

  
Signature of Local Government Officer  
(Original Signature)

Last Name: **Bowe**  
State of New Jersey  
Department of Community Affairs

First Name: **Joseph**

Middle: **P**

(for DLGS use only)  
Municode: \_\_\_\_\_

# Local Government Ethics Law Financial Disclosure Statement

This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
(Please Type or Print)

Division of Local Government Services  
Local Finance Board

Year of Service: **2011**

## Section I. Personal Information - Local Government Officer

Local Government Served  
Municipality: \_\_\_\_\_

County: **Union**

Other: \_\_\_\_\_

First Name: **Joseph**

Middle: **P**

Last Name: **Bowe**

\*Spouse's  
First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: **384 Park View Drive, Scotch Plains, NJ**  
(optional)

Home: \_\_\_\_\_  
Business: \_\_\_\_\_

Telephone Numbers (optional)  
**908-889-8222**  
**908-527-4099**

**UNION CO. CLERK'S OFFICE**  
**FILED**  
**APR - 6 2011**

\* Spouse includes a Civil Union partner.  
Agency: \_\_\_\_\_

Position Held  
Director, Division Treasurer

Term Expires (if applicable)  
**JOANNE RAJOPPI, County Clerk**

1. County of Union
2. \_\_\_\_\_
3. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Section II. Financial Information

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.

Name

Address

Self Spouse

Dependent Name

1. County of Union
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

1. 10 Elizabethtown Plaza Elizabeth NJ
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

1.
2.
3.
4.
5.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

Name

Address

Self Spouse

Dependent Name

1. N/A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

1.
2.
3.
4.
5.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



Last Name: GUZZO

First Name: FRANK

Middle: L

(For DLGS use only)  
Municode: \_\_\_\_\_

Section II. Financial Information- continued

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self Spouse	Dependent Name
1.	<u>N/A</u>		<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self Spouse	Dependent Name
1.	<u>N/A</u>		<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1.	<u>Fanwood</u>	<u>Union</u>	<u>70</u>	<u>20</u>		<u>4 Nichols Court</u>	<u>100</u>	<input checked="" type="checkbox"/>	<u>same as previous</u>
2.								<input type="checkbox"/>	
3.								<input type="checkbox"/>	
4.								<input type="checkbox"/>	
5.								<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

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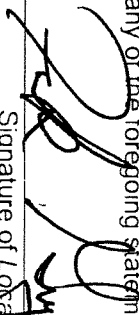


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Section III. Certification

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

Date: 4/15/11

  
Signature of Local Government Officer  
(Original Signature)

This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
 (Please Type or Print)

Year of Service: **2011**

**Section I. Personal Information- Local Government Officer**

Local Government Served: \_\_\_\_\_ County: Union Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 First Name: FRANK Middle: L Last Name: GUZZO Suffix: \_\_\_\_\_  
 \* Spouse's First Name: JANE Middle: A Last Name: Frost - Guzzo Suffix: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home: \_\_\_\_\_ Telephone Numbers (optional) \_\_\_\_\_  
 (optional) \_\_\_\_\_ Business: \_\_\_\_\_

\* Spouse includes a Civil Union partner.

1. Human Agency Services Position Held: Director Term Expires (if applicable): RAJOPP, County Clerk NJ
2. \_\_\_\_\_
3. \_\_\_\_\_

**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- |    |                                  |      |                                   |         |                                     |             |                          |                |                        |
|----|----------------------------------|------|-----------------------------------|---------|-------------------------------------|-------------|--------------------------|----------------|------------------------|
| 1. | <u>Union County Government</u>   | Name | <u>Elizabeth Plaza, Elizabeth</u> | Address | <input checked="" type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name | <u>Gabriela Guzzo</u>  |
| 2. | <u>Nutley Board of Education</u> | Name | <u>155 Broad St, Bloomfield</u>   | Address | <input checked="" type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name | <u>Alexandra Guzzo</u> |
| 3. | _____                            | Name | _____                             | Address | <input type="checkbox"/>            | Self Spouse | <input type="checkbox"/> | Dependent Name | _____                  |
| 4. | _____                            | Name | _____                             | Address | <input type="checkbox"/>            | Self Spouse | <input type="checkbox"/> | Dependent Name | _____                  |
| 5. | _____                            | Name | _____                             | Address | <input type="checkbox"/>            | Self Spouse | <input type="checkbox"/> | Dependent Name | _____                  |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- |    |       |      |       |         |                          |             |                          |                |       |
|----|-------|------|-------|---------|--------------------------|-------------|--------------------------|----------------|-------|
| 1. | _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name | _____ |
| 2. | _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name | _____ |
| 3. | _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name | _____ |
| 4. | _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name | _____ |
| 5. | _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name | _____ |

Last Name: DiSmore

First Name: Shana

Middle: L.

(For DLGS use only)  
Municode:

State of New Jersey  
Department of Community Affairs

**Local Government Ethics Law  
Financial Disclosure Statement**

Division of Local Government Services  
Local Finance Board

**Section II. Financial Information- continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

Name	Address	Self	Spouse	Dependent Name
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"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

Name	Address	Self	Spouse	Dependent Name
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"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
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"/>	
5.							<input type="checkbox"/>	<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

3-18-11  
Date

Shana DiSmore  
Signature of Local Government Officer  
(Original Signature)

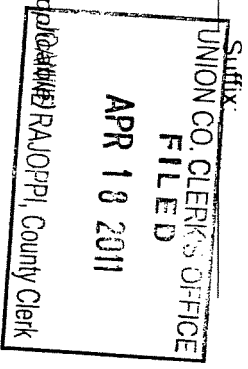
This Financial Disclosure Statement is required annually of all local government officers  
 in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
 Year of Service: **2011**  
 (Please Type or Print)

**Section I. Personal Information- Local Government Officer**

Local Government Served: \_\_\_\_\_ County: Union Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 First Name: Karen Middle: Lena Last Name: Dinsmore Suffix: \_\_\_\_\_  
 \* Spouse's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Telephone Numbers (optional) \_\_\_\_\_  
 (optional) Home: \_\_\_\_\_ Business: \_\_\_\_\_

\* Spouse includes a Civil Union partner.

