

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

First Name: BARBARA

Middle: A

(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. MORRISTOWN & ERIE RAILWAY	49 ABBETT AVE, MORRISTOWN, NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. MAINE EASTERN RAILWAY	1 RAILROAD AVE, ROCKLAND ME	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. AAR	WASHINGTON, DC	<input type="checkbox"/>	<input checked="" 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. MORRISTOWN & ERIE RAILWAY	49 ABBETT AVE, MORRISTOWN, NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. STEEL ROAD CLASSES	1 RAILROAD AVE, LAKEVILLE, NY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. WINY P RAILWAY	_____	<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. PLAINFIELD	COUNTY				981 CENTRAL AVENUE	100	<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.

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.

Barbara A Fuller 4/18/11
 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: BARBARA Middle: ANN Last Name: FULLER Suffix: _____

*Spouse's First Name: GORDON Middle: RICHARD Last Name: FULLER Suffix: _____

Home Address: 981 CENTRAL AVENUE Telephone Numbers (optional) 908-756-4489
PLAINFIELD NJ 07060 Business: 908-558-2555

* Spouse includes a Civil Union partner.

Agency	Position Held	Term Expires (if applicable)
1. <u>COUNTY OF UNION OFFICE OF CULTURAL AND HERITAGE AFFAIRS</u>	<u>ADMINISTRATOR</u>	<u>JOANNE RAJOPPI, County Clerk</u>
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>MORRISTOWN & ERIE RAILWAY</u>	<u>49 ABBETT AVE, MORRISTOWN</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
2. <u>WINY P RAILWAY</u>	<u>1 RAILROAD AVE, LAKEVILLE, NY</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
3. <u>COUNTY OF UNION</u>	<u>ELIZABETH, NJ</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
4. <u>RRRB</u>	<u>844 N. RUSH ST, CHICAGO, IL</u>	<input type="checkbox"/>	<input checked="" 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>WINY P RAILWAY</u>	<u>1 RAILROAD AVE, LAKEVILLE, NY</u>	<input 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"/>	_____

Last Name: Pelesko

First Name: Richard

Middle: J

(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.								<input type="checkbox"/>	
2.								<input type="checkbox"/>	
3.								<input type="checkbox"/>	
4.	<u>N/A</u>							<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.

3/15/11
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 _____ County: Union County Other: _____
 Municipality: _____
 First Name: Richard Middle: J Last Name: Relesko Suffix: _____
 *Spouse's First Name: _____ Middle: _____ Last Name: _____
 Home Address: 133 Richmond Terrace Telephone Numbers (optional) _____
 (optional) Rahway NJ 07065 Home: _____ Business: 908-587-4131

Suffix: _____
 FILED
 MAR 22 2011
 JOHANNNE RAJO PPI, County Clerk

* Spouse includes a Civil Union partner.

1. County of Union Agency Bureau Chief 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>Richard Relesko</u> | <u>133 Richmond Terr Rahway 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. <u>N/A</u> | _____ | <input type="checkbox"/> | _____ |
| 2. _____ | _____ | <input type="checkbox"/> | _____ |
| 3. _____ | _____ | <input type="checkbox"/> | _____ |
| 4. _____ | _____ | <input type="checkbox"/> | _____ |
| 5. _____ | _____ | <input type="checkbox"/> | _____ |

Last Name: MATHEW

First Name: MATHUKUTTY

Middle: K

(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.	COUNTY OF UNION	10 ELIZABETH TOWN PLAZA ELY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Danny and Benjamin
2.	KEAN UNIVERSITY	1000 MORRIS AVE UNION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Danny and Benjamin
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.	None	None	<input type="checkbox"/>	<input type="checkbox"/>	None
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.	Scotch Plains	UNION				5 MORGM WY	50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.	"	"						<input checked="" 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"/>	

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.

3/17/2011
Date

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

Section I. Personal Information- Local Government Officer

Local Government Served _____ County: UNION Other: _____
 Municipality: _____
 First Name: MATHUKUTTY Middle: K Last Name: MATHAN Suffix: _____
 *Spouse's First Name: DEENAMMA Middle: K Last Name: MATHAN Suffix: _____
 Home Address: 5 MORGAN WAY, SCOTCH PLAINS, NJ Telephone Numbers (optional): 908-889-1684
 (optional) Business: 908-527-4076

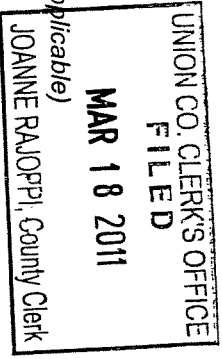
* Spouse includes a Civil Union partner.

- PAKES + Community Renewal Agency of Union Position Held: BUREAU CHIEF Term Expires (if applicable): N/A
- KEAN UNIVERSITY Position Held: STUDENT COUNSELOR Term Expires (if applicable): N/A

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>10 Elizabethtown plaza, Elizabeth</u> | Address | <input checked="" type="checkbox"/> | Self Spouse | <u>Benjamin, Daniel</u> | Dependent Name |
| 2. | <u>KERN UNIVERSITY</u> | Name | <u>1060 MORRIS AVE UNION</u> | Address | <input checked="" type="checkbox"/> | Self Spouse | <u>Benjamin, Daniel</u> | Dependent Name |
| 3. | | Name | | Address | <input type="checkbox"/> | Self Spouse | | Dependent Name |
| 4. | | Name | | Address | <input type="checkbox"/> | Self Spouse | | Dependent Name |
| 5. | | Name | | Address | <input type="checkbox"/> | Self Spouse | | 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>N/A</u> | Name | <u>N/A</u> | Address | <input type="checkbox"/> | Self Spouse | <u>N/A</u> | Dependent Name |
| 2. | | Name | | Address | <input type="checkbox"/> | Self Spouse | | Dependent Name |
| 3. | | Name | | Address | <input type="checkbox"/> | Self Spouse | | Dependent Name |
| 4. | | Name | | Address | <input type="checkbox"/> | Self Spouse | | Dependent Name |
| 5. | | Name | | Address | <input type="checkbox"/> | Self Spouse | | Dependent Name |



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

First Name: President

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.			<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>Hillside</u>	<u>Union</u>				<u>700 Union 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 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.

