

Section II. Financial Information-- continued

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

	Name	Address	Self	Spouse	Dependent Name
1.	<u>W/A</u>				
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>W/A</u>				
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.	<u>CAHWA</u>	<u>LINCOLN</u>	<u>255</u>	<u>44</u>		<u>798 LINCOLN AVE</u>	<u>100%</u>					
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.

3/8/11
Date

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

Last Name: EASTMAN First Name: BOB Middle: A. (for DLCS use only) Municode: _____

State of New Jersey Department of Community Affairs
 Local Government Ethics Law
 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: _____
 (Please Type or Print)

Section I. Personal Information- Local Government Officer

Local Government Served: LAHWAY County: UNION Other: _____
 Municipality: _____ Middle: A. Last Name: EASTMAN SR.
 First Name: _____ Middle: _____ Last Name: EASTMAN
 *Spouse's First Name: DAISY Middle: _____ Last Name: _____
 Home Address: 798 LINCOLN AVE Home: _____ Telephone Numbers (optional): 732-396-9609
 (optional) LAHWAY NJ 07065 Business: _____

* Spouse includes a Civil Union partner:
 1. WILLIAM Agency: _____ Position Held: COMMISSIONER Term Expires (if applicable): _____
 2. _____ Agency: _____ Position Held: _____ Term Expires (if applicable): _____
 3. _____ Agency: _____ Position Held: _____ Term Expires (if applicable): _____

UNION CO. CLERKS OFFICE
 FILED
 APR 28 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. CITY OF LAHWAY	CITY HALL PLAZA LAHWAY	<input checked="" type="checkbox"/>	DAISY EASTMAN
2. HUBER CORP.	MORRIS AVE LINDEN NJ	<input checked="" type="checkbox"/>	TADY EASTMAN
3. BISHOP HR	ELINE PL. LAHWAY NJ	<input type="checkbox"/>	BOB EASTMAN SR.
4. LAHWAY SCHOOL BOARD		<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.	MAA			
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.	MAA			
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.	SMITH PLAINS	WALTON	137049	3	EDB	33 TISBURN CT	50%		
2.									
3.									
4.									
5.									

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

Section III. Certification

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

Date 2/9/11

Signature of Local Government Officer
 (Original Signature)

**Local Government Ethics Law
Financial Disclosure Statement**

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

(Please Type or Print)

(for DLCS use only)
Municipality: Year of Service:

Division of Local Government Services
Local Finance Board

Section I. Personal Information - Local Government Officer

Local Government Served: County: **UNION** Other:

Municipality: First Name: **RENI** Middle: Last Name: **ERDOS**

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

Home Address: **33 HESBURY COURT SCOTCH PLAINS, NJ 07076** Home: Business:

Telephone Numbers (optional):

Agency	Position Held	Term Expires (if applicable)
1. NJ STATE PAROLE BOARD	ASSOCIATE BOARD MEMBER	2010
2. UNION COUNTY UTILITIES AUTH.	COMMISSIONER	2010
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

UNION CO. CLERK'S OFFICE
FILED
APR 28 2011
JOANNE R. JOPLI, 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.

1.	Name	Address	Self Spouse	Dependent Name
1.	NJ STATE PAROLE BOARD	70 BOX 862 TRENTON, NJ 08610	<input checked="" type="checkbox"/>	
2.	UNION COUNTY UTIL. AUTH.	1000 W. PARKWAY, NJ 07076	<input type="checkbox"/>	
3.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

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.	N/A		<input type="checkbox"/>	
2.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

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.

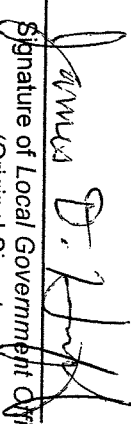
	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	CLARK	UNION	38	18		20 KENNEDY DRIVE	50/50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.								<input type="checkbox"/>	<input type="checkbox"/>	
3.								<input type="checkbox"/>	<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 3/7/11


 Signature of Local Government Officer
 (Original Signature)

Last Name: HUFF

First Name: JAMES

Middle: D.

(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: 2010

Section I. Personal Information- Local Government Officer

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

First Name: JAMES Middle: D. Last Name: HUFF

* Spouse's First Name: PATRICIA Middle: D. Last Name: HUFF

Home Address: 20 KENNEDY DRIVE Telephone Numbers (optional): _____
CLARK, NJ 07066 Home: _____ Business: (973) 740-5460

* Spouse includes a Civil Union partner.

1. UNION COUNTY UTILITIES AUTHORITY Agency Position Held: COMMISSIONER Term Expires (if applicable): 02/01/14
2. _____
3. _____

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. <u>CIT GROUP, INC.</u>	<u>1 CIT DRIVE, LIVINGSTON, NJ 07039</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <u>UNION COUNTY UTILITIES AUTHORITY</u>	<u>1499 ROUTE 1 & 9 NORTH, RAHWAY, NJ 07065</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. <u>SENATE, STATE OF NEW JERSEY</u>	<u>W. STATE STREET, TRENTON, NJ 08625</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. <u>THE ARC OF UNION COUNTY</u>	<u>52 FADEM ROAD, SPRINGFIELD, NJ 07081</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>N/A</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

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.					
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.					
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.	<u>SP</u>									
2.	<u>Swick Plains</u>	<u>Oran</u>				<u>417 Forest Rd</u>	<u>100%</u>		<u>X</u>	
3.										
4.										
5.										

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

Section III. Certification

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

Date March 16, 2011

Signature of Local Government Officer
 (Original Signature) Edward J. ...

Last Name: Kahn First Name: Edward Middle: T (for DLGS use only) Municipcode: _____

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

Section I. Personal Information- Local Government Officer

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

First Name: Edward Middle: T Last Name: Kahn
*Spouse's First Name: _____ Middle: _____ Last Name: _____
First Name: _____ Middle: _____ Last Name: _____

Home Address: 417 Forest Rd Telephone Numbers (optional): _____
(optional) _____ Home: _____
Business: _____

* Spouse includes a Civil Union partner:
1. Union County Ethics Authority Agency: _____ Position Held: Commissioner Term Expires (if applicable): _____
2. _____ Agency: _____ Position Held: _____ Term Expires (if applicable): _____
3. _____ Agency: _____ Position Held: _____ Term Expires (if applicable): _____

Section II. Financial Information

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

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

	Name	Address	Self Spouse	Dependent Name
1.	<u>United Service Workers Union</u>	<u>138 So Queens Blvd Broomfield NY</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. CLERK'S OFFICE
FILED
APR 28 2011
JOANN E RAJOPPI, County Clerk

Last Name: JORN First Name: GERARD 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>LANIER CAMP WILL BATH</u>	<u>1488 RT 1, BARRYTON 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"/>	

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	Self	Spouse	Dependent Name
1. <u>KANEWARD</u>	<u>UNION</u>				<u>24 CORNELL ROAD</u>	<u>100</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>JANIS M. JORN</u>
2. <u>SOUTH SEASIDE PARK</u>	<u>OCEAN</u>				<u>89 21 STARBUCK</u>	<u>105</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>JANIS M. JORN</u>
3. _____	_____				_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. _____	_____				_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. _____	_____				_____		<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 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.