1. Union County Dept. of Human Services Assistant Director \_\_\_\_\_  
 Agency Position Held Term Expires (if applicable) \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate  
**NONE** in the space provided. If additional space is needed, please use Extension Forms.

A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.

	Name	Address	Self Spouse	Dependent Name
1.	<u>County of Union</u>	<u>Elizabeth, NJ</u>	<input checked="" type="checkbox"/>	
2.	_____	_____	<input type="checkbox"/>	
3.	_____	_____	<input type="checkbox"/>	
4.	_____	_____	<input type="checkbox"/>	
5.	_____	_____	<input type="checkbox"/>	

B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

	Name	Address	Self Spouse	Dependent Name
1.	_____	_____	<input type="checkbox"/>	
2.	_____	_____	<input type="checkbox"/>	
3.	_____	_____	<input type="checkbox"/>	
4.	_____	_____	<input type="checkbox"/>	
5.	_____	_____	<input type="checkbox"/>	

Last Name: Rivera

First Name: Antonio

Middle: C

(For DLGS use only)  
Municode: \_\_\_\_\_

State of New Jersey  
Department of Community Affairs

Local Government Ethics Law  
Financial Disclosure Statement

Division of Local Government Services  
Local Finance Board

**Section II. Financial Information - continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self	Spouse	Dependent Name
1)	N/A		<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"/>	
5)			<input type="checkbox"/>	<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self	Spouse	Dependent Name
1)	Homebuilders Group, LLC	150 Lincoln Ave., Elizabeth, NJ 07208	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2)	The AMG Group, LLC	150 Lincoln Ave., Elizabeth, NJ 07208	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	
5)			<input type="checkbox"/>	<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Street Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1)	Elizabeth	Union	13	705	150 Lincoln Ave.	100	<input checked="" 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"/>	
5)							<input type="checkbox"/>	<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

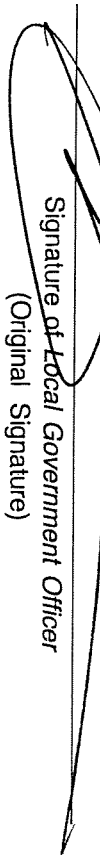
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

3/17/2011

Date

  
Signature of Local Government Officer  
(Original Signature)

Last Name: Rivera First Name: Antonio Middle: C (for DLGS use only) Municode: \_\_\_\_\_

State of New Jersey Department of Community Affairs  
**Local Government Ethics Law**  
**Financial Disclosure Statement**  
 Division of Local Government Services  
 Local Finance Board

This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
 Year: 2011

**Section I. Personal Information - Local Government Officer**

Local Government Served: Elizabeth Municipality: \_\_\_\_\_ County: Union Other: \_\_\_\_\_  
 First Name: Antonio Middle: C Last Name: Rivera Suffix: \_\_\_\_\_  
 Spouse's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: 150 Lincoln Ave Elizabeth, NJ 07208 Telephone Numbers (optional): \_\_\_\_\_  
 Home: (908) 527-4195 Business: \_\_\_\_\_  
 Position Held: Director, Workforce Investment Board Term Expires (if applicable): APR 18 2011  
 Agency: \_\_\_\_\_

CLERKS OFFICE FILED APR 18 2011

**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

A. List the name and address of each source of income, earned or unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.

	Name	Address	Self	Spouse	Dependent Name
1)	County of Union	10 Elizabethtown Plaza, Elizabeth, NJ 07201	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2)	The AMG Group, LLC	150 Lincoln Ave., Elizabeth, NJ 07208	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	
5)			<input type="checkbox"/>	<input type="checkbox"/>	

B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

	Name	Address	Self	Spouse	Dependent Name
1)	N/A		<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"/>	
5)			<input type="checkbox"/>	<input type="checkbox"/>	

Last Name: BENSON

First Name: FRANCES

Middle: \_\_\_\_\_

(for DLGS use only)  
Municode: \_\_\_\_\_

State of New Jersey  
Department of Community Affairs

Local Government Ethics Law  
Financial Disclosure Statement

Division of Local Government Services  
Local Finance Board

Section II. Financial Information- continued

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

1.	2.	3.	4.	5.
County of Union	Admin Bldg. Elizabeth NJ 07207	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

1.	2.	3.	4.	5.
N/A	N/A			

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

1.	2.	3.	4.	5.
Municipality Morris	County Morris	Block 110	Lot 90	Qual.

F. Please add any other information you believe is necessary to complete this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section III. Certification

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

Date 4/11/11

Signature of Local Government Officer  
(Original Signature)

This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq. the Local Government Ethics Law.  
 Year of Service: **2011**  
 (Please Type or Print)

**Section I. Personal Information - Local Government Officer**

Local Government Served: \_\_\_\_\_ Municipality: \_\_\_\_\_  
 County: Union Other: \_\_\_\_\_  
 First Name: Frances Middle: Alene Last Name: Benson Suffix: MS.  
 \*Spouse's First Name: Thomas Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: MR.  
 Home Address: \_\_\_\_\_ Telephone Numbers (optional): \_\_\_\_\_  
 (optional) Home: \_\_\_\_\_ Business: \_\_\_\_\_

\* Spouse includes a Civil Union partner.