3/2/11
Frank Carlisle
 Date

Frank Carlisle
 Signature of Local Government Officer
 (Original Signature)

Section I. Personal Information- Local Government Officer

Local Government Served: Hillside County: Union Other: _____
 Municipality: _____
 First Name: President Middle: _____ Last Name: Carlisle Suffix: Jr.
 *Spouse's First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
 Home Address: 700 Union Ave. Telephone Numbers (optional):
 (optional) Hillside Home: 908 355-7851 Business: 908 527-4057 Suffix: _____

* Spouse includes a Civil Union partner:

1. COUNCIL AT LARGE Agency: Hillside Position Held: Hillside Term Expires (if applicable): 12/31/13
2. HILLSIDE ABC BOARED Agency: Hillside Position Held: Hillside Term Expires (if applicable): 12/31/13
3. _____ Agency: _____ Position Held: _____ Term Expires (if applicable): _____

UNION CO. CLERK'S OFFICE
 FILED
 MAR 24 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>Union County Government</u> | <u>10 Elizabethtown Plaza</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2. <u>Hillside Municipality</u> | <u>Liberty + Hillside Avenues</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"/> | |
- 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: CONNELL
 State of New Jersey
 Department of Community Affairs

First Name: THOMAS

Middle: E

(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"/>	
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>NONE</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.

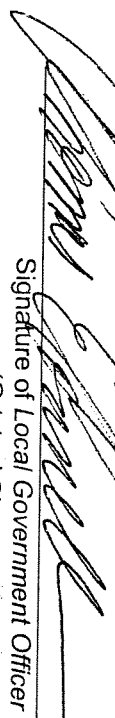
	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1.	<u>Rahway</u>	<u>Union</u>				<u>657 RENOULT ST. (RESIDENCE)</u>	<u>100%</u>	<input checked="" type="checkbox"/>	
2.								<input type="checkbox"/>	
3.								<input type="checkbox"/>	
4.								<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.

4/18/11
 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 _____ Municipality: _____ County: County of Union Other: _____
 First Name: THOMAS Middle: EVERETT Last Name: CONNELL Suffix: _____
 *Spouse's First Name: _____ Middle: _____ Last Name: _____
 Home Address: _____ Telephone Numbers (optional) _____
 (optional) _____ Home: _____ Business: _____
 * Spouse includes a Civil Union partner.

1. COUNTY OF UNION Agency BUREAU CHIEF - BUREAU COMMUNITY DEVELOPMENT Position Held 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>COUNTY OF UNION</u>	<u>ELIZABETH NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	<u>STATE OF NEW JERSEY</u>	<u>TRENTON, NJ (SURRENDER PENSION)</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"/>	

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"/>	<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: Sanchez
State of New Jersey
Department of Community Affairs

First Name: Armando
Local Government Ethics Law
Financial Disclosure Statement

Middle: Filipe
Division of Local Government Services
Local Finance Board

(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. _____	_____	<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.

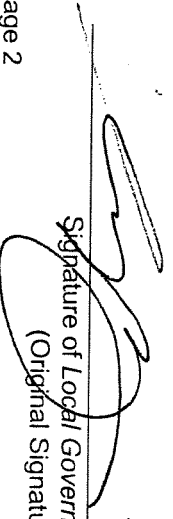
Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1. _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>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

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)

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: _____ Municipality: _____ County: Union County Other: _____

First Name: Armando Middle: Felipe Last Name: Sanchez Suffix: _____

*Spouse's First Name: _____ Last Name: _____ Suffix: _____

Home Address: 453. W. Milton Ave #3 Middle: _____ Last Name: _____ Telephone Numbers (optional) Home: _____ Business: _____

(optional) Kahaway, NJ 07065 Position Held _____ Term Expires (if applicable) _____

* Spouse includes a Civil Union partner.. PARKS + COMMUNITY RENEWAL Agency _____

1. DIVISION OF GOLF OPERATIONS Position Held _____ Term Expires (if applicable) _____

2. _____ Position Held _____ Term Expires (if applicable) _____

3. _____ 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. _____
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. _____

UNION CO. CLERKS OFFICE
 FILED
 MAR 22 2011
 JOANNE RAUOFP, County Clerk

Last Name: BERNIE

First Name: Daniel

Middle: J

(for DLGS use only)
Municipality: _____

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.	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.

	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.

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1.								<input type="checkbox"/>	
2.	NONE							<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.

Date 3/21/11

Daniel J. Bernie
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: DAVID Middle: J Last Name: BERNIER Suffix: _____
 *Spouse's First Name: KAREN Middle: A. Last Name: BERNIER
 Home Address: 1 GLENSIDE PARK BERKELEY HEIGHTS, NJ 07922 Telephone Numbers (optional): 908-665-7827
 (optional) Business: 908-709-3682
 * Spouse includes a Civil Union partner.

Agency: Union County DEPT. of Parks & Community Renewal Position Held: Director, Division of Park Planning & Environmental Services Term Expires (if applicable): None

SECTION CO. CLERKS OFFICE FILED MAR 22 2011 JOANNE RAJOPPL, 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 or organization.	Name	Address	Self Spouse	Dependent Name
1.	<u>COURT OF ESSEX</u>	<u>JOANNE RAJOPPL</u>	<u>NEWARK, NJ</u>	<input checked="" type="checkbox"/>	
2.	<u>NJ Division of Youth & Family Services</u>	<u>HAN OF RECORDS</u>	<u>NEWARK, NJ</u>	<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.	<u>NONE</u>			<input type="checkbox"/>	
2.				<input type="checkbox"/>	
3.				<input type="checkbox"/>	
4.				<input type="checkbox"/>	
5.				<input type="checkbox"/>	

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

First Name: CHARLES

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.

1.	Name	Address	Self	Spouse	Dependent Name
	N/A				
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
	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
Linden	Union				28 Robbinwood Terrace	100		XX	

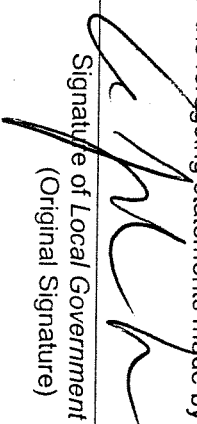
F. Please add any other information you believe is necessary to complete this form.

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


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: _____ Middle: _____ Last Name: SIGMUND Suffix: JR
 *Spouse's First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
 Home Address: _____ Home: _____ Telephone Numbers (optional) _____
 (optional) _____ Business: _____

UNION CO. CLERK'S OFFICE
 FILED
 MAR 24 2011
 JOANNE RAJOPPI, County Clerk

- * Spouse includes a Civil Union partner.
- Agency _____ Position Held Recreation Leader Term Expires (if applicable) _____
 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.
- | | | | | | | | | | | |
|----|-------|-------|-------|---------|-------|-------------|-------------------------------------|--------------------------|----------------|-------|
| 1. | _____ | Name | _____ | Address | _____ | Self Spouse | <input checked="" type="checkbox"/> | <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"/> | _____ | _____ |

- 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 | <input type="checkbox"/> | <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: Moran First Name: Andrew Middle: F (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.	Berkeley Heights	Union	1503	9		39 Bristol Court	100	<input 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.

