

Last Name: [CARTER]First Name: [LINDA]Middle: [S]

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: [LINDA]Middle: [S]Last Name: [CARTER]

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

Home Address: []Telephone Numbers (optional): []

Home: []Business: []

Position Held
[FREEHOLDER]
[MEMBER]

Term Expires (if applicable)
[12/31/2013]
[12/31/2011]

UNION CO. CLERK
FILED
MAR 26 2011
JOANNE RAJOPPI, CLERK

Section I. Personal Information- Local Government Officer

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 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 PLAINFIELD	515 WATCHUNG WAY, PLAINFIELD, NJ	X		
2. PASSAIC BOARD OF EDUCATION	170 PAULISON AVENUE, PASSAIC, NJ	X		
3. IML REALTY GROUP, INC	1732 EAST SECOND ST., SCOTCH PLAINS, NJ	X		
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: MIRABELLA First Name: ALEXANDER Middle: (for DLGS use only)
 State of New Jersey Department of Community Affairs Municode:
 Division of Local Government Services Local Finance Board

Local Government Ethics Law Financial Disclosure Statement

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

Section I. Personal Information- Local Government Officer

(Please Type or Print)

Year of Service: 2011

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

First Name: ALEXANDER Middle: _____ Last Name: MIRABELLA
 *Spouse's First Name: PHYLLIS Middle: _____ Last Name: MIRABELLA

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

* Spouse includes a Civil Union partner.

Agency	Position Held	Term Expires (if applicable)	
1. <u>COUNTY OF UNION</u>	<u>FREEHOLDER</u>	<u>12/31/2012</u>	<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg);"> UNION CO. CLERK'S OFFICE FILED MAR 26 2011 JOANNE RAJOPI, County Clerk </div>
2. <u>POLLUTION CONTROL AUTHORITY</u>	<u>MEMBER</u>	<u>12/21/2011</u>	
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>				
2. <u>Chubb & Son</u>	<u>10 Elizabethtown Plaza, Elizabeth, NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. _____	<u>15 Mountainview Road, Warren, NJ</u>	<input checked="" type="checkbox"/>	<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.

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

Last Name: MIRABELLA

First Name: ALEXANDER

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. County of Union	10 Elizabethtown Plaza, Elizabeth, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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


Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1. Fanwood	Union	128	17		11 Tiltolston Road	100%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Roselle Park	Union	128	4		516 Roosevelt Avenue	100%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Roselle Park	Union				517 Willow Avenue	100%	<input checked="" type="checkbox"/>	<input checked="" 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.

3-24-11
Date


Signature of Local Government Officer
(Original Signature)

Last Name: **SCANLON**

First Name: **DEBORAH**

Middle: **P**

(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.				
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.	Union	Union				881 Lafayette Avenue	100%	X	
2.	Ocean	Brick				9 Long Point Drive	100%	X	
3.									
4.									
5.									

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

Section III. Certification

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3/24/11
Date

Signature of Local Government Officer
(Original Signature)

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

Division of Local Government Services
 Local Finance Board

State of New Jersey

Local Government Ethics Law

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 1. Personal Information- Local/ Government Officer

Local Government Served Municipality:	County:	COUNTY OF UNION	Other:
First Name: *Spouse's First Name:	Middle:	P	Last Name: SCANLON
First Name:	Middle:		Last Name: SCANLON
Home Address: (optional)	Telephone Numbers (optional)		
	Home:	Business:	
	Term Expires (if applicable)		
	12/31/2012		
	JOANNE RAJOPIPI		
	MAR 26		
	UNION CO. CLEER FILE		
	Position Held		
	FREEHOLDER		
	Agency		
	COUNTY OF UNION		
	1.		
	2.		

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 | X | | |
| 2. Law Offices of Robert Rusignola | Short Hills, NJ | X | | |
| 3. Union Center Bank | Union, NJ | | X | |
| 4. PERS Pension | Trenton, NJ | | X | |
| 5. NJ Div. of Child & Family Services | Trenton, NJ (Foster Child) | X | X | |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

1.	County of Union	10 Elizabethtown Plaza, Elizabeth, NJ	X		
2.	Law Offices of Robert Rusignola	Short Hills, NJ	X		
3.	Union Center Bank	Union, NJ		X	
4.	PERS Pension	Trenton, NJ		X	
5.	NJ Div. of Child & Family Services	Trenton, NJ (Foster Child)	X		

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

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

Last Name: JALLOH

First Name: MOHAMED

Middle: S

For this use only:
Municipality:

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: UNION

Other:

First Name:

MOHAMED

Middle: S

Last Name: JALLOH

*Spouse's

First Name:

Middle:

Last Name:

Home Address:
(optional)

Home:
Business:

Telephone Numbers (optional)

* Spouse includes a Civil Union partner.

Agency

1. COUNTY OF UNION

2.

Position Held
FREEHOLDER

Term Expires (if applicable)
12/31/2012

JOANNE RAJOPPI, County Clerk

UNION CO. CLERK'S OFFICE
FILED
MAR 26 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. COUNTY OF UNION
2. NEWARK PUBLIC DEFENDERS' OFFICE
3. KEAN UNIVERSITY
4. JALLOH & JALLOH, LLC
5.

10 ELIZABETH TOWN PL., ELIZABETH, NJ
31 GREEN STREET, NEWARK, NJ
1000 MORRIS AVENUE, UNION, NJ
29 ALDEN STREET, GRANFORD

X
X
X
X

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

Name

Address

Self Spouse

Dependent Name

1.
2.
3.
4.
5.

Last Name: JALLOH First Name: MOHAMED Middle: S (if different from last name, 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.

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. JALLOH & JALLOH, LLC	29 ALDEN STREET, CRANFORD, NJ	X		
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.									
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.

3/24/2011 Date

Signature of Local Government Officer (Original Signature)

Last Name: ESTRADA First Name: ANGEL Middle: G. (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.

Name	Address	Self	Spouse	Dependent Name
1. County of Union	10 Elizabethtown Plaza, Elizabeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

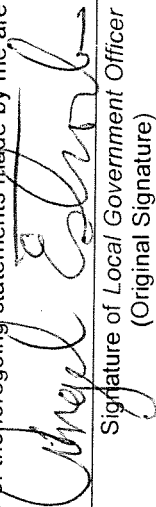
Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1. Elizabeth	Union				987 Coolidge Road	100%	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.							<input type="checkbox"/>	<input type="checkbox"/>	
3.							<input type="checkbox"/>	<input type="checkbox"/>	
4.							<input type="checkbox"/>	<input type="checkbox"/>	
5.							<input type="checkbox"/>	<input type="checkbox"/>	

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

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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.

