

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

First Name: THEODORE Middle: JOHN

Last Name: ROMANKOW

Year: 2002

**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**

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

First Name: THEODORE Middle: JOHN Last Name: ROMANKOW Suffix: \_\_\_\_\_

Spouse's First Name: DARIA Middle: \_\_\_\_\_ Last Name: ROMANKOW Suffix: \_\_\_\_\_

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

1.) UNION COUNTY PROSECUTOR'S OFFICE Agency PROSECUTOR Position Held  
2.) \_\_\_\_\_  
3.) \_\_\_\_\_

03 MAR 12 PH 2: 18

REC'D  
COUNTY CLERK  
UNION COUNTY

Term Expires (if applicable)  
7/2-6/2007

**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>SUNRISE ASSOCIATES</u>	<u>143 SUMMIT AVE BERT HTS NJ</u>	<input checked="" type="checkbox"/>	<u>DARIA</u>
2.) <u>GARRIBO ROMANKOW PINALDO V CAREE</u>	<u>53 CARDINAL DR WESTFIELD</u>	<input checked="" type="checkbox"/>	<u>DARIA</u>
3.) <u>BERKELEY CAR WASH</u>	<u>SPRINGFIELD AVE BERT HTS NJ</u>	<input checked="" type="checkbox"/>	<u>DARIA</u>
4.) _____	_____	<input type="checkbox"/>	_____
5.) _____	_____	<input type="checkbox"/>	_____

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

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

Last Name: ROMANKOW

First Name: THEODORE

Middle: JOM

(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 III. 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>GARRIBBO, RONALD V. CAPRE</u>	<u>53 CARDINAL DR WESTFIELD</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>SUNRISE ASSOCIATES</u>	<u>143 SUMMIT AVE BERK HTS</u>	<input type="checkbox"/>	<u>DARIA</u>
2.) <u>LEO INC.</u>	<u>143 SUMMIT AVE BERK HTS</u>	<input checked="" type="checkbox"/>	<u>DARIA</u>
3.) _____	_____	<input type="checkbox"/>	
4.) _____	_____	<input type="checkbox"/>	
5.) _____	_____	<input type="checkbox"/>	

D. 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	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1. <u>BERKELEY HTS</u>	<u>UPSON</u>			<u>25 BRISTOL CT</u>	<u>100</u>	<input checked="" type="checkbox"/>	<u>DARIA</u>
2. <u>BERKELEY HTS</u>	<u>UPSON</u>			<u>143 SUMMIT AVE</u>	<u>33</u>	<input checked="" type="checkbox"/>	<u>DARIA</u>
3.) _____	_____			_____	_____	<input type="checkbox"/>	
4.) _____	_____			_____	_____	<input type="checkbox"/>	
5.) _____	_____			_____	_____	<input type="checkbox"/>	

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

WE SOLD PROPERTY IN SARASOTA FLA THIS PAST YEAR

#### Section IV. 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.

3/3/23 Date

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

Last Name: ROMANKOW First Name: THEODORE Middle: JOHN

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

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

Year of Service: 2003 2003

**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**

Local Government Served: \_\_\_\_\_ Municipality: \_\_\_\_\_ County: UNION Other: \_\_\_\_\_  
 First Name: THEODORE Middle: JOHN Last Name: ROMANKOW Suffix: \_\_\_\_\_  
 Spouse's First Name: DARIA Middle: GENIE Last Name: ROMANKOW Suffix: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone Numbers (optional): \_\_\_\_\_  
 (optional) Home: 908-527-4500 Business: \_\_\_\_\_  
 Term Expires (if applicable): 7/26/2007