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 4-13-11

Signature of Local Government Officer
 (Original Signature)

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

First Name: Andrew

Middle: F

(for DLGS use only)
Municode: _____

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
Municipality: _____

County: Union

Other: _____

First Name: Andrew

Middle: F

Last Name: Moran

*Spouse's
First Name: Geraldine

Middle: S

Last Name: Moran

Home Address:
(optional)

Home:
Business:

Telephone Numbers (optional)

UNION CO. CLERK'S OFFICE

FILED

APR 15 2011

IOANNE RAJOPI, County Clerk

* Spouse includes a Civil Union partner.

Agency

1. Union County Department of Public Safety
2. _____
3. _____

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. <u>New Jersey Division of Pensions</u>	<u>PO Box 295 Trenton New Jersey 08625</u>	<input checked="" type="checkbox"/>	_____
2. <u>Bernards Township Public Schools</u>	<u>111 Hanson Rd Basking Ridge New Jersey</u>	<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"/>	_____

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

First Name: Christopher
 Middle: J

Municipality: _____

(for DLOS 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.

Name	Address	Self	Spouse	Dependent Name
1. none				
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. none				
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. Cranford	Union				21 Shelland Dr, Cranford	50	X	X	
2. Cranford									
3.									
4.									
5.									


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

[Redacted area]

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.

3-18-2011
 Date


 Signature of Local Government Officer
 (Original Signature)

Last Name: Scaturro

First Name: Christopher

Middle: J

Municipality: Union

(for DLGS use only)
Municipality Code: _____

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.

Year of Service: 2011

Division of Local Government Services
Local Finance Board

Section I. Personal Information- Local Government Officer

Local Government Served: _____ County: Union Other: _____
Municipality: _____

First Name: Christopher Middle: J Last Name: Scaturro

*Spouse's First Name: Joanne Middle: _____ Last Name: Scaturro

Home Address: _____ Home: _____ Telephone Numbers (optional): _____
(optional) Business: _____

* Spouse includes a Civil Union partner. Term Expires (if applicable): NONE RAJOPI, County Clerk

1. Union County Emergency Management Agency Position Held: Emergency Management Coordinator Term Expires: 2/29/2012
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	10 Elizabethtown Pl Elizabeth NJ 07207	<input checked="" type="checkbox"/>	
2. Borough of Roselle	210 Chestnut St Roselle NJ 07203	<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. none		<input type="checkbox"/>	
2. _____	_____	<input type="checkbox"/>	
3. _____	_____	<input type="checkbox"/>	
4. _____	_____	<input type="checkbox"/>	
5. _____	_____	<input type="checkbox"/>	

Last Name: Jones

First Name: Lester

Middle: H

(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.

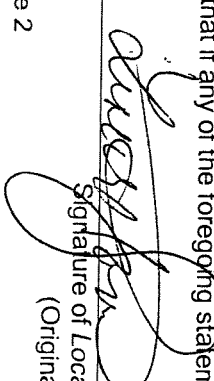
Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1. <u>Edison</u>	<u>W. Allendale</u>				<u>10404 Street</u>	<u>100</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
2. _____	_____				_____	_____	<input type="checkbox"/>	<input 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.

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.

4-13-2011
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: Lester Middle: Henry Last Name: Jones Suffix: _____
 *Spouse's First Name: Lisa Middle: Beth Last Name: Jones Suffix: _____
 Home Address: 10 Gold Street Home: _____ Telephone Numbers (optional) _____
Edison, NJ 08837 Business: _____

* Spouse includes a Civil Union partner.

UNION CO. CLERK'S OFFICE
 FILED
 APR 15 2011
 COUNTY CLERK
 RAJOPPI, County Clerk

1. County of Union, Health Management Agency Health Officer Director Position Held
 2. _____
 3. _____

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.

1.	Name	Address	Self Spouse	Dependent Name
1.	<u>County of Union</u>	<u>10 Elizabeth Avenue, Elizabeth, NJ</u>	<input checked="" type="checkbox"/>	
2.	<u>Salem Howard and Rowan Jersey Signs</u>	<u>208 W Clinton Ave, Oaklyn, NJ 08101</u>	<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: Hue
State of New Jersey
Department of Community Affairs

First Name: Zhongxue

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>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"/>	


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

None

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.

3/18/2011
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)

Section I. Personal Information- Local Government Officer

Local Government Served: Medicaid Examiner Office County: Union County Other: _____
 Municipality: _____
 First Name: Zhangxue Middle: _____ Last Name: Hua Suffix: _____
 *Spouse's First Name: Liang Middle: _____ Last Name: Deng Suffix: _____
 Home Address: _____ Home: _____ Telephone Numbers (optional) _____
 (optional) Business: 908 654 9893

* Spouse includes a Civil Union partner.
 Term Expires (if applicable) **MAR 22 2011**
 FILED
 CO. CLERK'S OFFICE
 P1, County Clerk

1. Union County Medical Examiner Office Agency Position Held
2. _____ County Medical Examiner
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>Courty of Union, New Jersey</u> | <u>308 North Ave East, Westfield, NJ 07090</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Annie Hua</u> |
| 2. <u>(Job Salary)</u> | | <input type="checkbox"/> | <input type="checkbox"/> | <u>Daniel Hua</u> |
| 3. _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <u>Emma Hua</u> |
| 4. _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <u>Liang Deng</u> |
| 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>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"/> | |

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"/>	
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.	N/A		<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.

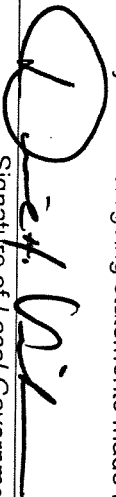
	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1.	Linden	Union	369	084		633 Fairway Road	50%	<input checked="" type="checkbox"/>	
2.								<input type="checkbox"/>	
3.								<input type="checkbox"/>	
4.								<input type="checkbox"/>	
5.								<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.

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: Daniel Middle: H. Last Name: Vaniska Suffix: _____
 *Spouse's First Name: Julie Fairway Middle: _____ Last Name: Vaniska Suffix: _____
 Home Address: 633 Fairway Road Linden, NJ 07036 Telephone Numbers (optional) _____
 (optional) Home: _____ Business: (908) 654-7811 Suffix: _____
 * Spouse includes a Civil Union partner. Term Expires (if applicable) _____
 MAR 22 2011

1. Union Agency Police Position Held Police Chief 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.

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

Last Name: Florio

First Name: Michael

Middle: Joseph

(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>None</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>None</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	Self Spouse	Dependent Name
1.	<u>Stromsfield</u>	<u>Union</u>	<u>3201</u>	<u>6</u>		<u>35 Littlebrook Rd</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.
None

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.