3/24/11
Date


Signature of Local Government Officer
(Original Signature)

Last Name: ESTRADA First Name: ANGEL Middle: G. (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: UNION Other:

First Name: ANGEL Middle: G. Last Name: ESTRADA

*Spouse's First Name: TERESA Middle: L. Last Name: ESTRADA

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

* Spouse includes a Civil Union partner.

Agency

1. COUNTY OF UNION

2.

3.

Position Held

FREEHOLDER

Term Expires (if applicable)

12/31/2011

JOANNE RAJOPPI, County Clerk

UNION CO. CLERK'S OFFICE
FILED

MAR 26 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. County of Union	10 Elizabethtown Plaza, Elizabeth, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daniel Estrada
2. NJ Motor Vehicle Commission	65 Jefferson Avenue, Elizabeth, NJ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. City of Elizabeth	City Hall, Elizabeth, NJ	<input type="checkbox"/>	<input type="checkbox"/>	Jorge Estrada
4. NJ Superior Court	Elizabeth, New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	
5. <u> </u>		<input type="checkbox"/>	<input type="checkbox"/>	

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

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

Last Name: **WARD** First Name: **NANCY** 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.					
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.	Law Office of Nancy Ward	201 Prospect Street, Westfield	X		
2.	Patsy Realty	201 Prospect Street, Westfield	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.

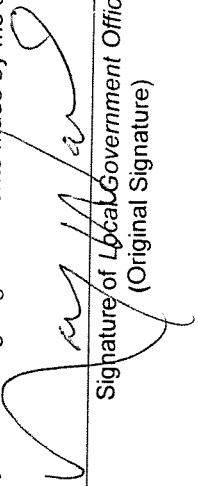
	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	Cranford	Union	101	8		101-103 North Union Avenue	90%	X		
2.										
3.										
4.										
5.										

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

Section III. Certification

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

3/23/11
Date


Signature of Local Government Officer
(Original Signature)

Last Name: WARD First Name: NANCY Middle: (for DLGS use only) Municode:

State of New Jersey
Department of Community Affairs

**Local Government Ethics Law
Financial Disclosure Statement**

Division of Local Government Services
Local Finance Board

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

Year of Service: 2011

(Please Type or Print)

Section I. Personal Information- Local Government Officer

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

First Name: NANCY Middle: Last Name: WARD

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

Home Address: Home: Telephone Numbers (optional):

 Business:

* Spouse includes a Civil Union partner.

Agency: COUNTY OF UNION Position Held: FREEHOLDER Term Expires (if applicable): 12/31/2011

POLLUTION CONTROL AUTHORITY MEMBER 12/31/2011

UNION CO. CLERK'S OFFICE
FILED
MAR 26 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. County of Union	10 Elizabethtown Plaza, Elizabeth, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Law Office of Nancy Ward	201 Prospect Street, Westfield, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Patsy Realty	201 Prospect Street, Westfield, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. <u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	
5. <u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

Last Name: Hudak

First Name: Christopher

Middle: Edward

(for DLGS use only)
Municode:

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.				
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.

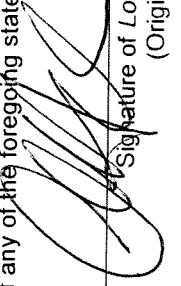
Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1. Linden	Union	00370	0000		520 Exeter Road, Linden, NJ	100	X	X	
2.									
3.									
4.									
5.									

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

Section III. Certification

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3/24/11
Date


Signature of Local Government Officer
(Original Signature)

Last Name: Hudak

First Name: Christopher

Middle: Edward

(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.

(Please Type or Print)

Year of Service: 2011

Section I. Personal Information- Local Government Officer

Local Government Served

Municipality:

County: Union

Other:

First Name: Christopher

*Spouse's First Name: Terri

Middle: Edward

Middle: Danielle

Last Name: Hudak

Last Name: Hudak

Home Address: (optional) 520 Exeter Road
Linden, NJ 07036

Home: Business:

Telephone Numbers (optional):

Position Held

Freeholder
Member

Term Expires (if applicable)

December 31, 2011
December 31, 2011

Agency

Union County Board of Chosen Freeholders
Pollution Control

Union Co. Clerk's Office

FILED

MAR 26 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. Union County Board of Chosen Freeholders	10 Elizabethtown Plaza, Elizabeth, NJ	X	X	
2. Musculoskeletal Transplant Foundation	125 May Street, Edison, NJ	X	X	
3. NJ Motor Vehicle Commission	Rahway, NJ			
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: DI RADO First Name: NICOLE 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. 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. Albert, DiRado & Kojac, LLC	23 North Avenue, East Cranford, NJ	X	
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. Union	Union				733 Greenwood Road	100%	X	
2.								
3.								
4.								
5.								

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

Section III. Certification

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

3/24/11
Date

Nicole DiRado
Signature of Local Government Officer
(Original Signature)

Last Name: First Name: Middle: (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:

(Please Type or Print)

Section I. Personal Information- Local Government Officer

Local Government Served
Municipality: County: Other:

First Name: Middle: Last Name:

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

Home Address: Home: Telephone Numbers (optional):

* Spouse includes a Civil Union partner.
Agency: Position Held:

1. 2. 3.

CLERK OF THE FREEHOLDER BOARD

Term Expires (if applicable):

JOANNE RAJOPPI, County Clerk

UNION CO. CLERK'S OFFICE
FILED
MAR 26 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. County of Union	10 Elizabethtown Plaza, Elizabeth, NJ	X	X	
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.				

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)	Ownership % of	Self	Spouse	Dependent Name
1. <u>Linden</u>	<u>Cranford</u>				<u>525 Maple Ave</u>	<u>100%</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <u>Cranford</u>					<u>207 Thomas Street</u>	<u>100%</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. _____					_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
4. _____					_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
5. _____					_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

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

Section III. Certification

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

3.23.11
Date

[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.

Year of Service: 2011

(Please Type or Print)

Section I. Personal Information- Local Government Officer

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

First Name: VICTOR A Middle: _____ Last Name: Drake Suffix: _____
*Spouse's
First Name: Robert Middle: _____ Last Name: Drake Suffix: _____
Home Address: 207 THOMAS STREET Telephone Numbers (optional) 908 421 9567
(optional) CRANFORD NJ 07016 Business: 908 558 2277

* Spouse includes a Civil Union partner.