4/22/11 Date

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

Last Name: TORN First Name: GEURKE Middle: JOSEPH (for DCS use only) Municode: _____
 State of New Jersey Division of Local Government Services
 Department of Community Affairs 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

Section I. Personal Information- Local Government Officer

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

First Name: GEURKE Middle: JOSEPH Last Name: TORN

*Spouse's First Name: JANIS Middle: MARIE Last Name: TORN

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

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

- UNION COUNTY UTILITIES AUTH
- Air Commissioner
- _____

UNION CO. CLERKS 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. | <u>CHRISTON ELECTRONICS INC</u> | <u>YOLLO DRIVE RICKLEIGH NJ</u> | <input checked="" type="checkbox"/> | <u>JANIS M. TORN</u> |
| 2. | <u>ALLSTATE INSURANCE CO</u> | <u>RTE 202-206, PLUCKENY 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. | _____ | _____ | <input type="checkbox"/> | _____ |
| 2. | _____ | _____ | <input type="checkbox"/> | _____ |
| 3. | _____ | _____ | <input type="checkbox"/> | _____ |
| 4. | _____ | _____ | <input type="checkbox"/> | _____ |
| 5. | _____ | _____ | <input type="checkbox"/> | _____ |

Last Name: LOMBARDI First Name: CHARLES Middle: P (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				
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.	SARASOT	UNION	203	2		275-4TH AVE SARASOT	100	<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.

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.

3/14/11 Date

Charles P. Lombardi
Signature of Local Government Officer
(Original Signature)

Last Name: LOMBARD First Name: CHARLES Middle: P (for DLCS use only) Municipicode: _____
 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: _____
 (Please Type or Print)

Section I. Personal Information - Local Government Officer

Local Government Served: UNION COUNTY County: UNION Other: _____
 Municipality: _____ Middle: P Last Name: LOMBARD
 First Name: CHARLES Middle: _____ Last Name: LOMBARD
 *Spouse's First Name: _____
 Home Address: _____ Home: _____ Telephone Numbers (optional): _____
 (optional) Business: _____

UNION CO. CLERK'S OFFICE
 FILED
 APR 28 2011
 JOANNE RAJOPPI, County Clerk

* Spouse Includes a Civil Union partner.
 1. UNION COUNTY UTILITIES AUTH. Agency Position Held: ALT. COMMISSIO
 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.
- | Name | Address | Self Spouse | Dependent Name |
|--|------------------------------------|-------------------------------------|----------------|
| 1. <u>UNION COUNTY DEPT PUBLIC WORKS</u> | <u>2371 SOUTH AVE SOUTH PLAINS</u> | <input checked="" type="checkbox"/> | |
| 2. <u>GARWOOD RICE PUBLIC LIBRARY</u> | <u>411 THIRD AVE GARWOOD</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: De Filippo

First Name: Charlotte

Middle: _____

(for DLGS use only)
Municode: _____

State of New Jersey
Department of Community Affairs

**Local Government Ethics Law
Financial Disclosure Statement**

Division of Local Government Services
Local Finance Board

Section II. Financial Information - continued

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

	Name	Address	Self	Spouse	Dependent Name
1.	<u>Vision County Democratic Committee</u>	<u>311 W. Henry St. Linden, 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"/>	

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>Hillside</u>	<u>Union</u>	<u>171A</u>	<u>20</u>		<u>65 King Street</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)

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

Section I. Personal Information- Local Government Officer

Local Government Served: _____ County: UNION Other: -
 Municipality: -
 First Name: Charlotte Middle: - Last Name: DeFilippo Suffix: Ms.
 *Spouse's First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
 Home Address: 65 Kings Street Telephone Numbers (optional) 908-352-1575
 (optional) Hillside, NJ 07805 Business: 908-820-9710
 * Spouse includes a Civil Union partner.

UNION CO. CLERKS OFFICE
 FILED
 APR 15 2011
 JOANNIE 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.
- | | | | | | | | |
|--|------|----------------------------|---------|-------------------------------------|-------------|--------------------------|----------------|
| 1. <u>Union County Improvement Authority</u> | Name | <u>19 Chubbey Street</u> | Address | <input checked="" type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |
| 2. _____ | Name | <u>Elizabeth, NJ 07201</u> | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |
| 3. _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |
| 4. _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |
| 5. _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |

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

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

Last Name: BORRIGLIAT

First Name: Walter

Middle: E

(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>Crestview Educational Trc</u>	<u>Cranford NJ 07016</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Parvula</u>
2.			<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

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

	Name	Address	Self	Spouse	Dependent Name
1.	<u>Interims Solutions</u>	<u>25 Bullard Dr, Lodi NJ 07035</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Parvula</u>
2.			<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

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

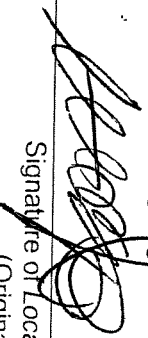
	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	<u>Scotch Plains</u>	<u>Union</u>	<u>1372108</u>	<u>3</u>	<u>0m 011</u>	<u>11 Meadowcroft Ct</u>	<u>50%</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Parvula</u>
2.	<u>Lodi</u>	<u>Ocean</u>	<u>966</u>	<u>33</u>		<u>25 Bullard Dr</u>	<u>50%</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Parvula</u>
3.	<u>Rahway</u>	<u>Union</u>	<u>12</u>	<u>137</u>		<u>927 Inverness Pl</u>	<u>50%</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Parvula</u>
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


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: Union Other: _____

First Name: Walter Middle: E Last Name: Boright Suffix: Jr
 *Spouse's First Name: Pamela Middle: E Last Name: Boright Suffix: _____
 Home Address: _____ Home: _____ Telephone Numbers (optional) _____
 (optional) Business: _____

UNION CO. CLERK'S OFFICE
 FILED
 APR 15 2011
 JOANNE RAIOPPI, County Clerk

* Spouse includes a Civil Union partner.
 1. Union County Temporary Authority Agency: _____ Position Held: Member Term Expires (if applicable): 2014
 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>NY Division of Pensions</u> | <u>Trouton NJ 08625</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Pamela</u> |
| 2. <u>Great View Educational Trust</u> | <u>Cranford NJ 07016</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Pamela</u> |
| 3. <u>Social Security Administration</u> | <u>Wash, DC</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Pamela</u> |
| 4. <u>NY Division of Pensions</u> | <u>Worthington NY 09625</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Walter</u> |
| 5. <u>Great View Educational Trust</u> | <u>Cranford NJ 07016</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Walter</u> |
- 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"/> | _____ |

**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
 (Please Type or Print)

Section I. Personal Information - Local Government Officer

Local Government Served: Plainfield County: Union Other: _____
 Municipality: _____
 First Name: Linda Middle: L. Last Name: Hines Suffix: _____
 *Spouse's First Name: N/A Last Name: _____
 Home Address: 144 Shirley Street Middle: _____ Last Name: _____
 (optional) _____
 Home: Telephone Numbers (optional) _____
 Business: (908) 226-2518 _____
 * Spouse includes a Civil Union partner.