1. Union County Prison Agency Agency Position Held: Executive Director Term Expires If applicable: None  
 2. \_\_\_\_\_ Position Held: \_\_\_\_\_  
 3. \_\_\_\_\_ Position Held: \_\_\_\_\_

**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- |    |                        |      |                                |         |              |             |                                     |                |             |
|----|------------------------|------|--------------------------------|---------|--------------|-------------|-------------------------------------|----------------|-------------|
| 1. | <u>County of Union</u> | Name | <u>Adm. Bldg. Elizabeth NJ</u> | Address | <u>07207</u> | Self Spouse | <input checked="" type="checkbox"/> | Dependent Name | <u>None</u> |
| 2. | <u>AdLife Vision</u>   | Name | <u>River Rd. Chatham NJ</u>    | Address | <u>07824</u> | Self Spouse | <input checked="" type="checkbox"/> | Dependent Name | <u>None</u> |
| 3. | _____                  | Name | _____                          | Address | _____        | Self Spouse | <input type="checkbox"/>            | Dependent Name | _____       |
| 4. | _____                  | Name | _____                          | Address | _____        | Self Spouse | <input type="checkbox"/>            | Dependent Name | _____       |
| 5. | _____                  | Name | _____                          | Address | _____        | Self Spouse | <input type="checkbox"/>            | Dependent Name | _____       |

- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- |    |             |      |       |         |       |             |                          |                |       |
|----|-------------|------|-------|---------|-------|-------------|--------------------------|----------------|-------|
| 1. | <u>None</u> | Name | _____ | Address | _____ | Self Spouse | <input type="checkbox"/> | Dependent Name | _____ |
| 2. | _____       | Name | _____ | Address | _____ | Self Spouse | <input type="checkbox"/> | Dependent Name | _____ |
| 3. | _____       | Name | _____ | Address | _____ | Self Spouse | <input type="checkbox"/> | Dependent Name | _____ |
| 4. | _____       | Name | _____ | Address | _____ | Self Spouse | <input type="checkbox"/> | Dependent Name | _____ |
| 5. | _____       | Name | _____ | Address | _____ | Self Spouse | <input type="checkbox"/> | Dependent Name | _____ |

UNION CO. CLERK'S OFFICE  
 FILED  
 APR 18 2011  
 JOANNE RAJOPI, County Clerk



Last Name: Kozlowski First Name: Tom Middle: M

State of New Jersey  
Department of Community Affairs

**Local Government Ethics Law  
Financial Disclosure Statement**

(for DLGS use only)  
Municode: \_\_\_\_\_  
Division of Local Government Services  
Local Finance Board

**Section II. Financial Information - continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self	Spouse	Dependent Name
1.			<input type="checkbox"/>	<input type="checkbox"/>	
2.			<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.	<u>N/A</u>		<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self	Spouse	Dependent Name
1.			<input type="checkbox"/>	<input type="checkbox"/>	
2.			<input type="checkbox"/>	<input type="checkbox"/>	
3.	<u>N/A</u>		<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	<u>Ascatowny</u>	<u>Madison</u>	<u>689</u>	<u>12</u>		<u>48 Seaman Ave</u>	<u>100</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.								<input type="checkbox"/>	<input type="checkbox"/>	
3.								<input type="checkbox"/>	<input type="checkbox"/>	
4.								<input type="checkbox"/>	<input type="checkbox"/>	
5.								<input type="checkbox"/>	<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

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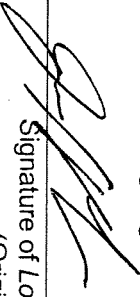


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**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

3/21/11  
Date

  
Signature of Local Government Officer  
(Original Signature)

This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
 (Please Type or Print) Year of Service: **2011**

Section I. Personal Information- Local Government Officer  
 Local Government Served \_\_\_\_\_ County: Union Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_

First Name: JEAN Middle: M Last Name: Kosulinski Suffix: \_\_\_\_\_  
 \*Spouse's First Name: Deborah Middle: A Last Name: Kosulinski Suffix: \_\_\_\_\_  
 Home Address: 48 Seward Ave Home: 908 463-9454 Telephone Numbers (optional) \_\_\_\_\_  
 (optional) Locatunny NJ 08854 Business: 908 527-4612

\* Spouse includes a Civil Union partner.  
 Agency: Apd of Human Services Position Held: Disial Director Term Expires (if applicable): \_\_\_\_\_  
 1. Apd of Human Services 2. \_\_\_\_\_ 3. \_\_\_\_\_

UNION CO. CLERKS OFFICE  
 FILED  
 APR 18 2011  
 JOANNE RAJOPP, County Clerk

Section II. Financial Information

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.

	Name	Address	Self Spouse	Dependent Name
1.				
2.				
3.	<u>N/A</u>			
4.				
5.				

B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

	Name	Address	Self Spouse	Dependent Name
1.				
2.	<u>N/A</u>			
3.				
4.				
5.				

Last Name: ANDERSON  
 State of New Jersey  
 Department of Community Affairs

First Name: MARYANN

Middle: \_\_\_\_\_

(for DLGS use only)  
 Municode: \_\_\_\_\_

**Local Government Ethics Law  
 Financial Disclosure Statement**

Division of Local Government Services  
 Local Finance Board

**Section II. Financial Information - continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self	Spouse	Dependent Name
1.	<u>NONE</u>		<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"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self	Spouse	Dependent Name
1.	<u>NONE</u>		<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"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	<u>Plainfield</u>	<u>Union</u>					<u>50%</u>	<input checked="" 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"/>	
5.								<input type="checkbox"/>	<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

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**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

Maryann Anderson  
 Signature of Local Government Officer  
 (Original Signature)

Date \_\_\_\_\_

**Section I. Personal Information - Local Government Officer**

Local Government Served: Plainfield County: Union Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 First Name: Mary Ann Middle: \_\_\_\_\_ Last Name: ANDERSON Suffix: MS.  
 \*Spouse's  
 First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Home Address: 1822 WEST HURTH STREET Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Telephone Numbers (optional)  
 (optional) PLAINFIELD, NJ. 07063 Home: 908 753-6726 Business: 908 791-2039