Agency: UNION COUNTY PROSECUTOR'S OFFICE Position Held: PROSECUTOR

04 MAR -2 AM 9:45  
RECEIVED  
COUNTY CLERK  
UNION COUNTY

**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>ELIZABETHTOWN PLAZA</u>          | <input checked="" type="checkbox"/> | <u>DARIA</u>   |
| 2. <u>CARRADO ROMANKOW RONALDO + CHAPEL</u> | <u>53 CARDINAL DR. WESTFIELD</u>    | <input checked="" type="checkbox"/> | <u>DARIA</u>   |
| 3. <u>SUNRISE ASSOCIATES</u>                | <u>143 SUMMIT AVE BERK-HIS OPP</u>  | <input checked="" type="checkbox"/> |                |
| 4. <u>BARRELEY CAR WASH</u>                 | <u>SPRINGFIELD AVE BERK HIS OPP</u> | <input checked="" type="checkbox"/> |                |
| 5. _____                                    | _____                               | <input type="checkbox"/>            | _____          |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- | Name           | Address | Self Spouse              | Dependent Name |
|----------------|---------|--------------------------|----------------|
| 1. <u>NONE</u> | _____   | <input type="checkbox"/> | _____          |
| 2. _____       | _____   | <input type="checkbox"/> | _____          |
| 3. _____       | _____   | <input type="checkbox"/> | _____          |
| 4. _____       | _____   | <input type="checkbox"/> | _____          |
| 5. _____       | _____   | <input type="checkbox"/> | _____          |

Last Name: Roman/Kov

First Name: THEODORE

Middle: JOHN

(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>SUNRISE ASSOCIATES</u>	<u>143 SUMMIT AVE. BERK. N.J. 07012</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <u>PKR ASSOCIATES</u>	<u>28 BRISTOL CT. BERK N.J.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <u>LED INC</u>	<u>143 SUMMIT AVE BERK. N.J.</u>	<input type="checkbox"/>	<input checked="" 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	Address (if applicable)	Ownership %	Self	Spouse	Dependent Name
1. <u>BERK N.J.</u>	<u>UNION</u>	<u>1503</u>	<u>18</u>		<u>100</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <u>BERK N.J.</u>	<u>UNION</u>			<u>143 SUMMIT AVE B.N.</u>	<u>33 1/3</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. _____						<input type="checkbox"/>	<input type="checkbox"/>	
4. _____						<input type="checkbox"/>	<input type="checkbox"/>	
5. _____						<input type="checkbox"/>	<input type="checkbox"/>	

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

**Section III. Certification**

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

2/25/04  
Date

  
Signature of Local Government Officer  
(Original Signature)

Last Name: ROMANKOW First Name: THEODORE Middle: J

(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.

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

Local Government Served: \_\_\_\_\_ Municipality: UNION County: UNION Other: STATE OF N.J.  
First Name: THEODORE Middle: J Last Name: ROMANKOW Suffix: MR  
First Name: DARIA Middle: G Last Name: ROMANKOW Suffix: MRS

Year of Service: 2004

Home Address: \_\_\_\_\_ Telephone Numbers (optional) \_\_\_\_\_  
(optional) \_\_\_\_\_ Home: \_\_\_\_\_ Business: \_\_\_\_\_  
1. UNION COUNTY PROSECUTOR'S OFFICE Agency PROSECUTOR Position Held  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
Term Expires (if applicable) 12/6/07  
05 MAR 14 PM 3:12

#### 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>ELIZABETHTOWN PLAZA ELIZ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>DARIA</u>
2. <u>GARRUBO + CHAPPEL FARM (Yours)</u>	<u>53 CARDINAL DR. WESTFIELD</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>DARIA</u>
3. <u>SUNRISE ASSOCIATES</u>	<u>143 SUMMIT AVE BERR. HTS NJ</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>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: Romanow

First Name: THEODORE

Middle: J

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

State of New Jersey  
Department of Community Affairs

**Local Government Ethics Law  
Financial Disclosure Statement**

Division of Local Government Services  
Local Finance Board

**Section II. Financial Information- continued**

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

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

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

Name	Address	Self Spouse	Dependent Name
1. <u>SUNRISE ASSOCIATES 33 1/3%</u>	<u>143 SUMMIT AVE BERK HTS</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	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1. <u>BERKELEY HTS</u>	<u>UNION</u>			<u>28 BRISTOL COURT,</u>	<u>100</u>	<input checked="" type="checkbox"/>	
2. <u>BERKELEY HTS</u>	<u>UNION</u>			<u>143 SUMMIT AVE</u>	<u>33</u>	<input checked="" type="checkbox"/>	
3. _____						<input type="checkbox"/>	
4. _____						<input type="checkbox"/>	
5. _____						<input type="checkbox"/>	