Suffix: _____
 UNION CO. CLERK'S OFFICE
 FILED
 APR 15 2011
 (M)NINE 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.
- | | | | | | | | | |
|----|-----------------------|------|-----------------------------------|---------|-------------------------------------|-------------|--------------------------|----------------|
| 1. | <u>Plainfield MUA</u> | Name | <u>127 Roosevelt Ave, PHD, NJ</u> | Address | <input checked="" type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |
| 2. | _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |
| 3. | _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |
| 4. | _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |
| 5. | _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |

- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- | | | | | | | | | |
|----|------------|------|-------|---------|--------------------------|-------------|--------------------------|----------------|
| 1. | <u>N/A</u> | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |
| 2. | _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |
| 3. | _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |
| 4. | _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |
| 5. | _____ | Name | _____ | Address | <input type="checkbox"/> | Self Spouse | <input type="checkbox"/> | Dependent Name |

Last Name: Hines First Name: Linda Middle: L

(for DLGS use only)
Municode: _____

State of New Jersey
Department of Community Affairs

**Local Government Ethics Law
Financial Disclosure Statement**

Division of Local Government Services
Local Finance Board

Section II. Financial Information- continued

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

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

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"/>	<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)	90% of Ownership	Self	Spouse	Dependent Name
1. <u>Plainfield</u>	<u>Union</u>	<u>920</u>	<u>22</u>		<u>1441 Shirley St</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.

3/31/11
Date

Linda L. Hines
Signature of Local Government Officer
(Original Signature)

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

First Name: ANTHONY
Middle: RE

(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. _____	_____	_____	_____	_____	_____	<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.

3/21/2011
Date

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

Section I. Personal Information- Local Government Officer

Local Government Served: LINDEN County: _____ Other: _____
 Municipality: _____
 First Name: ANTHONY Middle: R Last Name: SCUTARRI Suffix: _____
 *Spouse's: _____
 First Name: DEWIS Middle: _____ Last Name: SCUTARRI Suffix: _____
 Home Address: 642 WOOD ROAD Telephone Numbers (optional) _____
LINDEN, NJ 07036 Home: 908 486-2266
 (optional) Business: 908 771-5866

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

* Spouse includes a Civil Union partner.
 1. CITY OF LINDEN, NJ Agency Position Held DEM. COMMITTEE (ELECTED) Term Expires (if applicable) 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.	<u>UNION COUNTY NJ</u>	<u>UNION COUNTY NJ</u>	<u>ELIZABETH TOWN PL. 2, ELIZABETH, NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.	<u>UNITED INVESTING FUND, C.V.</u>	<u>UNITED INVESTING FUND, C.V.</u>	<u>16 A. GILIZABETH AVE, LINDEN NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3.	<u>EXXON USA CORP.</u>	<u>EXXON USA CORP.</u>	<u>HOUSTON, TEXAS</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

1.	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"/>	_____

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: Carolyn Middle: J Last Name: Vollero Suffix: _____
 *Spouse's First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
 Home Address: 34 Cornell Rd Cranford NJ 07016 Telephone Numbers (optional) 908-276-4542
 (optional) Business: _____

* Spouse includes a Civil Union partner.
 1. Union County Improvement Auth. Agency Position Held Vice Chairman 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. | Name | Address | Self Spouse | Dependent Name |
|----|-------|---------|--------------------------|----------------|
| 1. | _____ | _____ | <input type="checkbox"/> | _____ |
| 2. | _____ | _____ | <input type="checkbox"/> | _____ |
| 3. | _____ | _____ | <input type="checkbox"/> | _____ |
| 4. | _____ | _____ | <input type="checkbox"/> | _____ |
| 5. | _____ | _____ | <input type="checkbox"/> | _____ |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- | 1. | Name | Address | Self Spouse | Dependent Name |
|----|-------|---------|--------------------------|----------------|
| 1. | _____ | _____ | <input type="checkbox"/> | _____ |
| 2. | _____ | _____ | <input type="checkbox"/> | _____ |
| 3. | _____ | _____ | <input type="checkbox"/> | _____ |
| 4. | _____ | _____ | <input type="checkbox"/> | _____ |
| 5. | _____ | _____ | <input type="checkbox"/> | _____ |

Last Name: Volledo First Name: Carolyn Middle: J

State of New Jersey
Department of Community Affairs

**Local Government Ethics Law
Financial Disclosure Statement**

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

Section II. Financial Information- continued

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

Name	Address	Self Spouse	Dependent Name
1. _____	_____	<input type="checkbox"/>	_____
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>Cranford</u>	<u>Union</u>	<u>0130</u>	<u>622</u>		<u>34 Cornell Rd</u>	<u>100%</u>	<input checked="" type="checkbox"/>	_____
2. <u>Pf. Pleasant</u>	<u>Ocean</u>	<u>237</u>	<u>2</u>		<u>2202 Rogers Rd</u>	<u>100%</u>	<input checked="" type="checkbox"/>	_____
3. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
4. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
5. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____

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

Section III. Certification

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

Date: March 24, 2011

Signature of Local Government Officer: Carolyn J Volledo
(Original Signature)

Local Government Ethics Law
Financial Disclosure Statement

Last Name: D'Elia

First Name: Sebastian

Middle: M.

(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.

1.	2.	3.	4.	5.	Name	Address	Self	Spouse	Dependent Name
							<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"/>	

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
							<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.

1.	2.	3.	4.	5.	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.					<u>Fewood</u>	<u>Union</u>				<u>36 Shady Lane</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.

MARCH 24, 2011
Date

Sebastian D'Elia
Signature of Local Government Officer
(Original Signature)

**Local Government Ethics Law
 Financial Disclosure Statement**

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

Year of Service: 2011

Section I. Personal Information- Local Government Officer

Local Government Served _____ County: Union Other: _____
 Municipality: _____
 First Name: Sebastian Middle: Matthew Last Name: D'Elia Suffix: _____
 *Spouse's First Name: Nelly Middle: _____ Last Name: Lozano - D'Elia Suffix: _____
 Home Address: 36 Shady Lane Home: 908-770-3662 Telephone Numbers (optional) 908-770-3662
 (optional) Equinox, NJ 07033 Business: 908-770-3662

UNION CO. CLERK'S OFFICE
 FILED
 APR 15 2011
 (not applicable)
 JOANNE RAJOFFI, County Clerk

- * Spouse includes a Civil Union partner.
- Union County Improvement Authority Agency Position Held Commissioner
 - _____
 - _____

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.