Suffix: \_\_\_\_\_  
 APR 18 2011  
 CO. CLERK'S OFFICE  
 FILED  
 (SARAH RAJOPPI, County Clerk)

- Plainfield Democratic Committee Agency Ward Committee Person Position Held 12/31/11 Term Expires (if app) 2012
- Plainfield Housing Authority Commissioner Person
- County of Union Director of One-Stop

**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- | Name                      | Address                                | Self Spouse                         | Dependent Name |
|---------------------------|--|-------------------------------------|----------------|
| 1. <u>County of Union</u> | <u>10 Elizabethtown Plaza Eliz, NJ</u> | <input checked="" type="checkbox"/> |                |
| 2. _____                  | _____                                  | <input type="checkbox"/>            |                |
| 3. _____                  | _____                                  | <input type="checkbox"/>            |                |
| 4. _____                  | _____                                  | <input type="checkbox"/>            |                |
| 5. _____                  | _____                                  | <input type="checkbox"/>            |                |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- | Name     | Address | Self Spouse              | Dependent Name |
|----------|---------|--------------------------|----------------|
| 1. _____ | _____   | <input type="checkbox"/> |                |
| 2. _____ | _____   | <input type="checkbox"/> |                |
| 3. _____ | _____   | <input type="checkbox"/> |                |
| 4. _____ | _____   | <input type="checkbox"/> |                |
| 5. _____ | _____   | <input type="checkbox"/> |                |

Last Name: Stone  
 State of New Jersey  
 Department of Community Affairs

First Name: Patricia

Middle: J

(for DLGS use only)  
 Municode:

**Local Government Ethics Law  
 Financial Disclosure Statement**

Division of Local Government Services  
 Local Finance Board

**Section II. Financial Information- continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self	Spouse	Dependent Name
1.	<u>None</u>		<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"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self	Spouse	Dependent Name
1.	<u>None</u>		<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"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	<u>Roselle Park</u>	<u>Union</u>	<u>810</u>	<u>36</u>		<u>157 E Grant Ave</u>	<u>50%</u>	<input checked="" 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"/>	
5.								<input type="checkbox"/>	<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this statement.

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement is true and correct to the best of my knowledge and belief, and that I am not aware of any material fact and, together with any and all statements previously submitted in writing, constitute a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to which I am subject to fines and possible disciplinary action.

3/23/11  
 Date

Patricia Stone  
 Signature of Local Government Officer  
 (Original Signature)

Last Name: Stone First Name: Patricia Middle: J

State of New Jersey  
Department of Community Affairs

### Local Government Ethics Law Financial Disclosure Statement

This Financial Disclosure Statement is required annually of all local government officers  
in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
(Please Type or Print)

(for DLGS use only)  
Municode: \_\_\_\_\_  
Division of Local Government Services  
Local Finance Board  
Year of Service: **2011**

#### Section I. Personal Information- Local Government Officer

Local Government Served \_\_\_\_\_ County: Union Other: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Middle: Jo Last Name: Stone Suffix: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
\*Spouse's \_\_\_\_\_ Telephone Numbers (optional) \_\_\_\_\_  
First Name: \_\_\_\_\_ Home: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Business: \_\_\_\_\_  
(optional) \_\_\_\_\_

\* Spouse includes a Civil Union partner.  
Agency \_\_\_\_\_ Position Held \_\_\_\_\_ Term Expires (if applicable) \_\_\_\_\_

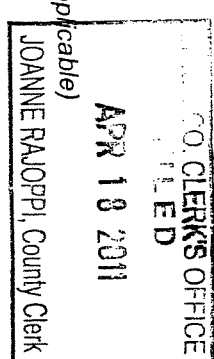
- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

#### Section II. Financial Information

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.  
1. Name: County of Union Address: Elizabeth, NJ Self Spouse  Dependent Name \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.  
1. Name: None Address: \_\_\_\_\_ Self Spouse  Dependent Name \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_



Last Name: Gillon

First Name: Charles

Middle: J.

(for DLGS use only)  
Municode:

State of New Jersey  
Department of Community Affairs

### Local Government Ethics Law Financial Disclosure Statement

Division of Local Government Services  
Local Finance Board

#### Section II. Financial Information - continued

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self Spouse	Dependent Name
1.	Not Applicable		<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self Spouse	Dependent Name
1.	Not Applicable		<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1.			Not Applicable					<input type="checkbox"/>	
2.								<input type="checkbox"/>	
3.								<input type="checkbox"/>	
4.								<input type="checkbox"/>	
5.								<input type="checkbox"/>	

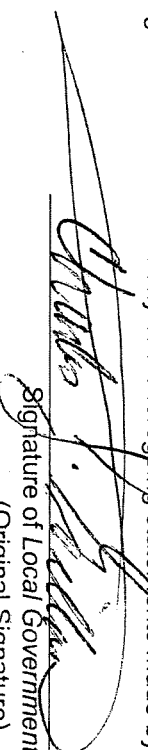
F. Please add any other information you believe is necessary to complete this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Section III. Certification

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

3/16/2011  
Date

  
Signature of Local Government Officer  
(Original Signature)

This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law. (Please Type or Print) **Year of Service: 2011**

**Section I. Personal Information- Local Government Officer**  
 Local Government Served \_\_\_\_\_ County: Union Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_

First Name: Charles Middle: J. Last Name: Gillon Suffix: \_\_\_\_\_  
 \*Spouse's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Home Address: 923 W. 6th Street, Plainfield, N.J. 07063 Last Name: \_\_\_\_\_ Telephone Numbers (optional) \_\_\_\_\_  
 (optional) Home: (908) 756-8135 Business: (908) 965-3704