4/4/11

Michael Florio

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)

Section I. Personal Information- Local Government Officer
 Local Government Served: _____
 Municipality: _____

First Name: Michael Middle: Joseph Last Name: Florio Suffix: _____
 *Spouse's First Name: Kimberly Middle: Ann Last Name: Florio Suffix: _____
 Home Address: 35 Littlebrook Rd Home: _____ Telephone Numbers (optional): _____
 (optional) Springfield N.J. 07081 Business: 908 654-9845

* Spouse includes a Civil Union partner.
 1. Union County Agency Dept. of Public Safety Position Held County Supt. of weights and measures Term Expires (if applicable) _____
 2. _____
 3. _____
 DANNE RAJOPI, County Clerk
 APR - 5 2011
 FILED
 UNION CO. CLERK'S OFFICE

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>Union County Admin. Bldg.</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: _____
 State of New Jersey
 Department of Community Affairs

First Name: _____

Middle: _____

(for DLGS use only)
 Municode: _____
 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.

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
					Plainfield	Union				416-B E. Front St	100	<input checked="" type="checkbox"/>	
												<input 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.

Section II B, see for MC Summer Concert Series, Wednesday evenings

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.

April 15, 2011
 Date

Thomas J. Peterson
 Signature of Local Government Officer
 (Original Signature)

Section I. Personal Information - Local Government Officer

First Name: Florence Middle: L. Last Name: Peterson Suffix: _____
 *Spouse's First Name: N/A Middle: _____ Last Name: _____ Suffix: _____
 Home Address: 416-B E. Front Street Telephone Numbers (optional) _____
 (optional) Plainfield, NJ 07060 Home: 908 654-9840 Business: _____
 * Spouse includes a Civil Union partner.

UNION CO. CLERK'S 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
<u>NONE</u>		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<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
<u>U.E. Parks of Community Renewal</u>	<u>Admin Bldg, Elizabeth</u>	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Last Name: Wheeler First Name: Joan Middle: Iva

State of New Jersey Department of Community Affairs
 Local Government Ethics Law
 Financial Disclosure Statement

Section II. Financial Information- continued

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

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>Franklin</u>	<u>Marion</u>				<u>471 South 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.

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.

3/21/2011
 Date

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

Section I. Personal Information - Local Government Officer

Local Government Served _____ County: Union Other: _____
 Municipality: _____
 First Name: John Middle: JUN Last Name: WHEELER Suffix: MS
 *Spouse's First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
 Home Address: 471 Songha Ave Telephone Numbers (optional) _____
 (optional) Southwest, NJ 07023 Home: 908 654 5265
 Business: 908 771 5807

UNION CO. CLERK'S OFFICE
 FILED
 APR - 6 2011
 JOHANN RAJOPI, County Clerk

* Spouse includes a Civil Union partner.
 1. Ranville Spiciarske Agency Keppel Union Bank Position Held Adm. Asst. 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>ALL STATE BANK</u> | | <input checked="" type="checkbox"/> | |
| 2. <u>Solar Security</u> | | <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"/> | |

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.)			<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 names 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 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.)	WESTFIELD	UNION	5111	10	74 NORTH COTTAGE PLACE	100%	<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.

3/23/11
Date

Steven M. Palmer
Signature of Local Government Officer
(Original Signature)

Last Name: PALMA First Name: SUSAN Middle: _____ Municipicode: _____ (for DLGS use only)

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)

Division of Local Government
Services Local Finance Board

Year of Service: 2011

Section I. Personal Information - Local Government Officer

Local Government Served: WESTFIELD County: UNION Other: _____
Municipality: _____

First Name: SUSAN Middle: NELSON Last Name: PALMA Suffix: _____

Spouse's First Name: _____ Middle: _____ Last Name: _____ Suffix: _____

Home Address: 74 NORTH COTTAGE PLACE Telephone Numbers (optional)
(optional) WESTFIELD, NJ Home: 908-233-3428
Business: 908-771-5786

Term Expires (if applicable) _____ County Clerk
N/A
UNION CO. CLERK'S OFFICE
FILED
APR - 6 2011

- 1.) RUNNELLS SPECIALIZED HOSPITAL Agency Position Held ADMINISTRATIVE DIRECTOR OF NURSING
- 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 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.)	RUNNELLS SPECIALIZED HOSPITAL	40 WATCHJUNG WAY, BERKELEY HEIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.)	UMDNJ - UNIVERSITY HOSPITAL	150 BERGEN ST., NEWARK	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.)	_____	_____	<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: LEWIS
State of New Jersey
Department of Community Affairs

First Name: RAYMOND
Middle: _____

(for DGS use only)
Municode: _____

Section II. Financial Information - continued

Local Government Ethics Law
Financial Disclosure Statement

Division of Local Government Services
Local Finance Board

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. <u>VISTA HEALTH / SUMMIT NJ</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"/>	_____

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>ELIZABETH</u>	<u>UNION</u>				<u>533 PARK AVE</u>	<u>100</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. <u>GREEN BROOK</u>	<u>SOMERSET</u>				<u>21 FERRELL WAY DR</u>		<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.

3/23/11
Date

Raymond Lewis
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: Raymond Middle: _____ Last Name: LANZA Suffix: _____
 *Spouse's First Name: JUNE Middle: Ann Last Name: LANZA Suffix: _____
 Home Address: _____ Home: _____ Telephone Numbers (optional): _____
 (optional) _____ Business: _____

* Spouse includes a Civil Union partner.

1. Runnells Specialized Hospital ^{Agency} Medical Director ^{Position Held} _____
 Term Expires (if applicable) 02/01/2011 County Clerk
2. _____
3. _____

Section II. Financial Information

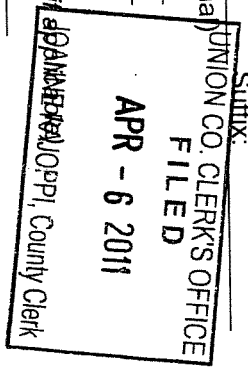
Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

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.

	Name	Address	Self Spouse	Dependent Name
1.	<u>Raymond Lanza, DO</u>	<u>853 Park 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.	_____	_____	<input type="checkbox"/>	
2.	_____	_____	<input type="checkbox"/>	
3.	_____	_____	<input type="checkbox"/>	
4.	_____	_____	<input type="checkbox"/>	
5.	_____	_____	<input type="checkbox"/>	



Last Name: DAMMOND

First Name: MICHAEL

Middle: T.

(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. <u>Berkeley Heights</u>	<u>Union</u>	<u>3604</u>	<u>3</u>		<u>85 Grassman Place</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.

