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State of New Jersey Department of Community Affairs Section II. Financial Information- continued	Local Government Ethics Lav Financial Disclosure Stateme	크	Division of Local Government Services Local Finance Board
C. List the name and address of each source of gifts, reimbursements or prepaid expenses source, excluding relatives.  Name  NONE  NONE	s, reimbursements or prepaid expense: Address		having an aggregate value exceeding \$400 from any single  Self Spouse Dependent Name
D. List the name and address of all <i>business organizations</i> in which an interest was held.  Name  Address  Name	za <i>tions</i> in which an interest was held. Address		Dependent Name
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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 Self Sport Self Self Sport Self Sport Self Self Self Self Self Self Self Self	property in the State of New Jersey in vial.  Address (if applicable)  209 Perkeley Avenue	which an interest was held. % of Self Spouse 100% XX XX	Dependent Name .
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Section III. Certification  I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all 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 subject to fines and possible disciplinary action.	ains no willful misstatement of fact or o local government or the Local Finance lowledge. I am aware that if any of the f	mission of material fact and, I Board, constitutes a full discleration of material fact and, I	of material fact and, together with any and all constitutes a full disclosure with respect to all matters g statements made by me are willfully false, I am

Date

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State of New Jersey  Department of Community Affairs	nitv Affairs	Local Govern	Local Government Ethics Law		Division of Local Government Services Local Finance Board
•		Financial Dis	Financial Disclosure Statement	romant officers	
	in accorde	nce with <u>N.J.S.A.</u> 40A:9-22	in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.	Ethics Law.	Year of Service: 2011
Section I. Personal	Section I. Personal Information- Local Government Officer		(Please Type or Print)		
Local Government Served Municipality:	ment Served	County:	Union County	Ott	Other:
First Name:	Joseph	Middle: Anthony	Last Name:	Graziano	Suffix: Sr.
First Name:	Janet	Middle: Patricia	ia Last Name:	Graziano	Suffix:
Home Address: (optional)			Home:	Telephone Number 908-771-8957	Telephone Numbers (optional) UNION CO. CLERK'S OFFICE 908-771-8957 FILE D
* Spouse includes a Civil Union partner.	Civil Union partner.		1		MAR 2 4 2011
1. U.C Dept. of	Agency of Engineering, Public Works & Facilities		Position Held Director	Term/	Term Expires (if applicable) RAJOPPI, County Clerk
Provide the following i NONE in the space provid	Provide the following information for yourself and <i>members of your immediate family</i> for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.	elf and <i>members of</i> e is needed, please	your immediate family fouse Extension Forms.	r the prior calendar	year. If none, please indicate
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State of New Jersey Department of Community Affairs	Last Name: MiNEo
Local Government Ethics Law	First Name: THOMAS Mi
Division of Local Governm	Middle: (for DLGS use only) Municode:

**Financial Disclosure Statement** 

Local Finance Board

•	Section II. Financial Information- continued
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		77	Spouse	neld.
			Dependent Name	

### Section III. Certification

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 subject to fines and possible disciplinary action. 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 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



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Division of Local Government Services

Local Finance Board

Department of Community Affairs

# Section II. Financial Information- continued

**Financial Disclosure Statement Local Government Ethics Law** 

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List the address and a brief description of all real property in the State of New Jersey in which an interest was held.
Self Spouse
Self Spouse
List the halfile and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

### Section III. Certification

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Date

Financial Disclosure Statement

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State of New Jersey  Department of Community Affairs	ocal Government Ethics Law		Division of Local Government Services
Section II. Financial Information- continued	Financial Disclosure Statement		Local Finance Board
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	Address	Self Spouse	Dependent Name
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F. Please add any other information you believe is necessary to complete this form.	eve 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 Atatematic mode by military and all matters.	ent contains no willful misstatement of fact or omissic k of my local government or the Local Finance Board of my knowledge. I am aware that if any of the foresto	on of material fact and, to, constitutes a full discle	ission of material fact and, together with any and all bard, constitutes a full disclosure with respect to all matters
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	f fees and honorariums h	Provide the following information for yourself and members of your immediate family for the prior calendar year. It 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  Address  Self Spouse  Dependent Name	Position Held Discretor Of	Middle: Macie	Middle: John	First Name: Scovernment 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.  (Please Type or Print)
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Section III. Certification  I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge I am aware that if any of the foreging statement.	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	4	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. None 2. Name 3. None 4. None 5. None 6. None 7. None 8. None 9. Non	Local	Last Name: \(\frac{\mathcal{H}}{\mathcal{H}}\)\(\text{E7}\) \(\text{Middle: }\text{\text{Minicode:}}\)
with any and all ith respect to all matters willfully false, I am	Dependent Name	endent Name	ng \$400 from any single vendent Name	Division of Local Government Service: Local Finance Board	use only)