\* Spouse includes a Civil Union partner.  
 1. \_\_\_\_\_ Agency Director of Welfare Position Held \_\_\_\_\_ Term Expires (if applicable) \_\_\_\_\_  
 2. Division of Social Services Director of Welfare \_\_\_\_\_  
 3. \_\_\_\_\_

**Section II. Financial Information**  
 Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business or organization.
- | Name                      | Address                                | Self Spouse                         | Dependent Name |
|---------------------------|--|-------------------------------------|----------------|
| 1. <u>County of Union</u> | <u>Administration Bldg. Eliz, N.J.</u> | <input checked="" type="checkbox"/> |                |
| 2. _____                  | _____                                  | <input type="checkbox"/>            |                |
| 3. _____                  | _____                                  | <input type="checkbox"/>            |                |
| 4. _____                  | _____                                  | <input type="checkbox"/>            |                |
| 5. _____                  | _____                                  | <input type="checkbox"/>            |                |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- | Name          | Address | Self Spouse              | Dependent Name |
|---------------|---------|--------------------------|----------------|
| 1. <u>N/A</u> |         | <input type="checkbox"/> |                |
| 2. _____      | _____   | <input type="checkbox"/> |                |
| 3. _____      | _____   | <input type="checkbox"/> |                |
| 4. _____      | _____   | <input type="checkbox"/> |                |
| 5. _____      | _____   | <input type="checkbox"/> |                |

MON CO. CLERK'S OFFICE  
 FILED  
 APR 18 2011  
 (for RA/OPPL, County Clerk)



Last Name: HATCHETT

First Name: YRABELL

Middle: C.

(For DLGS use only)  
Municode: \_\_\_\_\_

State of New Jersey  
Department of Community Affairs

**Local Government Ethics Law  
Financial Disclosure Statement**

Division of Local Government Services  
Local Finance Board

**Section II. Financial Information- continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self Spouse	Dependent Name
1.	<u>N/A</u>		<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self Spouse	Dependent Name
1.	<u>N/A</u>		<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1.	<u>EDISON</u>	<u>MIDDLESEX</u>	<u>161K</u>	<u>10</u>		<u>THEYSTONE COURT</u>	<u>100</u>	<input checked="" type="checkbox"/>	
2.								<input type="checkbox"/>	
3.								<input type="checkbox"/>	
4.								<input type="checkbox"/>	
5.								<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

4/5/11  
Date

[Signature]  
Signature of Local Government Officer  
(Original Signature)

This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
 Year of Service: **2011**

**Section I. Personal Information- Local Government Officer**

Local Government Served: \_\_\_\_\_ County: Union Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 First Name: JARRELL Middle: CLAYTON Last Name: HATCHELL Suffix: MR.  
 \*Spouse's: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Home Address: 727 BONNETT STREET Home: \_\_\_\_\_ Telephone Numbers (optional) \_\_\_\_\_  
 (optional) ELIZABETH, NJ 07202 Business: \_\_\_\_\_ 908-289-4636

\* Spouse includes a Civil Union partner.

1. Union County Agency: Div. of Youth Serv Position Held: Director Term Expires (if applicable): APR 13 2011  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

CO. CLERK'S OFFICE  
 FILED  
 APR 13 2011  
 JOANNE RAJOPPI, County Clerk

**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate **NONE** in the space provided. If additional space is needed, please use Extension Forms.

A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.

	Name	Address	Self	Spouse	Dependent Name
1.	<u>Union County DEPT. HUMAN SVCS.</u>	<u>1/30 E. ST. GEORGES AVE. - LINDSEY, NJ</u>	<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"/>	
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

	Name	Address	Self	Spouse	Dependent Name
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"/>	
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

Last Name: Malcolm

First Name: Trent

Middle: \_\_\_\_\_

(for DLGS use only)  
Municode: \_\_\_\_\_

State of New Jersey  
Department of Community Affairs

**Local Government Ethics Law  
Financial Disclosure Statement**

Division of Local Government Services  
Local Finance Board

**Section II. Financial Information- continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self	Spouse	Dependent Name
1.	<u>W/A</u>		<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"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self	Spouse	Dependent Name
1.	<u>W/A</u>		<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"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	<u>Franklin</u>	<u>Union</u>				<u>2100 5th Ave</u>	<u>100%</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Jake</u>
2.	<u>Franklin</u>	<u>Union</u>				<u>2100 5th Ave</u>	<u>100%</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Ryan</u>
3.								<input type="checkbox"/>	<input type="checkbox"/>	
4.								<input type="checkbox"/>	<input type="checkbox"/>	
5.								<input type="checkbox"/>	<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

Date 4-15-2011

Signature of Local Government Officer  
(Original Signature)

*This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law. (Please Type or Print)*

**Section I. Personal Information- Local Government Officer**

Local Government Served: \_\_\_\_\_ Municipality: \_\_\_\_\_ County: Union Other: \_\_\_\_\_  
 First Name: Richard Middle: \_\_\_\_\_ Last Name: Malcolm Suffix: \_\_\_\_\_  
 \*Spouse's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Telephone Numbers (optional) \_\_\_\_\_  
 (optional) \_\_\_\_\_ Home: \_\_\_\_\_ Business: \_\_\_\_\_ Suffix: \_\_\_\_\_

\* Spouse includes a Civil Union partner.