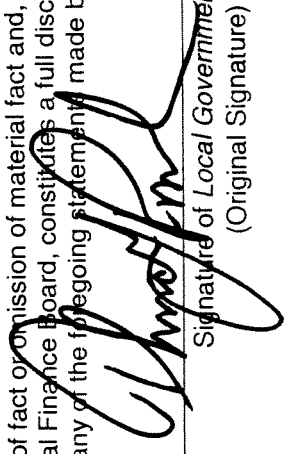
F. Please add any other information you believe is necessary to complete this form.

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

**Section III. Certification**

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

7/08/05  
Date

  
Signature of Local Government Officer  
(Original Signature)

Last Name: ROMANKOW First Name: THEODORE Middle: JOHN

(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: 2006

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

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

First Name: THEODORE Middle: JOHN Last Name: ROMANKOW Suffix: \_\_\_\_\_  
Spouse's First Name: DARIA Middle: \_\_\_\_\_ Last Name: ROMANKOW Suffix: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone Numbers (optional): \_\_\_\_\_  
(optional) Home: \_\_\_\_\_ Business: 908-527-4500

Agency: UNION COUNTY PROSECUTOR'S OFFICE Position Held: PROSECUTOR  
Term Expires (if applicable): 7/26/07

UNION CO. CLERK'S OFFICE  
FILED  
MAR 30 2006  
JOANNE RAJOPPI, County Clerk

#### Section II. Financial Information

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

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

Name	Address	Self Spouse	Dependent Name
1. <u>UNION COUNTY</u>	<u>ELIZABETH TOWN PLAZA ENR2</u>	<input checked="" type="checkbox"/>	<u>DARIA</u>
2. <u>SARUUBO, GARCIA ET AL</u>	<u>53 CARDINAL DR. WESTFIELD</u>	<input checked="" type="checkbox"/>	
3. <u>SEARCHER ASSOCIATES</u>	<u>143 SUMMIT AVE BRIDGEVIEW NJ</u>	<input type="checkbox"/>	
4. _____	_____	<input type="checkbox"/>	
5. _____	_____	<input type="checkbox"/>	

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

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

**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"/>	
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>SUNRISE ASSOCIATES</u>	<u>143 SUMMIT AVE BERKELEY HTS</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	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1. <u>BERKELEY HTS</u>	<u>UNION</u>	<u>1503</u>	<u>18</u>		<u>100</u>	<input checked="" type="checkbox"/>	
2. <u>BERKELEY HTS</u>	<u>UNION</u>			<u>143 SUMMIT AVE BERK</u>	<u>33 1/3</u>	<input checked="" type="checkbox"/>	
3. _____						<input type="checkbox"/>	
4. _____						<input type="checkbox"/>	
5. _____						<input type="checkbox"/>	

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

---



---

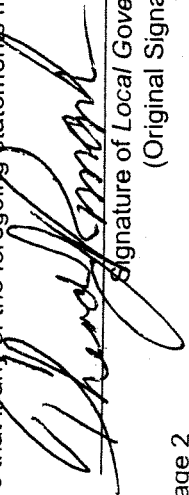


---

**Section III. Certification**

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

3/2/06 Date

  
Signature of Local Government Officer  
(Original Signature)



Last Name: ROMANKOW First Name: THEODORE Middle: JOHN

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

State of New Jersey  
Department of Community Affairs

### Local Government Ethics Law Financial Disclosure Statement

Division of Local Government Services  
Local Finance Board

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

Year of Service: 2007

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

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

First Name: THEODORE Middle: JOHN Last Name: ROMANKOW Suffix: \_\_\_\_\_  
Spouse's First Name: DARIA Middle: GENIE Last Name: ROMANKOW

Home Address: \_\_\_\_\_ Telephone Numbers (optional): \_\_\_\_\_  
(optional) Home: \_\_\_\_\_ Business: 908-529-4510

1. UNION COUNTY PROSECUTOR'S OFFICE Agency: PROSECUTOR Position Held: \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