Agency _____ Position Held _____ Term Expires (if applicable) _____

UNION CO. CLERK'S OFFICE
FILED
MAR 20 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>INCOME PROPERTY</u>	<u>525 Maple Ave Linden</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <u>UNION BOARD OF EDUCATION</u>	<u>Linden NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <u>COUNTY OF UNION</u>	<u>ELIZABETH NJ</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.

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: ROMANKOW (for DLGS use only)
Municode: _____

First Name: THEODORE Middle: JOHN

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.

2011

Year of Service: 2010

(Please Type or Print)

Section I. Personal Information- Local Government Officer

Local Government Served
Municipality: _____

County: UNION Other: _____

First Name: _____

Middle: JOHN

Last Name: ROMANKOW

*Spouse's
First Name: _____

Middle: GERIE

Last Name: ROMANKOW

Home Address:
(optional)

Home:
Business:

Telephone Numbers (optional)

* Spouse includes a Civil Union partner.

Agency

Position H. Id

Term Expires (if applicable)

1. UNION COUNTY PROSECUTOR'S OFFICE
2. _____
3. _____

PROSECUTOR

JAN 2013

Section II. Financial Information

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

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

Name

Address

Self/Spouse

Dependent Name

1. UNION COUNTY
2. SOCIAL SECURITY
3. _____
4. _____
5. _____

32 PARKWAY AVE. GUTTENBERG
FEDERAL GOVERNMENT

☒ ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

DARIA

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. DONE
2. _____
3. _____
4. _____
5. _____

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Last Name: **Romanukow** First Name: **THORNDIKE** Middle: **JOHN** (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.

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. BERKELEY HTS	UNION	1503	718		220 BRISTOL COURT	100	<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.

3/10/11 Date Signature of Local Government Officer (Original Signature)

Last Name: Cervantes First Name: Albert Middle: (for DLGS use only) Municode:

State of New Jersey
Department of Community Affairs

Local Government Ethics Law
Financial Disclosure Statement

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

Division of Local Government Services
Local Finance Board

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: Albert Middle: Last Name: Cervantes, Jr.

*Spouse's First Name: De-Anne Middle: Last Name: Cervantes, Jr.

Home Address: 778 Laurel Rd Telephone Numbers (optional):

(optional)

Home: Business:

* Spouse includes a Civil Union partner.

Agency: Union County Prosecutor's Office Position H Id: First Assistant Prosecutor Term Expires (if applicable): 11/13

1. 2. 3.

Section II. Financial Information

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

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

Name	Address	Self	Spouse	Dependent Name
1. <u>Union County Prosecutor's Office</u>	<u>32 Ralston Ave. Elizabeth, NJ 07208</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <u>LLA, LLC</u>	<u>3501 MacArthur Dr. Union, NJ 07081</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <u></u>		<input type="checkbox"/>	<input type="checkbox"/>	
4. <u></u>		<input type="checkbox"/>	<input type="checkbox"/>	
5. <u></u>		<input type="checkbox"/>	<input type="checkbox"/>	

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

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

Last Name: **CERNADAS** First Name: **Albert** 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. N/A			
2.			
3.			
4.			
5.			

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

Name	Address	Self Spouse	Dependent Name
1. L.A. LLC	2501 Pine Valley Dr - Jersey City	<input checked="" type="checkbox"/>	
2. BAAT, LLC	778 Island Rd - Jersey City	<input checked="" type="checkbox"/>	
3. BAAT, LLC	778 Island Rd - Jersey City	<input checked="" type="checkbox"/>	Jo Ann Cernadas
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. Jersey City	Jersey City				778 Island Rd - Jersey City	50	<input checked="" type="checkbox"/>	
2. Jersey City	Jersey City				778 Island Rd - Jersey City	50	<input checked="" type="checkbox"/>	
3. Lancaster, Pa.	Lancaster, Pa.				107 Tenthon Ave	25	<input checked="" type="checkbox"/>	
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.

3-9-11

Date



Signature of Local Government Officer
(Original Signature)

Last Name: BUCCINO First Name: ROBERT Middle: T (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: UNION Other:

First Name: ROBERT Middle: T Last Name: BUCCINO
*Spouse's First Name: PRISCILLA Middle: NM1 Last Name: BUCCINO

Home Address: 40 RAMAR ST
FLANDERS NJ 07831
(optional)
Telephone Numbers (optional)
Home:
Business:

* Spouse includes a Civil Union partner.

Agency: UNION COUNTY PROSECUTOR'S OFFICE Position Held: CHIEF OF DETECTIVES 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. UNION COUNTY PROSECUTOR'S	30 RAINWAY AVE. ELIZABETH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. NJ DIVISION OF PENSIONS	PO BOX 95 TRENTON NJ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. SOCIAL SECURITY		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4. SOCIAL SECURITY		<input checked="" type="checkbox"/>	<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.		<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. MT OLIVE TWP	MORRIS				4A RAMAR ST	100		
2. INDEPENDENCE	WARRER				840 BELMONT DR	100		
3.								
4.								
5.								

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

Section III. Certification

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

March 9, 2011
Date

Robert T. Buccino
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
Municipality: Hillside County: Union Other: _____

First Name: Dennis Middle: Scott Last Name: Kobitz Suffix: _____

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

Home Address: 1207A Liberty Ave Telephone Numbers (optional) _____
Hillside NJ 07035 Home: _____ Business: _____

* Spouse includes a Civil Union partner.

Agency	Position Held	Term Expires (if applicable)
<u>UC Board of Elections</u>	<u>Administrator</u>	<u>2011</u>
<u>Hillside Swimming Pool</u>	<u>Commissioner</u>	
<u>Hillside Board of Adjustments</u>	<u>Commissioner</u>	

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 |
|---------------------------------|-----------------------|-------------------------------------|--------------------------|----------------|
| 1. <u>UC Board of Elections</u> | <u>271 N Broad St</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. _____ | _____ | <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: Kobitz
State of New Jersey
Department of Community Affairs

First Name: Dennis Middle: Scott

(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.				
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. Hillsdale	Union				1207A Liberty Ave	100	X		
2. Hillsdale	Union				327 TANNING PLACE	33	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.

Dennis Scott
Signature of Local Government Officer
(Original Signature)

Date

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**

Division of Local Government Services
Local Finance Board

Section II. Financial Information- continued

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

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

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

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

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

Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1. <u>CHICK</u>	<u>Union</u>				<u>834 Lafayette Rd</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.