- UC Dept Human Resources <sup>Agency</sup> Confidential <sup>Position Held</sup> Asst Term Expires (if applicable)
- \_\_\_\_\_
- \_\_\_\_\_

UNION CO. CLERK'S OFFICE  
 FILED  
 APR 18 2011  
 JOANNE RAJOPPI, County Clerk

**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- UC Government <sup>Name</sup> Admin Bldg, Elizabeth, NJ <sup>Address</sup>  <sup>Self</sup>  <sup>Spouse</sup> JAKE <sup>Dependent Name</sup>
  - Ironworkers, #1480 <sup>Name</sup> Federal Headquarters, NJ <sup>Address</sup>  <sup>Self</sup>  <sup>Spouse</sup> FUGEN <sup>Dependent Name</sup>
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

- |          |      |         |                          |                          |                |
|----------|------|---------|--------------------------|--------------------------|----------------|
| 1. _____ | Name | Address | Self                     | Spouse                   | Dependent Name |
| 2. _____ |      |         | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 3. _____ |      |         | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 4. _____ |      |         | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 5. _____ |      |         | <input type="checkbox"/> | <input type="checkbox"/> |                |

Last Name: SEBRING

First Name: ELIZABETH

Middle: C.

(for DLGS use only)  
Municode: \_\_\_\_\_

State of New Jersey  
Department of Community Affairs

**Local Government Ethics Law  
Financial Disclosure Statement**

Division of Local Government Services  
Local Finance Board

**Section II. Financial Information- continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self	Spouse	Dependent Name
1.	N/A		<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"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self	Spouse	Dependent Name
1.	N/A		<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"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	Westfield	Union	03010	00001	↓	515 Trinity Place	100	<input checked="" 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"/>	
5.								<input type="checkbox"/>	<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

15 April 2011  
Date

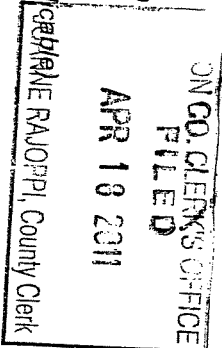
Elizabeth S. Sebring  
Signature of Local Government Officer  
(Original Signature)

**Section I. Personal Information - Local Government Officer**

Local Government Served: \_\_\_\_\_ County: Union County Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 First Name: ELIZABETH Middle: L. Last Name: SEBRING Suffix: \_\_\_\_\_  
 \*Spouse's First Name: N/A Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Home Address: 515 Trinity Place - 2MN Westfield, NJ 07090 Home: 908-317-9770 Telephone Numbers (optional): 908-527-4890  
 (optional) Business: \_\_\_\_\_

\* Spouse includes a Civil Union partner.

1. \_\_\_\_\_ Agency: \_\_\_\_\_ Position Held: \_\_\_\_\_ Term Expires (if applicable): \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_



**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business or organization.
- |    |                        |       |                               |         |                            |                          |                                     |                |       |
|----|------------------------|-------|-------------------------------|---------|----------------------------|--------------------------|-------------------------------------|----------------|-------|
| 1. | <u>County of Union</u> | Name  | <u>10 ELIZABETH DRUN RAZA</u> | Address | <u>ELIZABETH, NJ 07207</u> | Self Spouse              | <input checked="" type="checkbox"/> | Dependent Name | _____ |
| 2. | _____                  | _____ | _____                         | _____   | _____                      | <input type="checkbox"/> | <input type="checkbox"/>            | _____          | _____ |
| 3. | _____                  | _____ | _____                         | _____   | _____                      | <input type="checkbox"/> | <input type="checkbox"/>            | _____          | _____ |
| 4. | _____                  | _____ | _____                         | _____   | _____                      | <input type="checkbox"/> | <input type="checkbox"/>            | _____          | _____ |
| 5. | _____                  | _____ | _____                         | _____   | _____                      | <input type="checkbox"/> | <input type="checkbox"/>            | _____          | _____ |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- |    |            |       |       |         |       |                          |                          |                |       |
|----|------------|-------|-------|---------|-------|--------------------------|--------------------------|----------------|-------|
| 1. | <u>N/A</u> | Name  | _____ | Address | _____ | Self Spouse              | <input type="checkbox"/> | Dependent Name | _____ |
| 2. | _____      | _____ | _____ | _____   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____ |
| 3. | _____      | _____ | _____ | _____   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____ |
| 4. | _____      | _____ | _____ | _____   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____ |
| 5. | _____      | _____ | _____ | _____   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____ |

Last Name: F FEE WA First Name: A RYAN Middle: SEAN

State of New Jersey Department of Community Affairs  
 Division of Local Government Services Local Finance Board

Local Government Ethics Law  
 Financial Disclosure Statement

Section II. Financial Information - continued

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self	Spouse	Dependent Name
1.	NONE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	NONE		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self	Spouse	Dependent Name
1.	NONE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	PHYSICIAN FOR ADDICTIONS, LLC	303 OLP STENNIS, MD, MOUNTAINVIEW NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	MOUNTAINVIEW	UNION	15N	5		303 OLP STENNIS RD, MOUNTAINVIEW NJ	100	<input checked="" 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"/>	
5.								<input type="checkbox"/>	<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

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Section III. Certification

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

7/15/11  
 Date

[Signature]  
 Signature of Local Government Officer  
 (Original Signature)

This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
 (Please Type or Print)

Year of Service: **2011**

**Section I. Personal Information - Local Government Officer**

Local Government Served: MOUNTAINVIEW County: UNION Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 First Name: ALEXANDER Middle: JOHN Last Name: FACELLA Suffix: \_\_\_\_\_  
 \* Spouse's First Name: MARY Middle: \_\_\_\_\_ Last Name: FACELLA Suffix: \_\_\_\_\_  
 Home Address: 303 OLD TOTE ROAD Telephone Numbers (optional): (908) 289-0608  
MOUNTAINVIEW NJ 07072 Business: (908) 527-4910  
 \* Spouse includes a Civil Union partner: \_\_\_\_\_