- 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>Country of Union</u>	Name	<u>10 Elizabeth Town Plaza</u>	Address	Self Spouse	Dependent Name
2.	_____	_____	_____	_____	<input checked="" type="checkbox"/>	_____
3.	_____	_____	_____	_____	<input type="checkbox"/>	_____
4.	_____	_____	_____	_____	<input type="checkbox"/>	_____
5.	_____	_____	_____	_____	<input type="checkbox"/>	_____
- 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: SALERNO First Name: JOHN Middle: A

State of New Jersey
Department of Community Affairs

**Local Government Ethics Law
Financial Disclosure Statement**

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

Section II. Financial Information - continued

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

	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.

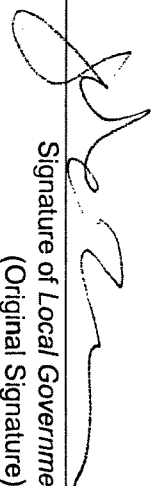
	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	GRANFORD	UNION				GRANFORD		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	WESTFIELD	UNION				48 GARFINKLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.	WESTFIELD	UNION				337 FIRST ST.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.	GRANFORD	UNION				27 W. FIRST ST.		<input checked="" 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 4.7.2011


Signature of Local Government Officer
(Original Signature)

Last Name: SALERNO First Name: JOHN Middle: A

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: **2009**

Section I. Personal Information - Local Government Officer

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

First Name: JOHN Middle: A Last Name: SALERNO Suffix: _____
 *Spouse's First Name: VERLY Middle: L.C. Last Name: SALERNO Suffix: _____
 Home Address: 8 GARFINKL PL Telephone Numbers (optional): _____
CRANFORD NJ 07016 Home: _____ Business: _____

* Spouse includes a Civil Union partner.

1. UNION CO. IMPROVE AUTH. Agency Position Held COMMISS. SECY Term Expires (if applicable) 2014
2. _____
3. _____

UNION CO. CLERK'S OFFICE
FILED
APR 15 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
1.	JOHN SALERNO	UNION COUNTY 2412 NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	VERLY SALERNO	UNION COUNTY 2412 NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	UNION COUNTY	2412 NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	JEANNE SALERNO	2412 NJ	<input checked="" 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
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"/>

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

First Name: Sharon
 Middle: P

(for DLGS use
 Municode.
 Division of Lo.

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 a 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>Union</u>	<u>Union</u>	<u>38</u>	<u>1</u>		<u>703 Pinehurst Ct Unit 9</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.

3/28/11
 Date

[Signature]
 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: Sharon Middle: P Last Name: Rountree Suffix: _____

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

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

* Spouse includes a Civil Union partner.

- 1. Union County Improvement Authority Agency Position Held Member Term Expires (if applicable) _____
- 2. _____
- 3. _____

Section II. Financial Information

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

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

- | Name | Address | Self Spouse | Dependent Name |
|---------------------------|---------------------------------------|-------------------------------------|----------------|
| 1. <u>County of Union</u> | <u>703 Pinescrest Ct Unit 9 Union</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. CLERK'S OFFICE
FILED
APR 15 2011
JOANNE RAJOPI, County Clerk

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

First Name: Joseph
Middle: W

(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>W/H</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. _____		<input type="checkbox"/>	<input type="checkbox"/>	
2. <u>W/H</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"/>	

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

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

4/5/2011
Date

Joseph W. Wiskiewicz
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: JOSEPH Middle: W Last Name: MISKIEWICZ Suffix: _____
 *Spouse's First Name: _____ Middle: _____ Last Name: _____
 Home Address: 161 VIRGINIA STREET Telephone Numbers (optional) _____
 (optional) HILLSIDE Home: _____
NEW JERSEY Business: _____
 * Spouse includes a Civil Union partner.

Agency Position Held Term Expires (if applicable)
 1. HILLSIDE BOARD OF ADJUSTMENTS MEMBER 6-30-2012
 2. UNION COUNTY IMPROVEMENT AUTHORITY TREASURER 1-31-2012
 3. _____

SOMERSET COUNTY CLERKS OFFICE
 FILED
 APR 15 2011
 IOANNE RAJOPPI, County Clerk

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

	A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.	Name	Address	Self	Spouse	Dependent Name
1.		<u>COUNTY OF UNION</u>	<u>ELIZABETH PLAZA, ELIZABETH, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.		<u>SCHELYGE CORP (MEERK)</u>	<u>KENILWORTH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.		<u>UNITED STATES TREASURY (SS)</u>	<u>WASHINGTON DC</u>	<input checked="" 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"/>	_____

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

Section I. Personal Information - Local Government Officer

Local Government Served
 Municipality: HILLSIDE County: UNION Other: _____
 First Name: SAMUEL Middle: TIMOTHY Last Name: McGHEE Suffix: _____
 *Spouse's
 First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
 Home Address: 1548 MAPLE AVENUE Telephone Numbers (optional) _____
 (optional) HILLSIDE, NEW JERSEY Home: 973-923-8485
07205 Business: 908-353-1313
 * Spouse includes a Civil Union partner.

1. UNION COUNTY IMPROVEMENT AUTHORITY Agency Position Held
 MEMBER
 Term Expires (if applicable) 1/31/2013
JOANNE RAJOPPI, County Clerk

Section II. Financial Information

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

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

Name	Address	Self	Spouse	Dependent Name
1. <u>JOINT MEETING OF ESSEX & UNION COUNTIES - 500 SOUTH FIRST ST. ELIZ, NJ</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <u>SOCIAL SECURITY</u>	<u>P O BOX 17763, BALTIMORE, MD</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. <u>TIAA CREF</u>	<u>730 THICO AVE, NEW YORK, NY</u>	<input checked="" 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: McGHEE First Name: SAMUEL Middle: TIMOTHY

State of New Jersey
Department of Community Affairs

**Local Government Ethics Law
Financial Disclosure Statement**

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"/>	_____
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. HILLSIDE	UNION	423	18		1548 MAPLE AVENUE	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.

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 3/24/11
Signature of Local Government Officer [Signature]
(Original Signature)

Last Name: Enslie

First Name: Karen

Middle: W

(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"/>	<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>Rockaway Twp</u>	<u>Morris</u>				<u>home</u>	<u>24 Old Lake End Rd Green Pond, NJ</u>	<u>100%</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>W/A</u>
2.								<input type="checkbox"/>	<input type="checkbox"/>		
3.								<input type="checkbox"/>	<input type="checkbox"/>		
4.								<input type="checkbox"/>	<input type="checkbox"/>		
5.								<input type="checkbox"/>	<input type="checkbox"/>		

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

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)

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: All in Union County County: Union County Other: _____
 Municipality: _____
 First Name: Karen Middle: W Last Name: Enstle Suffix: _____
 *Spouse's First Name: N/A Middle: _____ Last Name: _____ Suffix: _____
 Home Address: 24 Old Lake End Rd Home: 973-208-1833 Telephone Numbers (optional)
 (optional) Green Pond, NJ 07435 Business: 908-654-9854

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

* Spouse includes a Civil Union partner.