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.

4/4/2011
Date

Michael T. Dammond
Signature of Local Government Officer
(Original Signature)

Section I. Personal Information- Local Government Officer

Local Government Served: _____ County: UNION Other: _____
 Municipality: _____
 First Name: MICHAEL Middle: T. Last Name: DRUMMOND Suffix: _____
 *Spouse's First Name: NORÉNE Middle: H. Last Name: DRUMMOND Suffix: _____
 Home Address: 85 GRASSMAN PLACE Telephone Numbers (optional) 908-464-3630
 (optional) BERKELEY HEIGHTS, NJ 07922 Business: 908-971-5705

UNION CO. CLERK'S OFFICE
 FILED
 APR - 6 2011
 (if applicable)
 JOANNE RAUO, PPL, County Clerk

* Spouse includes a Civil Union partner.

- COUNTY Agency of UNION-Kennells Position Held DIRECTOR- HOSPITAL FINANCE Term Expires (if applicable) _____
- SPECIALIZED HOSPITAL _____
- _____

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 |
|------------------------|---------------------------------------|-------------------------------------|----------------|
| <u>COUNTY OF UNION</u> | <u>ELIZABETH TOWN PLACE NJ 07209</u> | <input checked="" type="checkbox"/> | |
| <u>HONEYWELL INT'L</u> | <u>COLUMBIA ROAD MESSING NJ 07960</u> | <input checked="" type="checkbox"/> | |
| _____ | _____ | <input type="checkbox"/> | _____ |
| _____ | _____ | <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 |
|-------|---------|--------------------------|----------------|
| _____ | _____ | <input type="checkbox"/> | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ |

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

First Name: Mary Lou

Middle: _____

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

Section II. Financial Information- continued

**Local Government Ethics Law
 Financial Disclosure Statement**

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)	Ownership % of	Self	Spouse	Dependent Name
1. <u>Linden</u>	<u>Union</u>	<u>8</u>	<u>412</u>		<u>1605 Westover Rd.</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.

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.

3/22/11
 Date

Mary Lou Marcino
 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: _____
 Municipality: _____
 First Name: Mary Lou Middle: _____ Last Name: Harreind Suffix: Ms
 *Spouse's First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
 Home Address: _____ Telephone Numbers (optional) _____
 (optional) Home: _____ Business: _____

* Spouse includes a Civil Union partner.

1. Runnells Agency Specialized Hosp Dir Agency Position Held Ancillary Services 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>Runnells Spec. Hospital</u> | <u>40 Watchung Way Berkeley Heights</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"/> | |

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

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

First Name: Thomas

Middle: Michael

(for DLCS 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.	Not Applicable			
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.	Not Applicable			
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.

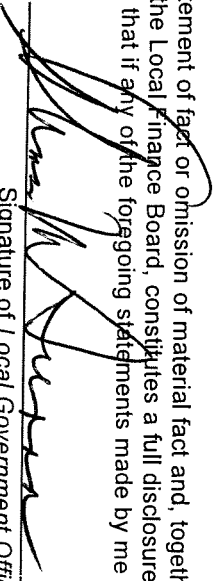
	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Self Spouse	Dependent Name
1.	Union Township	Union	301	32		424 Shearer Avenue	100	X	X	Patricia Ann
2.										
3.										
4.										
5.										

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.

3/16/11
 Date


 Signature of Local Government Officer
 (Original Signature)

Last Name: Brennan First Name: Thomas Middle: Michael (for DLCS use only) Municode: Division of Local Government Services Local Finance Board

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)

Year of Service: 2010

Section I. Personal Information - Local Government Officer

Local Government Served: Union County Utilities Authority County: Union Other: Municipality: Union County Utilities Authority

First Name: Thomas Middle: Michael Last Name: Brennan

*Spouse's First Name: Patricia Middle: Ann Last Name: Brennan

Home Address: 424 Shearer Avenue Union, NJ 07083 Home: Telephone Numbers (optional) (908) 353-1640 Business: (732) 382-9400

* Spouse includes a Civil Union partner. Agency: Union County Utilities Authority Position Held: Deputy Executive Director/Comptroller Term Expires (if applicable): JOANNE PAUOPP, County Clerk

- 1. Union County Utilities Authority
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.

Table with 5 rows for source of income, columns for Name, Address, Self Spouse, and 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.

Table with 5 rows for source of fees, columns for Name, Address, Self Spouse, and Dependent Name.

UNION CO. CLERK'S OFFICE FILED APR 28 2011

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.	Union County Utilities Authority	1499 US Highway One, Rahway NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	NJ Meadowlands Commission	1 DeKorte Place, Lyndhurst 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"/>	

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

	Name	Address	Self	Spouse	Dependent Name
1.	The EcoSelf Group Inc	261 Springfield Avenue, Summit NJ	<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"/>	

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

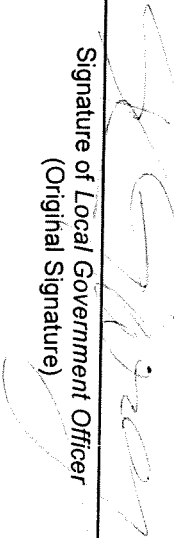
	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	Summit	Union				261 Springfield Avenue Summit NJ	Joint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	Guttenberg	Hudson				74 - 71 Street	100%	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3.								<input type="checkbox"/>	<input type="checkbox"/>	
4.								<input type="checkbox"/>	<input type="checkbox"/>	
5.								<input type="checkbox"/>	<input type="checkbox"/>	

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.

2/14/11
 Date


 Signature of Local Government Officer
 (Original Signature)

Last Name: Garg First Name: Sunil Middle: K (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,
(Please Type or Print)

Year of Service: 2011

Section I. Personal Information - Local Government Officer

Local Government Served _____ County: Union Other: Union County Utilities Authority
Municipality: _____

First Name: Sunil Middle: K Last Name: Garg

*Spouse's First Name: Michel Middle: M Last Name: Brittito

Home Address: _____ Telephone Numbers (optional) _____
(optional) Home: _____ Business: _____

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

1. Union County Utilities Authority Executive Director 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.

Name	Address	Self	Spouse	Dependent Name
1. <u>Union County Utilities Authority</u>	<u>1499 US Highway One, Rahway NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <u>NJ Meadowlands Commission</u>	<u>1 Dekorte Place, Lyndhurst NJ</u>	<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"/>	

UNION CO. CLERK'S OFFICE
FILED
APR 28 2011

Last Name: **Miskiewicz**

First Name: **Lisa**

Middle: **M**

(for DGS 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.	Union County Utilities Authority	1499 US Highway One, Rahway, NJ	<input checked="" type="checkbox"/>	
2.	Sunil Gang	Summit, NJ	<input checked="" 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.	N/A		<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.	Rahway	Union				531 Orchard Street	100%	<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.