UNION CO. CLERKS OFFICE  
 FILED  
 APR - 6 2011  
 JOANNE RAJOPI, County Clerk

**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- | Name                        | Address  | Self                                | Spouse                              | Dependent Name |
|-----------------------------|--|-------------------------------------|-------------------------------------|----------------|
| 1. <u>ALEXANDER FACELLA</u> | <u>COUNTY OF UNION, MOUNTAINVIEW</u>                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| 2. _____                    | <u>ALBANY, CLINTON, NY</u>                                     | <input type="checkbox"/>            | <input type="checkbox"/>            |                |
| 3. _____                    | <u>NEWARK BOARD OF SUPERVISORS</u>                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| 4. <u>MARY FACELLA</u>      | <u>5 CEDAR ST, NEWARK, NJ</u>                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| 5. <u>MARY FACELLA</u>      | <u>470 NEMIC FOUNTAIN RD, 303 OLD TOTE RD MOUNTAINVIEW, NJ</u> | <input type="checkbox"/>            | <input type="checkbox"/>            |                |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

- | Name            | Address | Self                     | Spouse                              | Dependent Name |
|-----------------|---------|--------------------------|-------------------------------------|----------------|
| 1. <u>NOONE</u> |         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                |
| 2. <u>NOONE</u> |         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                |
| 3. _____        |         | <input type="checkbox"/> | <input type="checkbox"/>            |                |
| 4. _____        |         | <input type="checkbox"/> | <input type="checkbox"/>            |                |
| 5. _____        |         | <input type="checkbox"/> | <input type="checkbox"/>            |                |



Last Name: ZORA First Name: Romana Middle: Rae

State of New Jersey  
Department of Community Affairs

**Local Government Ethics Law  
Financial Disclosure Statement**

(for DGS use only)  
Municode: \_\_\_\_\_  
Division of Local Government Services  
Local Finance Board

**Section II. Financial Information- continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self Spouse	Dependent Name
1.	<u>n/a</u>		<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self Spouse	Dependent Name
1.	<u>n/a</u>		<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1.	<u>Camden</u>	<u>Union</u>				<u>15 Elm St</u>	<u>50</u>	<input checked="" type="checkbox"/>	
2.								<input type="checkbox"/>	
3.								<input type="checkbox"/>	
4.								<input type="checkbox"/>	
5.								<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

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**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

Date: 4/18/11

Signature of Local Government Officer  
(Original Signature)

**Section I. Personal Information - Local Government Officer**

Local Government Served: \_\_\_\_\_ Municipality: Union County: \_\_\_\_\_ Other: \_\_\_\_\_  
 First Name: RONALD Middle: PAUL Last Name: ZURR Suffix: \_\_\_\_\_  
 \*Spouse's First Name: NARCISSA Middle: MARLA Last Name: ZURR Suffix: \_\_\_\_\_  
 Home Address: 15 ELM ST Telephone Numbers (optional): 908-325-6821 Home: \_\_\_\_\_ Business: 908-523-4910  
 (optional) CAMPBELL ST 07016

\* Spouse includes a Civil Union partner.

1. PARKS + Community Renewal Agency Deputy Director Position Held Director Term Expires (if applicable) APR 18 2011 PALMOPPI, County Clerk
2. \_\_\_\_\_
3. \_\_\_\_\_

**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- |    |                              |                           |              |                                     |             |                      |                |
|----|------------------------------|---------------------------|--------------|-------------------------------------|-------------|----------------------|----------------|
| 1. | <u>COUNY OF UNION</u>        | <u>10 ELIZABETH RD</u>    | <u>Patra</u> | <input checked="" type="checkbox"/> | Self Spouse | <u>MITCHELL ZURR</u> | Dependent Name |
| 2. | <u>ELIZABETH BORO OF ED.</u> | <u>500 NORTH BROAD ST</u> |              | <input checked="" type="checkbox"/> | Self Spouse |                      |                |
| 3. | _____                        | _____                     | _____        | <input type="checkbox"/>            |             | _____                | _____          |
| 4. | _____                        | _____                     | _____        | <input type="checkbox"/>            |             | _____                | _____          |
| 5. | _____                        | _____                     | _____        | <input type="checkbox"/>            |             | _____                | _____          |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- |    |             |       |       |                          |             |       |                |
|----|-------------|-------|-------|--------------------------|-------------|-------|----------------|
| 1. | <u>None</u> | _____ | _____ | <input type="checkbox"/> | Self Spouse | _____ | Dependent Name |
| 2. | _____       | _____ | _____ | <input type="checkbox"/> |             | _____ | _____          |
| 3. | _____       | _____ | _____ | <input type="checkbox"/> |             | _____ | _____          |
| 4. | _____       | _____ | _____ | <input type="checkbox"/> |             | _____ | _____          |
| 5. | _____       | _____ | _____ | <input type="checkbox"/> |             | _____ | _____          |

Last Name: **MILVAGGIO**  
State of New Jersey  
Department of Community Affairs

First Name: **KATHLEEN**  
Middle: **M**

(for DLGS use only)  
Municipality: \_\_\_\_\_  
Division of Local Government Services  
Local Finance Board

**Section II. Financial Information - continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

1.	Name	Address	Self	Spouse	Dependent Name
2.					
3.					
4.					
5.					

D. List the name and address of all business organizations in which an interest was held.

1.	Name	Address	Self	Spouse	Dependent Name
2.					
3.					
4.					
5.					

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

1.	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
2.	SARWOOD	UNION	105	10		3734TH AVENUE	100	X	X	
3.										
4.										
5.										