3/10/11
Date

Jeanne Allen
Signature of Local Government Officer
(Original Signature)

Section I. Personal Information- Local Government Officer

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

First Name: JOHNNIE Middle: M Last Name: Arena 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 City Agency Bot of Elections Position Held Dept. Administrator Term Expires (if applicable) APR - 5 2011
2. _____
3. _____

Section II. Financial Information

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

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

Name	Address	Self Spouse	Dependent Name
1. <u>McClellan Elections</u>	<u>271 N. Broad St.</u>	<input checked="" type="checkbox"/>	
2. <u>Keiths Street Chimney</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. _____		<input type="checkbox"/>	
2. _____		<input type="checkbox"/>	
3. _____		<input type="checkbox"/>	
4. _____		<input type="checkbox"/>	
5. _____		<input type="checkbox"/>	

Last Name: Harebik First Name: Chava Middle: T (for DLGS use only)
Municode: _____

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

Section II. Financial Information- continued

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

Name	Address	Self	Spouse	Dependent Name
1. <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>Law Office of Chava T. Harebik LLC</u>	<u>1 South Delfy Road</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. _____	<u>Springsfield, NJ 07081</u>	<input type="checkbox"/>	<input type="checkbox"/>	
3. _____		<input type="checkbox"/>	<input type="checkbox"/>	
4. <u>Map Bussel + Co.</u>	<u>285 Durham Ave, Suite 2B</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. _____	<u>South Plainfield, NJ 07080</u>	<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>Springsfield</u>	<u>Union</u>	<u>3601</u>	<u>74</u>		<u>1 South Delfy Road</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.
continued from Section A
STB AmTrade
ST. Louis Park
St. Petersburg, FL
St. Petersburg, FL
Baltimore, MD
Self Spouse
☒ ☐ ☐ ☐

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.

4/21/11
Date
Chava T. Harebik
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: Chana Middle: T Last Name: Harrell Suffix: _____
 *Spouse's First Name: _____ Middle: _____ Last Name: Mevorah
 Home Address: 1 South Dorthy Road Telephone Numbers (optional) _____
 (optional) Springfield, NJ 07081 Home: 973-379-8543
 Business: 973-379-4657

* Spouse includes a Civil Union partner.

1. Union County Board of Electors Agency Position Held Commissioner Term Expires (if applicable) 3/2012
 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>Law Office of Clara T. Harrell, LLC</u>	<u>1 South Dorthy Rd. Springfield, NJ 07081</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <u>Mer Bussell & Co.</u>	<u>285 Durham Ave. Suite 205, Plainfield, NJ</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <u>Investment Savings Bank</u>	<u>Millburn, NJ</u>	<input type="checkbox"/>	<input type="checkbox"/>	
4. <u>Vanward School</u>	<u>Valley Forge, PA</u>	<input type="checkbox"/>	<input type="checkbox"/>	
5. <u>Charles School</u>	<u>Millburn, NJ</u>	<input type="checkbox"/>	<input type="checkbox"/>	
6. <u>Jan's Funds</u>	<u>Trider, CO</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: N/A Address: _____
 Self Spouse Dependent Name
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____

APR 21 2011
 FILED
 UNION CO. CLERK'S OFFICE
 JOHNNIE RAJOPI, County Clerk

Last Name: DeSimone First Name: John Middle: _____

State of New Jersey
Department of Community Affairs

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
1. <u>N/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
1. <u>N/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	Dependent
1. _____									
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.

3-17-11 Date
John A. DeSimone Signature of Local Government Officer
(Original Signature)

Last Name: Desimone First Name: John Middle: _____

(for DLGS use only)
Municode: _____

State of New Jersey
Department of Community Affairs

Local Government Ethics Law
Financial Disclosure Statement

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

Year of Service: 2011

(Please Type or Print)

Section I. Personal Information- Local Government Officer

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

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

Home Address: 104 Goodman's King Telephone Numbers (optional) _____
Clark NJ Home: 732-386-6324 Business: _____

* Spouse includes a Civil Union partner.

1. Board of Elections Agency Commissioner Position Held _____
2. _____
3. _____
Term Expires (if applicable) 3-12

UNION CO. CLERK'S OFFICE
FILED
APR - 5 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>P&F Retirement</u>	<u>State of New Jersey</u>	<u>X</u>		
2. <u>P&F Retirement</u>	<u>State of New Jersey</u>	<u>X</u>		
3. <u>SS</u>	<u>Fed</u>	<u>X</u>		
4. <u>Township of Clark</u>	<u>315 Westfield Ave Clark</u>			
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: HARRIS First Name: Maryellen Middle: _____

State of New Jersey
Department of Community Affairs

Section II. Financial Information- continued

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

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

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

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

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

Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1. <u>Kearns</u>	<u>Union</u>				<u>710 Newark Ave</u>	<u>50-50</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <u>Linden</u>	<u>Union</u>				<u>2815 N Wood Ave</u>	<u>50-50</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. _____	_____				_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
4. _____	_____				_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
5. _____	_____				_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

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

Section III. Certification

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

_____ Date

Mary Ellen Harris Signature of Local Government Officer
(Original Signature)

Last Name: HARRIS First Name: MARYELLEN Middle: _____

(for DLGS use only)
Municode: _____

State of New Jersey
Department of Community Affairs

Local Government Ethics Law Financial Disclosure Statement

Division of Local Government Services
Local Finance Board

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

Year of Service: **2011**

(Please Type or Print)

Section I. Personal Information- Local Government Officer

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

First Name: MARYELLEN Middle: _____ Last Name: HARRIS Suffix: _____

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

Home Address: 710 NEWARK AVE Telephone Numbers (optional): 908 245-3218
(optional) KEWILWORTH NJ 07033

Home: _____
Business: _____

* Spouse includes a Civil Union partner.

Agency: U.C. Election Board Position Held: Commissioner
KEWILWORTH LIBRARY BOARD TRUSTEE

Term Expires (if applicable): 3-13
12-12

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
1. <u>Social Security</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <u>UC Board of Elections</u>		<input type="checkbox"/>	<input type="checkbox"/>	
3. _____		<input type="checkbox"/>	<input type="checkbox"/>	
4. _____		<input type="checkbox"/>	<input type="checkbox"/>	
5. _____		<input type="checkbox"/>	<input type="checkbox"/>	

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

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

Last Name: OKIE First Name: MARIE Middle: G
Municipality: U.S. ELECTION BOARD County: UNION
Section I. Personal Information- Local Government Officer
Local Government Served
Municipality:
First Name: MARIE Middle: G. Last Name: OKIE Suffix:
*Spouse's
First Name: DECEASED Middle: Last Name: Suffix:
Home Address: 1140 CHURCH ST Telephone Numbers (optional) 908-255-7135
(optional) HILLSIDE, N.J. 07206 Home: Business:
* Spouse includes a Civil Union partner.