[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.

2/4/2011
Date

Lisa Miskiewicz
Signature of Local Government Officer
(Original Signature)

Last Name: Miskiewicz
 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)

First Name: Lisa Middle: M (for D.G.S. use only)
 Municipality: _____ County: Union Other: Union County Utilities Authority
 Division of Local Government Services
 Local Finance Board

Year of Service: 2010

Section I. Personal Information- Local Government Officer

Local Government Served _____ County: Union Other: Union County Utilities Authority
 Municipality: _____

First Name: Lisa Middle: M Last Name: Miskiewicz
 *Spouse's First Name: John Middle: A Last Name: daSilva

Home Address: 531 Orchard Street Telephone Numbers (optional) _____
Railway, NJ 07065 Home: _____ Business: 732-382-9400*228

* Spouse includes a Civil Union partner.
 Agency: _____ Position Held: _____ Term Expires (if applicable): _____
Union County Utilities Authority Deputy Clerk/Office Manager N/A
JOHNNIE RAJOPI, County Clerk

UNION CO. CLERK'S OFFICE
 FILED
 APR 28 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 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.	Union County Utilities Authority			<input checked="" type="checkbox"/>	
2.	Denville Realty		1499 US Highway One, North, Railway, NJ 515 North Wood Avenue, Lnen, NJ	<input checked="" type="checkbox"/>	
3.	County of Union - Div of Police		300 North Avenue, Westfield, NJ	<input checked="" type="checkbox"/>	John daSilva
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:
 State of New Jersey
 Department of Community Affairs

First Name:
 Middle:

For DLGS use only:
 Municode:
 Division of Local Government Services
 Local Finance Board

Section II. Financial Information (continued)

**Local Government Ethics Law
 Financial Disclosure Statement**
Extension Form

A-D: Use additional space below as needed. Be sure to include the letter of the question you are answering.

Key to "Letter" abbreviations: A = Sources of Income B = Fees and Honorariums C = Gifts, reimbursements etc. D = Business organizations

Letter	Name	Address	Self	Spouse	Dependent Name
A	Out Back Steak House	901 Mountain Ave., Springfield, NJ 07081	<input type="checkbox"/>	<input type="checkbox"/>	Beth Ann Bodek
A	Linden Board of Education	W. Curtis St., Linden, NJ	<input type="checkbox"/>	<input type="checkbox"/>	Beth Ann Bodek
A	State of NJ - Unemployment	Dept. of Labor, Trenton, NJ	<input type="checkbox"/>	<input type="checkbox"/>	Joseph J. Bodek
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
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			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<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.

	Municipality	County	Block	Lot	Qual.	Address	% 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"/>	
6.								<input type="checkbox"/>	<input type="checkbox"/>	
7.								<input type="checkbox"/>	<input type="checkbox"/>	
8.								<input type="checkbox"/>	<input type="checkbox"/>	
9.								<input type="checkbox"/>	<input type="checkbox"/>	
10.								<input type="checkbox"/>	<input type="checkbox"/>	

Last Name: Bodek First Name: Joseph Middle: C (for DLCS use only)
 Municode: _____

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.*

Division of Local Government Services
 Local Finance Board

(Please Type or Print)

Year of Service: 2011

Section I. Personal Information- Local Government Officer

Local Government Served: Linden County: Union Other: Union County Utilities Authority

Municipality: Linden First Name: Joseph Middle: C Last Name: Bodek

*Spouse's First Name: Christine Middle: _____ Last Name: Bodek

Home Address: 311 West Henry St. Telephone Numbers (optional): 908-474-8452
 (optional) Home: _____ Business: _____

UNION CO. CLERK'S OFFICE
 FILED
 APR 28 2011
 DANNIE RAIOPI, County Clerk

- * Spouse includes a Civil Union partner:
- | Agency | Position Held | Term Expires (if applicable) |
|-------------------|-----------------------------|------------------------------|
| 1. City of Linden | City Clerk | 10/31/13 |
| 2. City of Linden | Insurance Commission Member | 1/31/12 |
| 3. City of Linden | ABC Secretary | NA |

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. City of Linden	301 N. Wood Ave, Linden, NJ 07036	<input checked="" type="checkbox"/>	
2. Union County Utilities Authority	1499 Route 1&9 North, Rahway, NJ	<input checked="" type="checkbox"/>	
3. County of Union	One Elizabethtown Plaza, Elizabeth, NJ 07208	<input type="checkbox"/>	Beth Ann Bodek
4. Luciano's Italian Restaurant	1579 Main St. Rahway, NJ	<input type="checkbox"/>	Beth Ann Bodek
5. Elizabeth Board of Education	27 Prince St. Elizabeth, NJ	<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: Proctor
State of New Jersey
Department of Community Affairs

First Name: Denise

Middle:

(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"/>	_____
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. _____	_____	<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>Rainway</u>	<u>Union</u>	<u>30</u>	<u>01</u>		<u>310 Madison Ave</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.

3/29/11
Date


Signature of Local Government Officer
(Original Signature)

Last Name: Proctor First Name: Denise Middle: (for DLGS use only) Municode:

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)

Division of Local Government Services
Local Finance Board

Year of Service: 2011

Section I. Personal Information - Local Government Officer

Local Government Served: Rayway County: Union Other:

Municipality: Rayway Middle: L Last Name: Proctor

First Name: Denise *Spouse's First Name: Richard Middle: B Last Name: Proctor

Home Address: Home: Telephone Numbers (optional): (732) 382-9167

(optional) Business: * Spouse includes a Civil Union partner. Term Expires (if applicable): JOANNE RAJOPPI, County Clerk

1. Union County Utilities Authority *Agency* Director, Solid Waste & Recycling *Position Held*
2.
3.

Section II. Financial Information

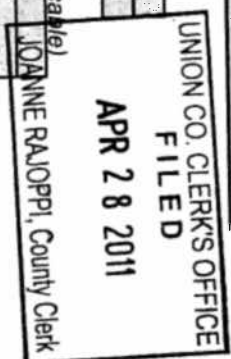
Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