F. Please add any other information you believe is necessary to complete this form.

\_\_\_\_\_

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

\_\_\_\_\_ Date  
Signature of Local Government Officer  
(Original Signature)

Last Name: **VILLAGGIO** First Name: **KATHLEEN** Middle: **M** (for DGS use only) Municode: \_\_\_\_\_

State of New Jersey Department of Community Affairs Division of Local Government Services Local Finance Board

### Local Government Ethics Law Financial Disclosure Statement

This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law. (Please Type or Print)

Year of Service: **2011**

#### Section I. Personal Information - Local Government Officer

Local Government Served: **GARWOOD** Municipality: **GARWOOD** County: **UNION** Other: \_\_\_\_\_

First Name: **KATHLEEN** Middle: **M** Last Name: **VILLAGGIO**

\*Spouse's First Name: **ANTHONY** Middle: \_\_\_\_\_ Last Name: **VILLAGGIO**

Home Address: **343 4TH AVENUE GARWOOD, NJ** Home: \_\_\_\_\_ Telephone Numbers (optional): \_\_\_\_\_ Business: \_\_\_\_\_

\* Spouse includes a Civil Union partner. Position Held: **DIRECTOR FINANCIAL CONTROLS PARKS PLANNING BOARD MEMBER** Term Expires (if applicable): **MAR 31 2011**

- COUNTY OF UNION** Agency: \_\_\_\_\_ Position Held: \_\_\_\_\_ Term Expires (if applicable): \_\_\_\_\_
- BOROUGH OF GARWOOD** Agency: \_\_\_\_\_ Position Held: \_\_\_\_\_ Term Expires (if applicable): \_\_\_\_\_
- BOROUGH OF GARWOOD** Agency: \_\_\_\_\_ Position Held: \_\_\_\_\_ Term Expires (if applicable): \_\_\_\_\_

#### Section II. Financial Information

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.

Name	Address	Self Spouse	Dependent Name
1. <b>COUNTY OF UNION</b>	<b>10 ELIZABETH TOWN PLAZA, ELIZABETH, NJ</b>	<input checked="" type="checkbox"/>	
2. <b>PSFAG</b>	<b>WESTON CANAL ROAD, SOMERSET, NJ</b>	<input checked="" type="checkbox"/>	
3. _____	_____	<input type="checkbox"/>	
4. _____	_____	<input type="checkbox"/>	
5. _____	_____	<input type="checkbox"/>	

B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

Name	Address	Self Spouse	Dependent Name
1. _____	_____	<input type="checkbox"/>	
2. _____	_____	<input type="checkbox"/>	
3. _____	_____	<input type="checkbox"/>	
4. _____	_____	<input type="checkbox"/>	
5. _____	_____	<input type="checkbox"/>	

UNION CO. CLERK'S OFFICE FILED MAR 31 2011 DANIEL RAJOPPI, County Clerk



# COUNTY OF UNION

## Part C - GOVERNMENT RECORDS REQUEST RESPONSE

Requestor: Tina Renna - UCWA

Request Date: 10/3/11

- Document(s) provided: 1 <sup>E-FILE</sup> pages, at a total cost of: no fee <sup>All 2011 financial disclosure forms filed by all UC-employee officials that are required to file them</sup>
- Special Service Charge imposed - Reason: \_\_\_\_\_
- Document(s) have been inspected by the requestor on the date shown below: \_\_\_\_\_ documents, \_\_\_\_\_ total pages
- Document(s) not provided (see below): \_\_\_\_\_

The document(s) you have requested that are checked below are NOT being provided because the document(s) are considered privileged or are otherwise exempt from public access, as provided by applicable law:

Privileged or Protected Category	Authority for Denial or Redaction
<input type="checkbox"/> Advisory, Consultative or Deliberative material	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Autopsy Photos / Video	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Attorney-Client Privilege Information	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Computer Security Information	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Criminal Investigatory Records	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Credit Card Numbers	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Domestic Security (Sabotage or Terrorism)	Executive Order 21 (McGreevey)
<input type="checkbox"/> Grievance Information with public employer	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Drivers' License Numbers	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Electronic Surveillance Materials	N.J.S.A. 2A:156A-19
<input type="checkbox"/> Emergency or Security Information or Procedures	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Employee Sexual Harassment Complaints	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Fingerprint Cards	Executive Order 9 (Hughes)
<input type="checkbox"/> Individual's Medical, Financial, or Tax records	Executive Order 26 (McGreevey)
<input type="checkbox"/> Insurance Communications	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Investigation in Progress	N.J.S.A. 47:1A-3.a
<input type="checkbox"/> Labor Negotiation Information (strategy or positions)	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Personnel or Pension Records	N.J.S.A. 47:1A-10
<input type="checkbox"/> Photographs of Crime Scene	Executive Order 9 (Hughes)
<input type="checkbox"/> Proprietary Information	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Reasonable Expectation of Privacy	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Resumes of unsuccessful applicants	Executive Order 26 (McGreevey)
<input type="checkbox"/> Safety of persons or the public	Executive Order 69 (Whitman)
<input type="checkbox"/> Security Measures and Surveillance Techniques	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Social Security Numbers	N.J.S.A. 47:1A-1.1, et seq.
<input type="checkbox"/> Test Questions, Scoring Keys, or other Exam Data	Executive Order 26 (McGreevey)
<input type="checkbox"/> Victim records	N.J.S.A. 47:1A-1.1; N.J.S.A. 2A:82-46b
<input type="checkbox"/> Record has been destroyed/not retained pursuant to:	Records Retention and Disposition Schedule
<input type="checkbox"/> Other	

You have a right to appeal this decision that the documents requested are not accessible. You may take your appeal to the Government Records Council (GRC) or to the New Jersey Superior Court as provided by N.J.S.A. 47:1A-6 and 7. Please see the attached "Part D - Procedures to Challenge Denial of Access to Government Records" and GRC information.

Date: 10/14/11  
M. Jukate  
County Official

### ACKNOWLEDGMENT

I hereby acknowledge that I have received copies of, or have been permitted to view/inspect, the documents requested except for any documents specifically listed above on which a determination has been made that the documents could not be provided in accordance with applicable law. If any documents have not been provided, I have received information as to the procedures for an appeal of the determination.

Date: \_\_\_\_\_  
Requestor's Signature