1. Rutgers Cooperative Extension of Union County Agency Dept Head / ETHS Director Position Held N/A 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>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"/>	

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: Saleh

First Name: Kemal

Middle: _____

(for DLGS use only)
Municode: _____

State of New Jersey
Department of Community Affairs

**Local Government Ethics Law
Financial Disclosure Statement**

Division of Local Government Services
Local Finance Board

Section II. Financial Information - continued

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

	Name	Address	Self	Spouse	Dependent Name
1.	<u>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.

4/19/11
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.
 Year of Service: **2011**

Section I. Personal Information - Local Government Officer

Local Government Served: _____ County: UNION Other: _____
 Municipality: _____
 First Name: KAMAL Middle: _____ Last Name: SALEH Suffix: _____
 *Spouse's First Name: Diana Middle: V. Last Name: SALEH Suffix: _____
 Home Address: _____ Home: _____ Telephone Numbers (optional): _____
 (optional) Business: _____

* Spouse includes a Civil Union partner:

1. Union County Planning Board Agency: Union County Planning Board Position Held: Secretary Term Expires (if applicable): Countdown
2. _____
3. _____

UNION CO. CLERK'S OFFICE
 FILED
 APR 21 2011
 JOANNE RAJOPPI, County Clerk

Section II. Financial Information

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

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

- | | Name | Address | Self | Spouse | Dependent Name |
|----|------------------------|--|-------------------------------------|--------------------------|----------------|
| 1. | <u>COUNTY OF UNION</u> | <u>Slingshotown Plaza, Elizabeth, 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"/> | |

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: D'Arco

First Name: Lauren

Middle: A

(for DLGS use only)
Municode:

State of New Jersey
Department of Community Affairs

**Local Government Ethics Law
Financial Disclosure Statement**

Division of Local Government Services
Local Finance Board

Section II. Financial Information - continued

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

1.	2.	3.	4.	5.	Name	Address	Self Spouse	Dependent Name
							<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
1.					<u>Larry's Quality Flooring</u>	<u>322 E. Westfield Ave</u>	<input checked="" type="checkbox"/>	
2.							<input type="checkbox"/>	
3.							<input type="checkbox"/>	
4.							<input type="checkbox"/>	
5.							<input type="checkbox"/>	

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

1.	2.	3.	4.	5.	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.												<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.

4-12-11
Date

[Signature]
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 of Union County: Union Other: _____
 Municipality: _____
 First Name: Laurence Middle: A Last Name: Dinardo Suffix: _____
 *Spouse's First Name: Susan Middle: M Last Name: Dinardo Suffix: _____
 Home Address: 322 E. Westfield Ave Home: 908 245-4567 Telephone Numbers (optional) 908 245-4567
 (optional) Business: 908 245-4567

UNION CO. CLERK'S OFFICE
 FILED
 APR 20 2011
 JENNIFER RAUOPPI, County Clerk

- * Spouse includes a Civil Union partner.
1. Union County Planning Board Agency: Union County Position Held: Vice Chairman
 Term Expires (if applicable): 12-31-11
 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>4 Elizabeth town Plaza</u> | <input checked="" type="checkbox"/> | |
| 2. | <u>Board of Roselle Park</u> | <u>110 E Westfield Ave Roselle PK.</u> | <input type="checkbox"/> | |
| 3. | <u>Larry's Quality Flooring</u> | <u>322 E Westfield Ave Roselle PK.</u> | <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: Geminder First Name: Elizabeth Middle: Ann

(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"/>	_____
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.

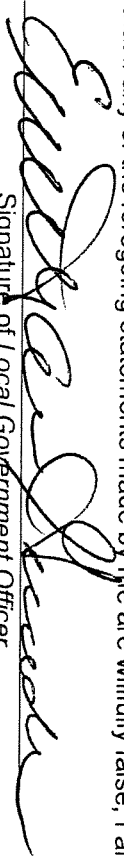
Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1. <u>Berkeley Hts</u>	<u>Union</u>	<u>1401</u>	<u>22</u>		<u>168 Brairwood Drive East</u>	<u>100%</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. _____	_____	_____	_____	_____	_____	_____	<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.

4-18-2011
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)

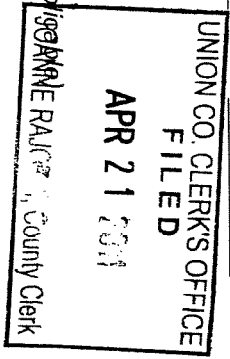
Year of Service: **2011**

Section I. Personal Information - Local Government Officer

Local Government Served: Hillside County: Union Other: _____
 Municipality: _____
 First Name: Elizabeth Middle: Ann Last Name: Geminder Suffix: _____
 *Spouse's First Name: Howard Middle: -- Last Name: Geminder Suffix: _____
 Home Address: _____ Telephone Numbers (optional) _____
 (optional) Home: _____ Business: _____

* Spouse includes a Civil Union partner.

1. Union County Planning Board Agency: Agency Position Held: Board Member Term Expires (if applicable): 12/2011
 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.

1.	<u>Elizabeth Ann Geminder</u>	<u>Township of Hillside</u>	<input checked="" type="checkbox"/>		
2.	<u>Howard Geminder</u>	<u>Police/Fire Retirement System</u>	<input checked="" type="checkbox"/>		
3.		<u>County of Union</u>	<input checked="" type="checkbox"/>		
4.					
5.					

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

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

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

First Name: Michael Middle: J.

(for DLGS use only)
 Municode: _____

**Local Government Ethics Law
 Financial Disclosure Statement**

Division of Local Government Services
 Local Finance Board

Section II. Financial Information - continued

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

	Name	Address	Self Spouse	Dependent Name
1.	<u>NS Real Estate Commission</u>	<u>20 West State Street, Trenton NJ</u>	<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.	<u>UJA</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>Clark</u>	<u>Union</u>	<u>403</u>	<u>16</u>		<u>28 Uchatshea Rd</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.

N/A

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]
 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: Union County Planning Board County: Union Other: _____

Municipality: Union County Planning Board County: Union Other: _____

First Name: Michael Middle: J. Last Name: Timoni Suffix: _____

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

Home Address: 28 Wheatstreak Road Telephone Numbers (optional): 732-815-1611 732-499-7280

(optional) Clark, N.J. 07066 Business: _____

Spouse includes a Civil Union partner: _____

1. Union County Planning Board Agency Chairman Position Held 11/1/2012 Term Expires (if applicable) JOANNE RAJOPPI, County Clerk

2. _____

3. _____

Section II. Financial Information

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

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

1.	Name	Address	Self Spouse	Dependent Name
1.	<u>Vincent A. Timoni Assoc.</u>	<u>1571 Irving St, Rahway, N.J.</u>	<input checked="" type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

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

1.	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: Verlynt
 State of New Jersey
 Department of Community Affairs

First Name: Sean

Middle: Leslie

(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>General Electric</u>	<u>Po Box 3525 S. Haledon 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>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.