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 Utilities Authority</u>	<u>1499 Highway 1, Rayway NJ 07065</u>	<input checked="" type="checkbox"/>	
2. <u>County of Union</u>	<u>1 Elizabethtown Plaza, Elizabeth NJ 07201</u>	<input checked="" type="checkbox"/>	
3. <u>City of Rayway</u>	<u>1 City Hall Plaza, Rayway NJ 07065</u>	<input checked="" type="checkbox"/>	
4. <u></u>	<u></u>	<input type="checkbox"/>	
5. <u></u>	<u></u>	<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></u>	<u></u>	<input type="checkbox"/>	
2. <u></u>	<u></u>	<input type="checkbox"/>	
3. <u></u>	<u></u>	<input type="checkbox"/>	
4. <u></u>	<u></u>	<input type="checkbox"/>	
5. <u></u>	<u></u>	<input type="checkbox"/>	



Last Name: **HUMMEL, SR.**
 State of New Jersey
 Department of Community Affairs

First Name: **JEFFREY**

**Local Government Ethics Law
 Financial Disclosure Statement**

Middle: **PAUL**

(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. UNION COUNTY UTILITIES AUTHORITY	1499 ROUTE 1 NORTH, RAHWAY, NJ 07065	<input checked="" 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. _____	_____	<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. READINGTON TWP	HUNTERDON	21.01	31		37 ABRAHAM ROAD	100	<input checked="" type="checkbox"/>	
2. _____	_____	_____	_____	_____	_____	_____	<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.

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 2-04-2011

Jeffrey Paul Hummel Sr.
 Signature of Local Government Officer
 (Original Signature)

Last Name: **HUMMEL, SR.** First Name: **JEFFREY** Middle: **PAUL** (for D.G.S. use only) Municode: **11**

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.
(Please Type or Print)

Year of Service: **11**

Section I. Personal Information - Local Government Officer

Local Government Served: **N/A** Municipality: **N/A** County: **UNION** Other:

First Name: **JEFFREY** Middle: **PAUL** Last Name: **HUMMEL, SR.**

*Spouse's First Name: **JANE** Middle: **ANNE** Last Name: **HUMMEL**

Home Address: Home: Telephone Numbers (optional): **UNION CO. CLERK'S OFFICE**
(optional) Business: **FILED**
APR 28 2011

* Spouse includes a Civil Union partner.

- 1. **UNION COUNTY UTILITIES AUTHORITY** Agency: **DIRECTOR-DIV. OF SOLID WASTE ENF.** Position Held: Term Expires (if applicable): **JOANNE RAJOPI, 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.

Name	Address	Self Spouse	Dependent Name
1. UNION COUNTY UTILITIES AUTHORITY	1499 RT. 1 NORTH, RAHWAY, NJ 07065	<input checked="" type="checkbox"/>	
2. AFFINITY FEDERAL CREDIT UNION	73 MOUNTAINVIEW BLVD. BASKING RIDGE, NJ	<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"/>	

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. Union County Utilities Authority	1499 Highway 1 North, Railway, NJ	<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"/>	

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.

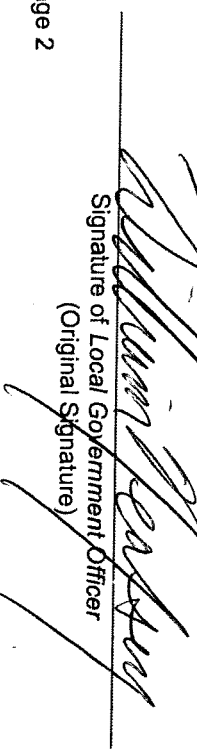
Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1. Brick	Ocean				116 Albert Street	100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. _____	_____				_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
3. _____	_____				_____	_____	<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.

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.

4-25-11
 Date


 Signature of Local Government Officer
 (Original Signature)

Last Name: Neafsey
 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)

First Name: William Middle: John (for DLGS use only)
 Municode: _____

Division of Local Government Services
 Local Finance Board

Year of Service: 2010

Section I. Personal Information- Local Government Officer

Local Government Served _____ County: _____ Other: _____
 Municipality: _____

First Name: William Middle: John Last Name: Neafsey

*Spouse's First Name: Joyce Middle: _____ Last Name: Neafsey

Home Address: _____ Home: _____ Telephone Numbers (optional) _____
 (optional) _____ Business: _____

* Spouse includes a Civil Union partner: _____
 Agency _____ Position Held _____ Term Expires (if applicable) ANNIE RAJOPPL, County Clerk

1. Union County Utilities Authority _____
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 Utilities Authority</u>	<u>1499 Highway 1 north, Rahway, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>State of New Jersey</u>	<u>Court Officer</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

UNION CO. CLERK'S OFFICE
 FILED
 APR 28 2011

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 type="checkbox"/>	
2. NONE		<input type="checkbox"/>	
3. NONE		<input type="checkbox"/>	
4. NONE		<input type="checkbox"/>	
5. NONE		<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 type="checkbox"/>	
2. NONE		<input type="checkbox"/>	
3. NONE		<input type="checkbox"/>	
4. NONE		<input type="checkbox"/>	
5. NONE		<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. HILLSIDE	UNION				214 LINWOOD PLACE	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. HILLSIDE	UNION				1300 LIBERTY AVE	50	<input checked="" type="checkbox"/>	
3. HILLSIDE	UNION				334 YALE AVE	50	<input checked="" type="checkbox"/>	
4. HILLSIDE	UNION				215 CONANT ST	50	<input checked="" type="checkbox"/>	
5. LITTLE EGG HAR	UNION				112 EAST RARITIN	50	<input checked="" 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.

2/09/2011
Date

John G Kulish
Signature of Local Government Officer
(Original Signature)

Last Name: KULISH

First Name: JOHN

Middle: G

Middle: G

(for DCS use only)
Municode:

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)

Year of Service: 2011

Division of Local Government Services
Local Finance Board

Section I. Personal Information - Local Government Officer

Local Government Served: UNION COUNTY AUTHORITY County: UNION Other: TOWNSHIP of HILLSIDE

Municipality: UNION COUNTY AUTHORITY Middle: G Last Name: KULISH

First Name: JOHN Middle: THEO Last Name: KULISH

* Spouse's First Name: THEO Middle: Last Name: KULISH

Home Address: 214 LINWOOD PLACE HILLSIDE NJ 07205 Telephone Numbers (optional): Home: 908 352 1343 Business: 973 229 7741

Home Address (optional): HILLSIDE NJ 07205 Telephone Numbers (optional): Home: 908 352 1343 Business: 973 229 7741

* Spouse includes a CIVIL Union partner. Agency: UNION COUNTY UTILITIES AUTHORITY Position Held: COMMISSIONER COUNCIL MEMBER Term Expires (if applicable): 2015 2011

1. UNION COUNTY UTILITIES AUTHORITY Position Held: COMMISSIONER COUNCIL MEMBER Term Expires (if applicable): 2015 2011

2. TOWNSHIP of HILLSIDE Position Held: COMMISSIONER COUNCIL MEMBER Term Expires (if applicable): 2015 2011

3. TOWNSHIP of HILLSIDE Position Held: COMMISSIONER COUNCIL MEMBER Term Expires (if applicable): 2015 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 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. JGK CONSULTING LLC	214 LINWOOD PLACE HILLSIDE NJ	X		
2. 1300 LIBERTY AVE. LLC	214 LINWOOD PLACE HILLSIDE NJ	X		
3. 334 YALE AVE. LLC	214 LINWOOD PLACE HILLSIDE NJ	X		
4. STATE of NJ PENSION	TRENTON NJ	X		
5. RENTAL	130 WEST MAIN ST TUCKERTON NJ	X		

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: WAGNER First Name: DAVID Middle: _____

State of New Jersey
Department of Community Affairs

**Local Government Ethics Law
Financial Disclosure Statement**

(for D.G.S. 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>WHD</u>				
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.	<u>WHD</u>				
2.					
3.					
4.					
5.					