UNION CO. CLERK'S OFFICE  
FILED  
MAR 13 2007  
JOANNE RAJOPPI, County Clerk  
(if applicable)

#### Section II. Financial Information

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

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

Name	Address	Self	Spouse	Dependent Name
1. <u>UNION COUNTY</u>	<u>ELIZABETHTOWN PLAZA, ELIZ.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>DARIA</u>
2. <u>GARRIBO CARPIS</u>	<u>53 CARDINAL DR WESTFIELD</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. <u>SUNRISE ASSOCIATES</u>	<u>143 SUMMIT AVE. BERKELEY MS</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

**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"/>	
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>SUNRISE ASSOCIATES</u>	<u>143 SUMMIT AVE. BERKELEY HTS</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	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1. <u>BERKELEY HTS</u>	<u>UNION</u>	<u>1503</u>	<u>18</u>		<u>100</u>	<input checked="" type="checkbox"/>	
2. <u>BERKELEY HTS</u>	<u>UNION</u>			<u>143 SUMMIT AVE BERKELEY HTS</u>	<u>33 1/3</u>	<input checked="" type="checkbox"/>	
3.						<input type="checkbox"/>	
4.						<input type="checkbox"/>	
5.						<input type="checkbox"/>	

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

**Section III. Certification**

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

4/12/07 Date

Theodore Romankow  
Signature of Local Government Officer  
(Original Signature)

Last Name: ROMANKOW First Name: THEODORE Middle: J  
 (for DLGS use only) Municode:  
 Division of Local Government Services  
 Local Finance Board

Year of Service: 2008

**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**

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

First Name: THEODORE Middle: JOHN Last Name: ROMANKOW Suffix: \_\_\_\_\_  
 \*Spouse's First Name: DARIA Middle: GENIE Last Name: ROMANKOW Suffix: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone Numbers (optional): \_\_\_\_\_  
 (optional) Home: \_\_\_\_\_ Business: 908-527-9510

\* Spouse includes a Civil Union partner.

UNION CO. CLERK'S OFFICE  
 FILED  
 MAR 31 2008  
 Term Expires (if applicable) 1/2013  
 JOANNE RAJOPPI, County Clerk

1. UNION COUNTY PROSECUTOR'S OFFICE Agency PROSECUTOR Position Held

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

**Section II. Financial Information**

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

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

Name	Address	Self Spouse	Dependent Name
1. <u>UNION COUNTY</u>	<u>ELIZABETHTOWN PLAZA, ELIZ.</u>	<input checked="" type="checkbox"/>	
2. <u>STATE OF NEW JERSEY</u>	<u>DEPT. OF TREASURY &amp; BUDGET</u>	<input checked="" type="checkbox"/>	
3. <u>SARROBO CAPECE</u>	<u>53 CARDINAL DR. WESTFIELD</u>	<input checked="" type="checkbox"/>	<u>DARIA</u>
4. <u>SUNRISE ASSOCIATES</u>	<u>143 SUMMIT AVE BERK. HTS NJ</u>	<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"/>	_____

**Local Government Ethics Law  
 Financial Disclosure Statement**

**Section II. Financial Information- continued**

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

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

1.	Name	Address	Self Spouse	Dependent Name
1.	<u>SUNRISE ASSOCIATES</u>	<u>143 SUMMIT AVE BERKELEY HTS</u>	<input checked="" type="checkbox"/>	<u>DARIA</u>
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

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

1.	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Spouse	Dependent Name
1.	<u>BERKELEY HTS</u>	<u>UNION</u>	<u>1503</u>	<u>18</u>		<u>143 SUMMIT AVE</u>	<u>100</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DARIA</u>
2.	<u>BERKELEY HTS</u>	<u>UNION</u>					<u>33 1/3</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DARIA</u>
3.								<input type="checkbox"/>	<input type="checkbox"/>	
4.								<input type="checkbox"/>	<input type="checkbox"/>	
5.								<input type="checkbox"/>	<input type="checkbox"/>	

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

**Section III. Certification**

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

MARCH 22, 2008  
 Date

*Theresa Romankow*  
 Signature of Local Government Officer  
 (Original Signature)