 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: Sean Middle: Leslie Last Name: Wright Suffix: Mr.
 *Spouse's First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
 Home Address: 611 Arlinton Ave, NJ 07090 Telephone Numbers (optional): _____
 (optional) Wesford, NJ Home: _____ Business: _____
 * Spouse includes a Civil Union partner. _____

Position Held: Member Term Expires (if applicable): 2012

UNION CO. CLERK'S OFFICE
FILED
APR 29 2011
JOANNE RAJOPPI, County Clerk

Section II. Financial Information

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

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

	Name	Address	Self Spouse	Dependent Name
1.	<u>Kean University</u>	<u>1000 Morris Ave, Union 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>None</u>		<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

Last Name: V'NASTRINO
State of New Jersey
Department of Community Affairs

First Name: Michael

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
	<u>N/A</u>		<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.

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

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

1.	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1.	<u>Union</u>	<u>Union</u>				<u>712 SUBURBAN RD.</u>	<u>100%</u>	<input checked="" type="checkbox"/>	
2.	<u>Tons River</u>	<u>Ocean</u>				<u>101 4TH AVE</u>	<u>100</u>	<input checked="" type="checkbox"/>	
3.								<input type="checkbox"/>	
4.								<input type="checkbox"/>	
5.								<input type="checkbox"/>	

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

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

Michael DiGiovanna
Signature of Local Government Officer
(Original Signature)

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

Section I. Personal Information - Local Government Officer

Local Government Served: _____ County: UNION Other: _____

First Name: MICHAEL Middle: _____ Last Name: D'AGOSTINO Suffix: _____
 * Spouse's First Name: MAE ANN Middle: _____ Last Name: D'AGOSTINO Suffix: _____
 Home Address: 712 SUBURBAN RD. UNION NJ 07083 Home: 908-688-4320 Telephone Numbers (optional) 908-497-9050 Business: _____
 (optional)

* Spouse includes a Civil Union partner.

1. UNION COUNTY ^{Agency} THANNIA BOEN ^{Position Held} MEMBER ^{Term Expires (if applicable)} 1/12
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 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>N.J. REGIONAL BOARD OF AGENTERS</u> | <u>50 FIELDCREST AVE EDISON NJ</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2. | <u>UNION TWP. BOARD OF EDUCATORS</u> | <u>MORRIS AVE UNION 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. | <u>N/A</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"/> | |

Suffix: _____
 UNION CO. CLERK'S OFFICE
 FILED
 APR 29 2011
 [Signature]

Last Name: GRAYA First Name: Maavel Middle: R

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>Electors Fund of Manly Grovn</u>	<u>641 Madison Ave, Sln. 07201</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>(reimbursements)</u>
2.	<u>City of Elizabeth</u>	<u>50 Wintfield Scott Plz, Sln. 07201</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"/>	

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

	Name	Address	Self	Spouse	Dependent Name
1.	<u>Majic Realty, Inc.</u>	<u>51 Summit Rd, Elizabeth, NJ 07208</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"/>	

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>1</u>	<u>43</u>		<u>104 Clark Pl. Elizabeth 07206</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.

Date 5-1-11

Signature of Local Government Officer
(Original Signature)

Last Name: GROVA First Name: Manuel Middle: R

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

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: _____ Municipality: Elizabeth County: Union Other: _____
 First Name: Manuel Middle: Rodriguez Last Name: GROVA Suffix: Jr
 *Spouse's First Name: Christine Middle: Miguel Last Name: GROVA
 Home Address: 104 Clark Pl. Telephone Numbers (optional): Home: 9083535599 Business: 9083536264
 (optional) Elizabeth, NJ 07206

UNION CO. CLERK'S OFFICE
FILED
MAY 16 2011
RAJOPPL, County Clerk

- * Spouse includes a Civil Union partner.
- Elizabeth City Council Agency Councilman Position Held 12-31-2014 Term Expires (if applicable)
 - Board of Assessors Public Defender 12-31-2011
 - County of Union Planning Bd Attorney 12-31-2011

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.	<u>Mandelbaum, Salzburg, et al</u>	<u>155 Prospect Ave, W. Orange, NJ 07052</u>	<input checked="" type="checkbox"/>		
2.	<u>City of Elizabeth</u>	<u>50 Winsfield Cott Plz, Elizabeth, NJ 07201</u>	<input checked="" type="checkbox"/>		
3.	<u>Board of Assessors</u>	<u>210 Claxton St, Elizabeth, NJ 07203</u>	<input checked="" type="checkbox"/>		
4.	<u>County of Union</u>	<u>Attn: Sldg. Elizabethtown Plz, Eliz. 07208</u>	<input checked="" type="checkbox"/>		
5.	<u>SA BDUO</u>	<u>930 Wilfordbrook Rd, Ste 400, Islandia, NY</u>	<input checked="" type="checkbox"/>		

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

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

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: Joanne Middle: _____ Last Name: Rajoppi Suffix: _____
 *Spouse's First Name: _____ Middle: _____ Last Name: _____
 Home Address: 383 Plymouth Road Telephone Numbers (optional) _____
 (optional) Union, NJ 07083 Home: _____ Business: (908) 517-4787

UNION COUNTY CLERKS OFFICE
 FILED
 MAR 18 2011
 JOANNE RAJOPPI, County Clerk

* Spouse includes a Civil Union partner.
 1. _____ Agency _____ Position Held _____ Term Expires (if applicable) _____
 2. _____ Office of Union County Clerk _____ County Clerk _____ 2015
 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. | None | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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. | AM/PM Services | 254 Grove Ave., Verona, NJ 07044 | <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"/> | |

Last Name: Rajoppi

First Name: Joanne

Middle: _____

(for DLGS use only)
Municode: _____

State of New Jersey
Department of Community Affairs

Local Government Ethics Law Financial Disclosure Statement

Division of Local Government Services
Local Finance Board

Section II. Financial Information- continued

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

	Name	Address	Self	Spouse	Dependent Name
1.	None		<input type="checkbox"/>	<input type="checkbox"/>	
2.			<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
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.	Union Township	Union	1101	16		383 Plymouth Road	100%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	Avon Borough	Mommouth	41	20		500 Jefferson Ave.	100%	<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"/>	

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

Section III. Certification

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

3/16/2011
Date

Joanne Rajoppi
Signature of Local Government Officer
(Original Signature)

Section I. Personal Information- Local Government Officer

Local Government Served: _____
 Municipality: _____
 First Name: James Middle: S. Last Name: LaCorte Suffix: Esq.
 *Spouse's First Name: Pamela Middle: D. Last Name: LaCorte Suffix: _____
 Home Address: 319 Briant Park Dr. Springfield Telephone Numbers (optional) _____
 (optional) Formerly: 1057 Coolidge Rd. Elizabeth Home: _____
 Business: 908-527-4280 Suffix: _____
 * Spouse includes a Civil Union partner.