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. COUNTY OF UNION 10 ELIZABETHTOWN PLAZA
2.
3.
4.
5.
B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
1. NONE
2.
3.
4.
5.

Last Name: OKIE First Name: MARIE Middle: G (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					
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. HILLSIDE	UNION				1140 CHURCH ST		X			
2. TOMS RIVER	OCEAN				2019 BIRCH BARK PL		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.

3/28/11 Date
Mari G. Okie Signature of Local Government Officer
(Original Signature)

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**

Division of Local Government Services
Local Finance Board

Section II. Financial Information- continued

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

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

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

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

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

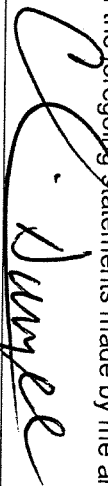
	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	Berkeley Heights	Union	2002	18		111 Lorraine Dr.	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.								<input type="checkbox"/>	<input type="checkbox"/>	
3.								<input type="checkbox"/>	<input type="checkbox"/>	
4.								<input type="checkbox"/>	<input type="checkbox"/>	
5.								<input type="checkbox"/>	<input type="checkbox"/>	

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

Section III. Certification

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

3/17/11
Date


Signature of Local Government Officer
(Original Signature)

Municode: _____

Division of Local Government Services
Local Finance Board

Page 1

Last Name: hijo First Name: Peter Middle: Bruno

State of New Jersey
Department of Community Affairs

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. <u>Peter B. Hijo; Attorney at Law, Summit, N.J.</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)	Ownership % of	Self Spouse	Dependent Name
1. <u>Summit</u>	<u>Union</u>	<u>305</u>	<u>21</u>		<u>124 Canoe Brook Rd</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.

4/18/2011
Date

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

Last Name: hijoi First Name: Peter Middle: Bruno Municode: (for ULGS use only)

State of New Jersey
Department of Community Affairs

Local Government Served
Municipality: Union County 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)

Section I. Personal Information- Local Government Officer

First Name: Peter Last Name: hijoi Suffix: Eg
*Spouse's First Name: Christine Last Name: hijoi Suffix:
Home Address: Telephone Numbers (optional)
(optional) Home: Business:

* Spouse includes a Civil Union partner.

1. Union County Board of Taxation Agency Commissioner / President Position Held
2.
3.

Term Expires (if applicable) 05/2010 * Serving without compensation

JOANNE RAJOPPI, County Clerk
FILED
APR 18 2011

Section II. Financial Information

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

A. List the name and address of each source of income, earned 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>Peter B. hijoi, Attorney</u>	<u>Suwanit, N.J.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u> </u>
2. <u>State of New Jersey</u>	<u>Trenton, N.J.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u> </u>
3. <u>Suwanit Board of Education</u>	<u>Suwanit, N.J.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u> </u>
4. <u>State of New Jersey</u>	<u>U.S.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u> </u>
5. <u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </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. <u>National Science Teachers Assn</u>	<u>Washington, DC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u> </u>
2. <u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
3. <u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
4. <u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
5. <u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>

Section II. Financial Information - continued

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

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

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

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

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

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	Chesapeake	Worcester	423	2		1084 E. 2nd St Apt 1	100%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.								<input type="checkbox"/>	<input type="checkbox"/>	
3.								<input type="checkbox"/>	<input type="checkbox"/>	
4.								<input type="checkbox"/>	<input type="checkbox"/>	
5.								<input type="checkbox"/>	<input type="checkbox"/>	

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

Section III. Certification

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

3/22/11

Date

Elizabeth A. Verbeke

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: Camden County: Union Other: _____
Municipality: Camden
First Name: Elizabeth Middle: H Last Name: Wasserkraft Suffix: Ms.
*Spouse's First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
Home Address: _____ Telephone Numbers (optional): (608) 541-1158
(optional) _____ Business: (908) 1529-4475
* Spouse includes a Civil Union partner.

1. Union County Board of Education Agency Position Held: Communications Term Expires (if applicable): 2013
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>Special Security Corporation</u>	<u>300 Spring Garden St Philadelphia Pa 19106</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <u>State of New Jersey</u>	<u>PO Box 1710 Princeton New Jersey 08542</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. <u>AT&T</u>		<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>WJLA</u>		<input type="checkbox"/>	<input type="checkbox"/>	
2. _____		<input type="checkbox"/>	<input type="checkbox"/>	
3. _____		<input type="checkbox"/>	<input type="checkbox"/>	
4. _____		<input type="checkbox"/>	<input type="checkbox"/>	
5. _____		<input type="checkbox"/>	<input type="checkbox"/>	

UNION CO. CLERK'S OFFICE
FILED
MAR 23 2011
JOHANN RAJOPI, County Clerk

Last Name: SELK First Name: MELANIE Middle: _____

State of New Jersey
Department of Community Affairs

**Local Government Ethics Law
Financial Disclosure Statement**

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

Section II. Financial Information- continued

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

Name	Address	Self Spouse	Dependent Name
1. _____	_____	<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. Roseland	UNION	112	16		2890 UNION BLVD.	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.

April 15, 2011
Date

Melanie Selk
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: U.C. Board of Taxation County: UNION Other: _____
Municipality: _____
First Name: MELANIE Middle: _____ Last Name: SELK Suffix: _____
*Spouse's
First Name: _____ Middle: _____ Last Name: _____
Home Address: 289 W. LINCOLN AVE Telephone Numbers (optional)
(optional) Home: 908 241-8580 Business: _____

* Spouse includes a Civil Union partner: _____

1. U.C. Board of Taxation ^{Agency} Commissioner ^{Position Held} Holder ^{Term Expires (if applicable)}
2. _____
3. _____

Section II. Financial Information

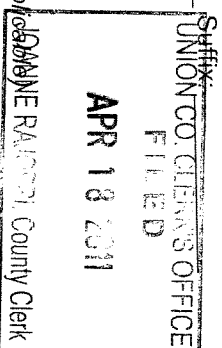
Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate
NONE in the space provided. If additional space is needed, please use Extension Forms.