**Local Government Ethics Law  
Financial Disclosure Statement**

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

(Please Type or Print)

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

Local Government Served: \_\_\_\_\_ Municipality: \_\_\_\_\_ County: UNION Other: \_\_\_\_\_  
 First Name: THEODORE Middle: JOHN Last Name: ROMANKOW Suffix: \_\_\_\_\_  
 \*Spouse's First Name: PARIA Middle: \_\_\_\_\_ Last Name: ROMANKOW Suffix: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Telephone Numbers (optional): 908-527-4570  
 (optional) Home: \_\_\_\_\_ Business: \_\_\_\_\_  
 \* Spouse includes a Civil Union partner.

UNION CO. CLERK'S OFFICE  
 FILED  
 APR - 2 2009  
 JOANNE RAJOPPI, County Clerk

Agency: UNION COUNTY PROSECUTOR'S OFFICE Position Held: PROSECUTOR  
 Term Expires (if applicable): 4/20/13

**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>ELIZABETHTOWN PLAZA CL12</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <u>STATE OF NEW JERSEY</u>	<u>DEPT OF TREASURY, TRENTON</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. <u>SARINBO CHANCE</u>	<u>53 CARDINAL DR, BRISTOL NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>DARIA</u>
4. <u>SUNRISE ASSOCIATES</u>	<u>443 SUMMIT AVE, BRIDGE HILLS NJ</u>	<input type="checkbox"/>	<input type="checkbox"/>	
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

Last Name: ROMAN KOW

First Name: THEODORE

Middle: JOHN

(for DLGS use only)  
Municode:

State of New Jersey  
Department of Community Affairs

### Local Government Ethics Law Financial Disclosure Statement

Division of Local Government Services  
Local Finance Board

#### Section II. Financial Information- continued

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

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

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

Name	Address	Self Spouse	Dependent Name
1. <u>SURPRISE ASSOCIATES</u>	<u>143 SUMMIT AVE. BRYN HTS NJ</u>	<input checked="" type="checkbox"/>	<u>DARIA</u>
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)	Ownership % of	Self Spouse	Dependent Name
<u>BURKELEY HTS</u>	<u>UNION</u>	<u>1003</u>	<u>18</u>		<u>143 SUMMIT AVE BRYN HTS</u>	<u>100</u>	<input checked="" type="checkbox"/>	<u>DARIA</u>
<u>BURKELEY HTS</u>	<u>UNION</u>					<u>33 1/3</u>	<input checked="" type="checkbox"/>	<u>DARIA</u>
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.

4/1/09  
Date

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

Last Name: Romankow

First Name: Theodore

Middle: John

(for DLGS use only) Municipality: [ ]

State of New Jersey  
Department of Community Affairs

Division of Local Government Services  
Local Finance Board

Year of Service: 2010

### 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

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

First Name: Theodore Middle: John Last Name: Romankow  
\*Spouse's First Name: Daria Middle: Genie Last Name: Romankow

Home Address: [ ] Telephone Numbers (optional): 908-527-4510  
(optional) Home: Business:

\* Spouse includes a Civil Union partner.  
Agency: Union County Prosecutor's Office

Position Held: County Prosecutor  
Term Expires (if applicable): 1/20/2013

UNION CO. CLERK'S OFFICE  
FILED  
APR 22 2010  
JOYANNE 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. Union county	Elizabethtown Plaza, Elizabeth, NJ	X		
2. State of New Jersey	Department of Treasury, Trenton, NJ	X		
3. Garrubbo Capece	53 Cardinal Drive, Westfield, 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. None				
2.				
3.				
4.				
5.				

Last Name: Romankow

First Name: Theodore

Middle: John

(for DLGS use only)  
Municipality:

State of New Jersey  
Department of Community Affairs

Local Government Ethics Law  
Financial Disclosure Statement

Division of Local Government Services  
Local Finance Board

Section II. Financial Information- continued

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

Name	Address	Self Spouse	Dependent Name
1. None			
2.			
3.			
4.			
5.			

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

Name	Address	Self Spouse	Dependent Name
1. None			
2.			
3.			
4.			
5.			