UNION CO. CLERK'S OFFICE
FILED
APR 28 2011
DANNIE RAJOFF
County Clerk

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>Elizabeth</u>	<u>Union</u>	<u>5023</u>	<u>480</u>	<u>03</u>	<u>ROWAN AVE</u>	<u>50</u>			
2.										
3.										
4.										
5.										

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

[Redacted area]

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.

3/16/11
Date

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

Last Name: JACKS First Name: EDWARD Middle: IV (for DLCS use only) Municode: _____

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.

Division of Local Government Services
Local Finance Board

Section I. Personal Information - Local Government Officer

Local Government Served: Everett County: Union Other: _____

Municipality: _____ Middle: _____ Last Name: JACKS

First Name: Edward Middle: _____ Last Name: _____

*Spouse's First Name: VIA Middle: _____ Last Name: _____

Home Address: 225 STEUBER ST Home: _____ Telephone Numbers (optional): 908 578 0114

(optional) Business: _____

* Spouse includes a Civil Union partner:
1. CHRYSTOPHER J. JACKS Position Held: Commissioner Term Expires (if applicable): 2/2012
2. CITY OF EVERETT Agency Councilman
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.		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	Name	Address
1. <u>VIA</u>			
2. <u>VIA</u>			
3. <u>VIA</u>			
4. <u>VIA</u>			
5. <u>VIA</u>			
6. <u>CITY OF EVERETT</u>	<u>1111 1st Ave</u>	<u>Michael Jacks</u>	<u>225 Steuber St</u>

UNION CO. CLERKS OFFICE
 FILED
 APR 28 2011
 RANNE RAUOPFI, County Clerk

Last Name: Stoffe Jr.
First Name: Cliff
Middle:

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.	<u>None</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<u>None</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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	Spouse	Dependent Name
1.	<u>None</u>							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.											
3.											
4.											
5.											

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

[Redacted area]

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.

3/24/2011
Date

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

Last Name: [Blank] First Name: [Blank] Middle: [Blank] (for DLGS use only) Municode: [Blank]

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.

(Please Type or Print)

Year of Service: [Blank]

Section I. Personal Information- Local Government Officer

Local Government Served: Township of Union County: Union Other: [Blank]

Municipality: [Blank] First Name: Cheryl Middle: [Blank] Last Name: Smith

*Spouse's First Name: Karla Middle: lynn Last Name: Smith

Home Address: 274 Vauxhall Rd Home: [Blank] Telephone Numbers (optional): 908 462 4135

(optional) Union NJ 07083 Business: [Blank] 908 462 4135 **UNION CO. CLERK'S OFFICE FILED APR 28 2011**

* Spouse includes a Civil Union partner:
1. Union County Assessor's Authority Position Held: Treasurer Term Expires (if applicable): 2015

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>Township of Union</u>	<u>1016 Morris Ave Union NJ 07083</u>	<input checked="" type="checkbox"/>	
2.	<u>Social Security</u>	<u>Union NJ</u>	<input checked="" type="checkbox"/>	
3.	<u>Social Security</u>	<u>Union NJ</u>	<input checked="" type="checkbox"/>	
4.	<u>Social Security</u>	<u>Union NJ</u>	<input checked="" type="checkbox"/>	
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.	<u>None</u>		<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

(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. 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. Kennedy Jewelers Inc	1519 Irving St	<input checked="" type="checkbox"/>		
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. Railway									
2.									
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.

March 1, 2011
 Date

James Kennedy
 Signature of Local Government Officer
 (Original Signature)

Last Name: Kennedy First Name: James 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

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: Rahway County: Union Other: _____
Municipality: _____

First Name: James Middle: J Last Name: Kennedy

*Spouse's First Name: Lori Middle: A Last Name: Kennedy

Home Address: _____ Home: _____ Telephone Numbers (optional): _____
(optional) Business: _____

UNION CO. CLERKS OFFICE FILED APR 28 2011

- * Spouse includes a Civil Union partner:
 - 1. Union County Utilities Authority Agency Commissioner 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.

Name	Address	Self Spouse	Dependent Name
1. Skye Consulting LLC	1519 Irving St Rahway, NJ 07065	X	Jim Kennedy
2. Rahway Board of Education	1 Kline Place	X	Lori Kennedy
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. _____	_____	_____	_____

(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. UNION COUNTY UTILITIES AUTHORITY	ROUTE 1&9, RAHWAY, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANEL G. BADRI
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	ANJALI S. BADRI
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. BLOOMFIELD	ESSEX				215 BALDWIN STREET	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANEL G. BADRI
2. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	ANJALI S. BADRI
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 02-09-11

Sharda Badri
 Signature of Local Government Officer
 (Original Signature)

Last Name: **BADRI** First Name: **SHARDA** 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

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: **SHARDA** Middle: _____ Last Name: **BADRI**
*Spouse's First Name: _____ Middle: _____ Last Name: _____
First Name: _____

Home Address: **338 CHILTON STREET** Telephone Numbers (optional) **UNION CO. CLERK'S OFFICE**
ELIZABETH, NJ 07208 Home: **908-295-6374** FILED
Business: **908-527-4200** APR 28 2011
* Spouse includes a Civil Union partner. (optional)

Agency: **UNION COUNTY UTILITIES AUTHORITY** Position Held: **COMMISSIONER** Term Expires (if applicable): **2015**
1. _____
2. _____
3. _____
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. COUNTY OF UNION	10 ELIZABETH TOWN PLAZA, ELIZABETH, NJ	<input checked="" type="checkbox"/>	ANELL G. BADRI
2. UNION COUNTY UTILITIES AUTHORITY	ROUTE 1&9, RAHWAY, NJ	<input checked="" type="checkbox"/>	ANJALI S. BADRI
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"/>	_____