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>PenMac Estates Realty</u>	<u>1075 Raritan Rd Clark</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	<u>social security</u>		<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

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

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



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
Municipality: _____ County: Union Other: _____

First Name: Robert Middle: Emmett Last Name: Barry Suffix: _____
*Spouse's
First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
Home Address: _____ Telephone Numbers (optional) _____
(optional) Home: _____ Business: _____
* Spouse includes a Civil Union partner.

1. County of Union Position Held: County Counsel Term Expires (if applicable): 3/30/12
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.

1. Waters, McPherson McNeill 300 Lightning Way, Secaucus, NJ

Self	<input checked="" type="checkbox"/>	Spouse	<input type="checkbox"/>	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"/>		_____

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

1. _____

Self	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	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"/>		_____

2. _____

3. _____

4. _____

5. _____

Page 1

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. _____		<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 City</u>	<u>Hudson</u>				<u>512 42nd St.</u>	<u>33%</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <u>Jersey City</u>	<u>Hudson</u>				<u>Union City, NJ</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. _____					<u>10 Bentley Ave, Jersey City</u>	<u>100%</u>	<input type="checkbox"/>	<input type="checkbox"/>	
4. _____							<input type="checkbox"/>	<input type="checkbox"/>	
5. _____							<input type="checkbox"/>	<input type="checkbox"/>	

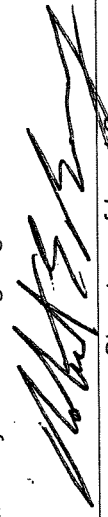
F. Please add any other information you believe is necessary to complete this form.

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.

4/12/11
Date


Signature of Local Government Officer
(Original Signature)

(for use only)

Division of Local Government Services

Last Name: ALBERT

First Name: WILLIAM

Middle: WILLIS

(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
1. <u>WLB</u>		<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"/>

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

Name	Address	Self	Spouse	Dependent
1. <u>ALBERTS ORGANIC KITCHEN LLC</u>	<u>23 NORTH AVE E, CHANFORD NJ</u>	<input checked="" 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"/>

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
1. <u>CLARKSON</u>	<u>UNION</u>	<u>221</u>	<u>16</u>		<u>10 CLARKSON PLACE</u>	<u>100</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. <u>CLARKSON TOWNSHIP</u>	<u>CLARKSON</u>				<u>1404 ALICE</u>	<u>100</u>	<input checked="" type="checkbox"/>	<input checked="" 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.

I PURCHASED A CONDO IN THE TOWNSHIP OF CLARKSON, NJ TO SERVE AS PROSECUTOR FOR THE TOWNSHIP OF CLARKSON

Section III. Certification

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

3/21/11
Date

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

Last Name: Dunn-Hall

First Name: Patricia

Middle: Anne

(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>LAUREL</u>	<u>UNION</u>	<u>754</u>	<u>9</u>		<u>928 Reed Ave, Pleasant</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.

3/22/11
Date

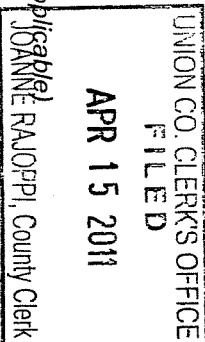
[Signature]
Signature of Local Government Officer
(Original Signature)

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

Year of Service: 2011

Section I. Personal Information- Local Government Officer

Local Government Served
Municipality: _____ County: UNION Other: _____
First Name: YANNEA Middle: GALE Last Name: DUNN-THAE Suffix: _____
*Spouse's First Name: CAVIN Middle: ANNA Last Name: THAE Suffix: _____
Home Address: 920 FRED AVE Telephone Numbers (optional) _____
PLANNED, NJ 07060 Home: 955-2094
Business: 965-3602
* Spouse includes a Civil Union partner.



1. PLANNED ^{Agency's Authority} COMMUNICATION ^{Position Held} COMMISSIONER ^{Term Expires (if applicable)} JAN 2014
2. PLANNED COMMUNICATION COMMITTEE
3. _____

Section II. Financial Information

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

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

	Name	Address	Self	Spouse	Dependent Name
1.	<u>UNION COUNTY</u>	<u>UNION, NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.	<u>STATE OF NJ</u>	<u>ATLANTIC, NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3.	<u>CITY OF PLANNED</u>	<u>PLANNED, NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4.	<u>CITY OF PLANNED</u>	<u>PLANNED, NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DEVIN S. THAE</u>
5.					

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

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

First Name: Christopher

Middle: M

(for DLGS use only)
Municode:

State of New Jersey
Department of Community Affairs

Local Government Ethics Law
Financial Disclosure Statement

Division of Local Government Services
Local Finance Board

Section II. Financial Information- continued

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

Name	Address	Self	Spouse	Dependent Name
1. <u>Me</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>Me</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>Elizabeth</u>	<u>Union</u>	<u>10</u>	<u>1557</u>		<u>130 Summit St</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <u>Deerfield</u>	<u>Deerfield</u>	<u>20</u>	<u>10</u>		<u>Howard St</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.

Date March 25, 2011

Christopher M Howard
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: Christopher Middle: Michael Last Name: Howard Suffix: _____
 *Spouse's First Name: Elizabeth Middle: Anne Last Name: Howard Suffix: _____
 Home Address: 170 Summit Road, Elizabeth, NJ Telephone Numbers (optional):
 Home: (908) 353-2857 Business: (908) 272-4300

* Spouse includes a Civil Union partner.

1. County of Agency Position Held: Assistant County Counsel Term Expires (if applicable):
 2. _____
 3. _____

UNION CO. CLERKS 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 Name
1.	<u>County of Union</u>	<u>City Admin. Bldg Elizabeth NJ</u>	<input checked="" type="checkbox"/>	
2.	<u>County of Elizabeth</u>	<u>312 North Ave. Elizabeth NJ</u>	<input checked="" type="checkbox"/>	
3.	<u>Elizabeth Ad of Elizabeth</u>	<u>N. Broad St. Elizabeth NJ</u>		
4.				
5.				