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

Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1. Berkeley Heights	Union	1503	18			100	X	Daria
2.								
3.								
4.								
5.								

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

[Redacted area]

Section III. Certification

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

Date

Signature of Local Government Officer  
(Original Signature)



Last Name: ROMANKOW First Name: THEODORE Middle: JOHN (for DLGS use only) Municipicode: 2011  
 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.

**Section I. Personal Information- Local Government Officer**  
 Local Government Served Municipality: UNION County: UNION Other: \_\_\_\_\_  
 Year of Service: 2010

First Name: THEODORE Middle: JOHN Last Name: ROMANKOW  
 \*Spouse's First Name: DARIA Middle: GERIE Last Name: ROMANKOW

Home Address: \_\_\_\_\_ Telephone Numbers (optional): \_\_\_\_\_  
 (optional) Home: \_\_\_\_\_ Business: \_\_\_\_\_  
 \* Spouse includes a Civil Union partner. Term Expires (if applicable): JAN 2013

Agency: UNION COUNTY PROSECUTOR'S OFFICE Position: PROSECUTOR H. Id \_\_\_\_\_

**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 SOCIAL SECURITY</u> | <u>32 RANJAY AVE ELIZABETH FEDERAL GOVERNMENT</u> | <input checked="" type="checkbox"/> | <u>DARIA</u>   |
| 2. _____                               | _____   | <input type="checkbox"/>            | _____          |
| 3. _____                               | _____   | <input type="checkbox"/>            | _____          |
| 4. _____                               | _____   | <input type="checkbox"/>            | _____          |
| 5. _____                               | _____   | <input type="checkbox"/>            | _____          |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- | Name           | Address | Self/Spouse              | Dependent Name |
|----------------|---------|--------------------------|----------------|
| 1. <u>DONE</u> | _____   | <input type="checkbox"/> | _____          |
| 2. _____       | _____   | <input type="checkbox"/> | _____          |
| 3. _____       | _____   | <input type="checkbox"/> | _____          |
| 4. _____       | _____   | <input type="checkbox"/> | _____          |
| 5. _____       | _____   | <input type="checkbox"/> | _____          |

Last Name: **ROMANKOW** First Name: **THADDÉE** 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.

Table with 5 rows and 5 columns: Name, Address, Self Spouse, Self Spouse, Dependent Name. Row 1: NONE

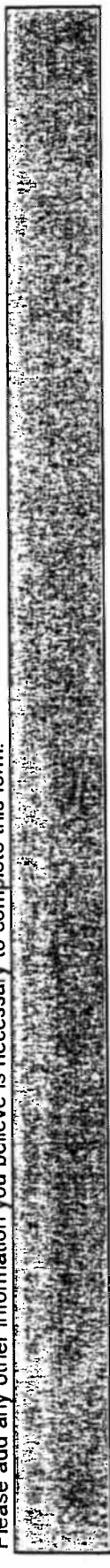
D. List the name and address of all business organizations in which an interest was held.

Table with 5 rows and 5 columns: Name, Address, Self Spouse, Self Spouse, Dependent Name. Row 1: NONE

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

Table with 5 rows and 7 columns: Municipality, County, Block, Lot, Qual, Address (if applicable), % of Ownership, Self Spouse, Self Spouse, Dependent Name. Row 1: BERKLEY HIS, UDION, 1500, 11P, 2P, 2P BRISTOL COURT, 100

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)



# COUNTY OF UNION

## Part C - GOVERNMENT RECORDS REQUEST RESPONSE

Requestor: Tina Renna - NCWA

Request Date: 7/27/11  
Prosecutor Theodore Romankow's  
financial disclosure forms

- Document(s) provided: one page(s), at a total cost of: no fee cost: \_\_\_\_\_
- Special Service Charge imposed - Reason: \_\_\_\_\_
- Document(s) have been inspected by the requestor on the date shown below: \_\_\_\_\_ documents, \_\_\_\_\_ total pages
- Document(s) not provided (see below): 2000 - present

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

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

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

Date: 7/29/11

County Official: [Signature]

### ACKNOWLEDGMENT

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

Date: \_\_\_\_\_

Requestor's Signature