1. Union County Surrogate Agency Position Held Term Expires (if applicable)
Surrogate 2014, December RA/OPPL, 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 | Administration Bldg. Elizabeth | <input checked="" type="checkbox"/> | |
| 2. ATC Services | South Avenue, Cranford, NJ | <input checked="" type="checkbox"/> | |
| 3. UBS | Mack Center 4, Paramus, NJ | <input checked="" type="checkbox"/> | |
| 4. Robert Woods Johnson Hospital | Rahway, NJ | <input checked="" 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"/> | _____ |

CO. CLERK'S OFFICE
 FILED
 MAR 22 2011

Last Name: LaCorte First Name: James Middle: S.

State of New Jersey
Department of Community Affairs

**Local Government Ethics Law
Financial Disclosure Statement**

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"/>	_____
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. Elizabeth	Union				1057 Coolidge Road,	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.

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 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.

Section I. Personal Information - Local Government Officer

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

First Name: ALAN Middle: J Last Name: FALCONE Suffix: _____
 *Spouse's First Name: _____ Middle: _____ Last Name: _____
 Home Address: _____ Telephone Numbers (optional):
 (optional) Home: 908-918-0595 Business: 908-527-4786
 * Spouse includes a Civil Union partner.

Suffix: _____
 UNION CO. CLERKS OFFICE
 FILED
 MAR 22 2011
 JOHANN RAJOPPI, County Clerk

Section II. Financial Information

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

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- | Name | Address | Self Spouse | Dependent Name |
|------------------------------|---------------------------------|-------------------------------------|----------------|
| 1. <u>UNION COUNTY CLERK</u> | <u>23 BROAD ST ELIZABETH NJ</u> | <input checked="" type="checkbox"/> | |
| 2. <u>RENTALS INCOME</u> | <u>17206A ST SUMMIT NJ</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"/> | |

Last Name: FALCONE First Name: REAN Middle: J

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 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>SUMMIT</u>	<u>UNION</u>	<u>1302</u>	<u>53</u>		<u>17 EDGAE ST</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.

3/18/11
Date

[Signature]
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: Jo Ann Middle: Catherine Last Name: Schwab Suffix: _____
 *Spouse's
 First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
 Home Address: 26 Vine Street Telephone Numbers (optional) _____
 (optional) Hillside, NJ 07205 Home: 908-355-7876
 Business: 908-527-4280

* Spouse includes a Civil Union partner.

1. County of Union Position Held
 2. Hillside Public Library Deputy Surrogate
 3. Trustee

Term Expires (if applicable)
 Dec. 2011

UNION CO. CLERK'S OFFICE
 FILED
 MAR 22 2011
 JOANNE RAJOPPI, County Clerk

Section II. Financial Information

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

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

Name	Address	Self Spouse	Dependent Name
County of Union	10 Elizabethtown Plaza Elizabeth, NJ	XX	
Merck & Co. (Schering)	Galloping Hill Rd. Kenilworth, NJ	XX	deceased spouse

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

Last Name: Schwab First Name: Jo Ann Middle: C.

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

**Local Government Ethics Law
Financial Disclosure Statement**

Section II. Financial Information- continued

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

Name	Address	Self Spouse	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	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	Self Spouse	Dependent Name
1. Hillside, NJ	Union	1210	19		26 Vine Street	50%	<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.

March 18, 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.

Year of Service: **2011**

(Please Type or Print)

Section I. Personal Information- Local Government Officer

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

First Name: Ralph Middle: George Last Name: Roehlich Suffix: _____
 * Spouse's First Name: _____ Suffix: _____
 First Name: Marlene Middle: Rose Last Name: Roehlich Suffix: _____
 Home Address: 424 Halstead Telephone Numbers (optional): 908-355-4501
 (optional) Union N.J. 908-527-4430
 * Spouse includes a Civil Union partner.

1. County of Union Agency County of Union Position Held Sherriff
 2. _____
 3. _____

UNION CO. CLERK'S OFFICE
 FILED
 APR - 5 2011
 JOANNE RAJOPPI, County Clerk

Section II. Financial Information

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

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- | Name | Address | Self | Spouse | Dependent Name |
|-----------------------------|-----------------|-------------------------------------|--------------------------|----------------|
| <u>County of Union</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <u>State of N.J.</u> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <u>Police & Fireman</u> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <u>Retirement System</u> | <u>1 ceatur</u> | <input checked="" 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>None</u> | | <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"/> | _____ |

Last Name: Stachnik First Name: Ralph Middle: George

(for DLGS use only)
Municode:

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

**Local Government Ethics Law
Financial Disclosure Statement**

Section II. Financial Information- continued

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

1.	Name	Address	Self Spouse	Dependent Name
1.	<u>None</u>			
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
1.	<u>None</u>			
2.				
3.				
4.				
5.				

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

1.	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1.	<u>Union</u>	<u>Union</u>				<u>424 Halstead Rd</u>	<u>Home</u>	<input checked="" type="checkbox"/>	
2.								<input checked="" type="checkbox"/>	
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.

April 4 2011
Date

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

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

Year of Service: **2011**

Section I. Personal Information- Local Government Officer

Local Government Served: _____ County: Union Other: _____
 Municipality: _____
 First Name: JOSEPH Middle: _____ Last Name: CRGAN Suffix: _____
 *Spouse's First Name: KATHLEEN Middle: _____ Last Name: _____ Suffix: _____
 Home Address: _____ Telephone Numbers (optional) _____
 (optional) Home: _____ Business: _____
 * Spouse includes a Civil Union partner.

UNION CO. CLERKS OFFICE
 FILED
 MAR 20 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 Corp, Union Corp</u> | <u>Administrative Park, etc</u> | <input checked="" type="checkbox"/> | |
| 2. | <u>"State of NJ</u> | <u>Trenton, NJ</u> | <input checked="" type="checkbox"/> | |
| 3. | <u>Deacons</u> | <u>Discerning</u> | <input checked="" type="checkbox"/> | |
| 4. | <u>Allymond Farm Service Corp, etc</u> | <u>Sumner</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>N/A</u> | | <input type="checkbox"/> | |
| 2. | | | <input type="checkbox"/> | |
| 3. | | | <input type="checkbox"/> | |
| 4. | | | <input type="checkbox"/> | |
| 5. | | | <input type="checkbox"/> | |

Last Name: Cayan First Name: Josypk Middle: P.