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

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

Last Name: RUSSE First Name: ANTHONY 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. _____	_____	<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	UNION	1201	28		33 LANCASTER ROAD	100%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. UNION	UNION	413	15		77 ELMWOOD AVE.	100%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. UNION	UNION				334 ELMWOOD AVE.	100%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. UNION	UNION				2146 STANLEY TERRACE	100%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. HUSK	UNION	9101	3		379 CRANNY STREET	100%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. ELIZABETH	UNION				925 & 929 WESTFIELD AVE.	100%	<input checked="" 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 3/28/11

Signature of Local Government Officer
(Original Signature)

Local Government Ethics Law
Financial Disclosure Statement

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

Year of Service: 2011

Section I. Personal Information- Local Government Officer

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

First Name: ANTHONY Middle: E. Last Name: RUSSE Suffix: _____

* Spouse's First Name: ANNA Middle: E. Last Name: RUSSE Suffix: _____

Home Address: _____ Home: (908) 688-4343 Telephone Numbers (optional)
(optional) Business: (908) 688-3232

* Spouse includes a Civil Union partner.

1. UNION Agency COUNTY Position Held ADJUSTER Term Expires (if applicable) MAR 26 2011
2. _____
3. _____

Section II. Financial Information

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

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

Name	Address	Self	Spouse	Dependent Name
1. <u>UNION COUNTY</u>	<u>COUNTY ADMINISTRATION BUILDING</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <u>ANTHONY E. RUSSO, P.A.</u>	<u>3000 MORRIS AVE. UNION</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. <u>MASS INVESTORS TRUST</u>	<u>BOSTON, MASS.</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"/>	

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. LOVE HOPE STRENGTH FOUNDATION	PO BOX 13290 DENVER CO 80201	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GEORGE DEVANNEY
2. UC LOVE HOPE STRENGTH	1253 SPRINGFIELD AVE. NEW PROVIDENCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JOHN DEVANNEY
3.		<input type="checkbox"/>	<input type="checkbox"/>	RYAN DEVANNEY
4.		<input type="checkbox"/>	<input type="checkbox"/>	ABBIE DEVANNEY
5.		<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1. BERKELEY HEIGHTS	UNION				59 CORNELL AVENUE	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GEORGE DEVANNEY
2.							<input type="checkbox"/>	<input type="checkbox"/>	JOHN DEVANNEY
3.							<input type="checkbox"/>	<input type="checkbox"/>	RYAN DEVANNEY
4.							<input type="checkbox"/>	<input type="checkbox"/>	ABBIE DEVANNEY
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.

4/18/11
Date

George W. Devanney
Signature of Local Government Officer
(Original Signature)

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

First Name: **GEORGE**

Middle: **W**

(for DLCS use only)
Municode: _____

Local Government Ethics Law Financial Disclosure Statement

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

Year of Service: **2011**

Division of Local Government Services
Local Finance Board

Section I. Personal Information- Local Government Officer

Local Government Served
Municipality: _____

County: **UNION**

Other: _____

First Name: _____

Middle: **W**

Last Name: **DEVANNEY**

*Spouse's
First Name: _____

Middle: **D**

Last Name: **DEVANNEY**

Home Address: _____
(optional)

**59 CORNELL AVENUE
BERKELEY HEIGHTS, NJ 07922**

Home:
Business:

Telephone Numbers (optional)
**908-464-1254
908-527-4200**

* Spouse includes a Civil Union partner.

Agency

1. **COUNTY OF UNION**
2. _____
3. _____

Position Held
COUNTY MANAGER

Term Expires (if applicable)
N/A

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. **COUNTY OF UNION**
2. **KEYWOOD STRATEGIES**
3. _____
4. _____
5. _____

**ADMIN BLDG, 6TH FLOOR, ELIZABETH TOWN PLZ
508 SPRINGFIELD AVENUE, STE 25, BERKELEY**

☒ ☐ ☐ ☐ ☐

☒ ☐ ☐ ☐ ☐

**GEORGE DEVANNEY
JOHN DEVANNEY
RYAN DEVANNEY
ABBIE DEVANNEY**

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. _____

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

APR 18 2011
FILED
UNION CO. CLERKS OFFICE

Last Name: Genievich First Name: Mary Elizabeth Middle:

State of New Jersey
Department of Community Affairs

Local Government Ethics Law
Financial Disclosure Statement

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

Section II. Financial Information - continued

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

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

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

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

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

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1.	Linden	Union				408 Inwood Road	100	<input checked="" type="checkbox"/>	N/A
2.								<input checked="" type="checkbox"/>	
3.								<input checked="" type="checkbox"/>	
4.								<input checked="" type="checkbox"/>	
5.								<input checked="" type="checkbox"/>	

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

--

Section III. Certification

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that 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 of Local Government Officer
(Original Signature)

Last Name: Genievich

First Name: Mary Elizabeth

Middle:

(for D.G.S. 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:

(Please Type or Print)

Section I. Personal Information- Local Government Officer

Local Government Served: County: Union Other:

Municipality: First Name: Mary Elizabeth Middle: Last Name: Genievich

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

Home Address: 408 Inwood Road, Linden NJ Telephone Numbers (optional)
908-925-7453 Home: 908-925-7453
(optional) Business: 908-527-4200

* Spouse includes a Civil Union partner.

Agency: Deputy County Manager Position Held: Retired Firefighter (as of 1/1/10) Term Expires (if applicable): N/A

Section II. Financial Information

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

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

	Name	Address	Self Spouse	Dependent Name
1.	County of Union	10 Elizabethtown Plaza, Elizabeth, NJ 07207	<input checked="" type="checkbox"/>	N/A
2.	City of Linden	Police and Fire NJ Pension	<input checked="" type="checkbox"/>	N/A
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.	N/A		<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 18 2011

JOANNE RAJOPI, County Clerk

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

First Name: Christopher

Middle: John

(for DLGS use only)
Municode:

**Local Government Ethics Law
Financial Disclosure Statement**

Division of Local Government Services
Local Finance Board

Section II. Financial Information- continued

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

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

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

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

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

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

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

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.

4-15-2011
Date

Christopher Mehan
Signature of Local Government Officer
(Original Signature)

Section I. Personal Information - Local Government Officer

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

First Name: CHRISTOPHER Middle: JOHN Last Name: MEETHAN Suffix: _____

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

Home Address: 330 WEST JENSEY ST. RD Telephone Numbers (optional)
(optional) ELIZABETH NJ 07208 Home: 908 289 5886 Business: 908 659 7770

* Spouse includes a Civil Union partner.

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

Section II. Financial Information

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

A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded 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: Di Rado First Name: Matthew Middle: N (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>County of Union</u>	<u>10 Elizabethtown Plaza</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>Lawfirm of Albert Di Rado & Kojac LLC</u>	<u>23 North Avenue East, Cranford NJ</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.

Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1. <u>Union</u>	<u>Union</u>				<u>733 Greenwood Road</u>	<u>100</u>	<input checked="" type="checkbox"/>	
2. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	
3. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	
4. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	
5. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	

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

Section III. Certification

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

4-5-11 Date

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

Last Name: Di Rado

First Name: Matthew

Middle: N

(for DLCS use only)
Municode: _____

State of New Jersey
Department of Community Affairs

Local Government Ethics Law Financial Disclosure Statement

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

Division of Local Government Services
Local Finance Board

Year of Service: 2010

Section I. Personal Information - Local Government Officer

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

First Name: Matthew Middle: N Last Name: Di Rado

* Spouse's First Name: Nicole Middle: L Last Name: Di Rado

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

* Spouse includes a Civil Union partner.

1. County of Union Agency Director of Personnel & Labor Relations 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>10 Elizabethtown Plaza</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"/>	

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"/>	

Last Name: YUSOF

First Name: MICHAEL

Middle: M

(for DLGS use only)
Municode: _____

State of New Jersey
Department of Community Affairs

**Local Government Ethics Law
Financial Disclosure Statement**

Division of Local Government Services
Local Finance Board

Section II. Financial Information- continued

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

	Name	Address	Self Spouse	Dependent Name
1.	<u>0</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>0</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>0</u>							<input type="checkbox"/>	
2.								<input type="checkbox"/>	
3.								<input type="checkbox"/>	
4.								<input type="checkbox"/>	
5.								<input type="checkbox"/>	

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

Section III. Certification

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

3/23/2011
Date

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

Section I. Personal Information- Local Government Officer

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

First Name: MICHAEL Middle: M Last Name: YUSKA Suffix:

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

Home Address: Telephone Numbers (optional)

(optional) Home: Business: 908 5274119

* Spouse includes a Civil Union partner.

1. COUNTY OF UNION Agency Position Held DIRECTOR OF PURCHASING Term Expires (if applicable)

2.

3.

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

Section II. Financial Information

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

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

1. Name COUNTY OF UNION Address 10 EUGENESBORO PARK, ELM, NJ Self Spouse ☒ Dependent Name

2.

3.

4.

5.

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

1. Name D Address Self Spouse ☐ Dependent Name

2.

3.

4.

5.

Last Name: Hardoby First Name: Gregory Middle:
State of New Jersey
Department of Community Affairs

**Local Government Ethics Law
Financial Disclosure Statement**

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

Section II. Financial Information - continued

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

Name	Address	Self	Spouse	Dependent Name
1. <u>None</u>		<input type="checkbox"/>	<input type="checkbox"/>	
2. <u></u>		<input type="checkbox"/>	<input type="checkbox"/>	
3. <u></u>		<input type="checkbox"/>	<input type="checkbox"/>	
4. <u></u>		<input type="checkbox"/>	<input type="checkbox"/>	
5. <u></u>		<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. <u></u>		<input type="checkbox"/>	<input type="checkbox"/>	
3. <u></u>		<input type="checkbox"/>	<input type="checkbox"/>	
4. <u></u>		<input type="checkbox"/>	<input type="checkbox"/>	
5. <u></u>		<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>Rahway</u>	<u>Union</u>	<u>99</u>	<u>21</u>		<u>292 Maple Avenue</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <u></u>							<input type="checkbox"/>	<input type="checkbox"/>	
3. <u></u>							<input type="checkbox"/>	<input type="checkbox"/>	
4. <u></u>							<input type="checkbox"/>	<input type="checkbox"/>	
5. <u></u>							<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.

4/15/11
Date

Gregory Hardoby
Signature of Local Government Officer
(Original Signature)

Last Name: Hardoby

First Name: Gregory

Middle:

(for DLGS use only)
Municode:

State of New Jersey
Department of Community Affairs

Local Government Ethics Law Financial Disclosure Statement

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

Year of Service: 2011

Division of Local Government Services
Local Finance Board

Section I. Personal Information - Local Government Officer

Local Government Served: County: Union Other:
Municipality:

First Name: Gregory Middle: Last Name: Hardoby

*Spouse's First Name: Maria Middle: Ianniello Last Name: Hardoby

Home Address: 292 Maple Avenue Home: Telephone Numbers (optional):
(optional) Rahway, New Jersey 07065 Business:

* Spouse includes a Civil Union partner.

1. Union County Agency: Position Held: Personnel Officer Term Expires (if applicable): JOANNE RAJOZPI, County Clerk
2.
3.

Section II. Financial Information

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

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

Name	Address	Self	Spouse	Dependent Name
1. County of Union	Admin. Bldg., Elizabethtown Plaza, Elizabeth, N.J.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Kean University	Morris Avenue, Union, N.J.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. County of Union	Admin. Bldg., Elizabethtown Plaza, Elizabeth, N.J.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. <u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	
5. <u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

CO. CLERK'S OFFICE
FILED
APR 18 2011

Section II. Financial Information- continued

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

Name	Address	Self	Spouse	Dependent	Name
1. <u>None</u>		<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"/>	

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"/>	<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"/>	

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>Vineland</u>	<u>Camden</u>	<u>1034-01</u>	<u>1</u>	<u>1</u>	<u>2472 London Lane</u>	<u>100%</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <u>Bensalem</u>	<u>Camden</u>				<u>8049 Tarrington Court</u>	<u>100%</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. _____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Section III. Certification

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

Date 04/04/11

Signature of Local Government Officer
(Original Signature)

Section I. Personal Information- Local Government Officer

Local Government Served: Union County: Union Other: _____
 Municipality: _____
 First Name: Brian Middle: Patrick Last Name: Riordan Suffix: -
 *Spouse's First Name: Madeline Middle: - Last Name: Riordan Suffix: -
 Home Address: 2472 London Lane Telephone Numbers (optional) 856.362.5541
 (optional) Vineland, NJ 08341 Business: 908.558.2613

* Spouse includes a Civil Union partner.

1. Department of Correction Agency Position Held Director 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>NJC Employee Retirement System</u>	<u>335 Adams St. Newark, NJ 07102</u>	<input checked="" type="checkbox"/>	
2. <u>County of Union</u>	<u>Admin Bldg. E Town Plaza Elizabeth</u>	<input checked="" type="checkbox"/>	
3. <u>More Same Regional School</u>	<u>601 Central Ave. Louisville, NJ 08036</u>	<input checked="" 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"/>	

UNION CO. CLERKS OFFICE
 FILED
 APR - 5 2011
 JOANNE RAJOPI, County Clerk