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

**Local Government Ethics Law
 Financial Disclosure Statement**

(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>Erzo of Josph Kay</u>	<u>722 Greenway Ave S., Leominster</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"/>	

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

Name	Address	Self	Spouse	Dependent Name
1. <u>Superintendent</u>	<u>24 Pine St, Somers Overly Rd</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <u>Bras Bone Personnel</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"/>	

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>Wood</u>	<u>Wood</u>				<u>816 Holly Ave Lehigh</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.

* TRAVEL EXPENSES TO WASHINGTON D.C.

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 28, 2011
 Date

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

(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>Mom</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>Mom</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>Clark</u>	<u>Union</u>				<u>75 William St</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.

Date: 3-19-11
 Signature of Local Government Officer: [Signature]
 (Original Signature)

Last Name: DeToro First Name: Vincent Middle: N Municode: _____

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

Local Government Served Municipality: Union County: Union Other: _____ Year of Service: **2011**

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.

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

First Name: Vincent Middle: N Last Name: DeToro Suffix: _____
*Spouse's First Name: Eileen Middle: D Last Name: DeToro Suffix: _____

Home Address: 75 William St Telephone Numbers (optional): 732 499-9625
(optional) Business: 908 527-4959

* Spouse includes a Civil Union partner.
1. U.C. Sheriff Agency: UN DER Sheriff Position Held: UN DER Sheriff Term Expires (if applicable): Someday

Suffix: UNION CO. CLERK'S OFFICE FILED MAR 22 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. <u>None</u> | | | | |
| 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. <u>None</u> | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |

Last Name: Green First Name: Gerald Middle: B

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

**Local Government Ethics Law
Financial Disclosure Statement**

Section II. Financial Information- continued

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

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

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

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

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

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

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

Section III. Certification

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

4-7-11

Date

[Signature]

Signature of Local Government Officer
(Original Signature)

Last Name: Green First Name: Gerald Middle: B Municode: _____

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

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

Year of Service: **2011**

First Name: Gerald Middle: B Last Name: Green Suffix: _____

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

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

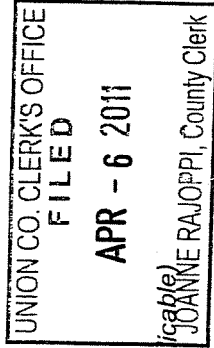
Business: _____ Home: _____ Business: _____

* Spouse includes a Civil Union partner.

1. Union County Sheriff Agency: Union County Sheriff 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. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

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

Last Name: GIBSON First Name: HAROLD Middle: _____

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

Local Government Ethics Law Financial Disclosure Statement

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

Year of Service: **2011**

(Please Type or Print)

Section I. Personal Information- Local Government Officer

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

First Name: HAROLD Middle: _____ Last Name: GIBSON Suffix: _____

*Spouse's First Name: DEBORAH Middle: LEAH Last Name: STAPLETON Suffix: _____

Home Address: 641 SHERBORN AVENUE Telephone Numbers (optional) _____
PLAINFIELD, N.J. 07060 Home: _____ Business: _____

* Spouse includes a Civil Union partner. _____

POSITION HELD
COUNTY OF UNION - SHERIFFS OFFICE
CHIEF SHERIFFS OFFICER
Term Expires (if applicable) _____
MAR 22 2011
JOANNE RAJOPPI, County Clerk

Section II. Financial Information

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

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

Name	Address	Self	Spouse	Dependent Name
1. <u>COUNTY OF UNION</u>	<u>10 ELIZABETH TOWNS PLAZA - ELIZABETH, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <u>STATE OF NEW JERSEY - PFRS</u>	<u>P.O. Box 295 - TRENTON, N.J.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. <u>SOCIAL SECURITY</u>		<input type="checkbox"/>	<input type="checkbox"/>	
4. <u>NJ DEPT OF LABOR - UNEMPLOYMENT</u>		<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: _____ First Name: _____ Middle: _____

(for DLGS use only)
Municode: _____

State of New Jersey
Department of Community Affairs

**Local Government Ethics Law
Financial Disclosure Statement**

Section II. Financial Information- continued

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

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

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

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

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

Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1. <u>PLAINFIELD</u>	<u>UNION</u>	<u>508</u>	<u>8</u>		<u>641 SHERIDAN AVE.</u>	<u>100</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <u>NEWARK</u>	<u>ESSEX</u>	<u>147.01</u>	<u>1.07</u>		<u>111 MULDERY ST - Unit 1-G</u>	<u>100</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"/>	

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.

21 March 2011
Date

David Lib...
Signature of Local Government Officer

(Original Signature)

Last Name: SULLIVAN

First Name: DANIEL

Middle: P

(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.

Name	Address	Self Spouse	Dependent Name
1. County of Union	10 Elizabethtown Plaza, Elizabeth	X	
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.			
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)	Ownership %	Self Spouse	Dependent Name
1. Elizabeth	Union				976 Edgewood Road	100%	X	
2.							X	
3.								
4.								
5.								

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

Section III. Certification

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

7/24/11

Date

[Signature]

Signature of Local Government Officer
(Original Signature)

Last Name: SULLIVAN

First Name: DANIEL

Middle: P

(for DLGS use only) Municode: _____

State of New Jersey Department of Community Affairs

Division of Local Government Services Local Finance Board

Local Government Ethics Law Financial Disclosure Statement

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

Year of Service: 2011

(Please Type or Print)

Section I. Personal Information- Local Government Officer

Local Government Served Municipality: _____ County: COUNTY OF UNION Other: _____

First Name: DANIEL Middle: P Last Name: SULLIVAN

*Spouse's First Name: CONNIE Middle: _____ Last Name: SULLIVAN

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

* Spouse includes a Civil Union partner. Agency: _____

Position Held: FREEHOLDER

Term Expires (if applicable): 12/31/2013

UNION CO. CLERK'S OFFICE FILED MAR 26 2011 JOANNE RAJOPPI, County Clerk

Section II. Financial Information

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

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

Name	Address	Self	Spouse	Dependent Name
1. County of Union	10 Elizabethtown Plaza, Elizabeth, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. NJ Motor Vehicle Commission	Trenton, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daniel Sullivan
3. County of Union	10 Elizabethtown Plaza, Elizabeth	<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: **KOWALSKI** Middle: **BETTE JANE** (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

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 Elizabethtown Plaza, Elizabeth, NJ	X	
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.			
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				101 Centennial Avenue	100%	X	
2.								
3.								
4.								
5.								

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

[Empty box for additional information]

Section III. Certification

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

3/24/14 Date

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

Last Name: CARTER First Name: LINDA Middle: S (for FCS use only)
 State of New Jersey
 Department of Community Affairs
 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
2.				
3.				
4.				
5.				

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

1.	Name	Address	Self Spouse	Dependent Name
2.	IVY VISIONS, INC.	PLAINFIELD, NJ	X	
3.				
4.				
5.				

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

1.	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
2.	PLAINFIELD	UNION	414	26		369 SUMNER AVENUE	100%	X	
3.									
4.									
5.									

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

Section III. Certification

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

3/28/14
 Date

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