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Suffix:	Other:	DALMIER	Last Name:	County:	ddle:	I Government On	Section I. Personal Information- Local Government Officer Local Government Served Municipality: $ \frac{1}{\sqrt{ \mathcal{E} }} $ First Name: $\frac{1}{\sqrt{ \mathcal{E} }}$	on I. Personal Information Local Government Served Municipality:  First Name: $\mathcal{M}/\mathcal{E}\mathcal{L}$	Section I. Loc Mur
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Last Name: Caroselli First Name: Lawrence Middle: M (for DLGS use only)

Department of Community Affairs State of New Jersey

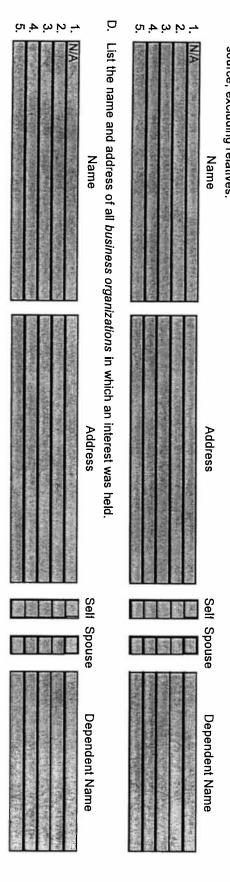
#### **Financial Disclosure Statement** Local Government Ethics Law

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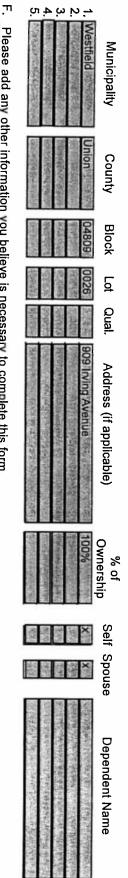
Division of Local Government Services Local Finance Board

### Section II. Financial Information-continued

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

#### Section III. Certification

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Date

Page 2

Section I. Personal Information-Local Government Officer Department of Community Affairs State of New Jersey Last Name: Caroselli Caros Section II. Financial Information ων.→ First Name: \*Spouse's First Name: Municipality: ₩ ₽ 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. (optional) Home Address: Local Government Served **5 4 ω ν -**\* Spouse includes a Civil Union partner. **σ.μων.**-County of Union 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. personal appearances, speeches, or writing. County of Union List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for inden Board of Education ental Income 909 Irving Avenue, Westfield Joan Lawrence Name Name This Financial Disclosure Statement is required annually of all local government officers in accordance with  $\underline{\text{N.J.S.A.}}$  40A:9-22.1 et seq., the Local Government Ethics Law. First Name: Lawrence Financial Disclosure Statement Local Government Ethics Law Admin Bldg Elizabethtown Plaza Elizabeth, CFO County: Union (Please Type or Print) |Middle: Middle: Position Held Address Address Business: Last Name: Caroselli Middle: M Last Name: Caroselli 908-527-4055 elephone Numbers (optional) 908-233-4133 Self Self Spouse Spouse Other: J erm Expires (if applica Municode: (for DLGS use only) Division of Local Government Services Local Finance Board Year of Service: 2011 Dependent Name Dependent Name UNION CO. CLERK'S OFFICE MEANNE RAJOPPI, County Clerk APR - 6 2011 FILED

**Department of Community Affairs** State of New Jersey Last Name: Padusniak, Jr. First Name: Frank Local Government Ethics Law | Middle: W (for DLGS use only)
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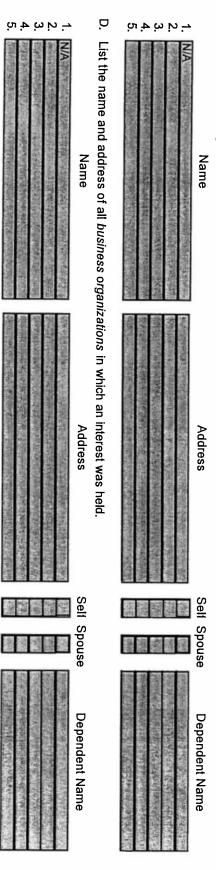
## **Financial Disclosure Statement**

Division of Local Government Services

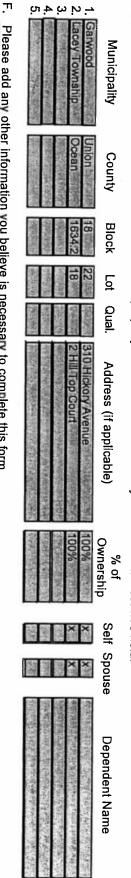
Local Finance Board

## Section II. Financial Information-continued

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



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

### Section III. Certification

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Signature of Local Gavernment Officer

(Original Signature)

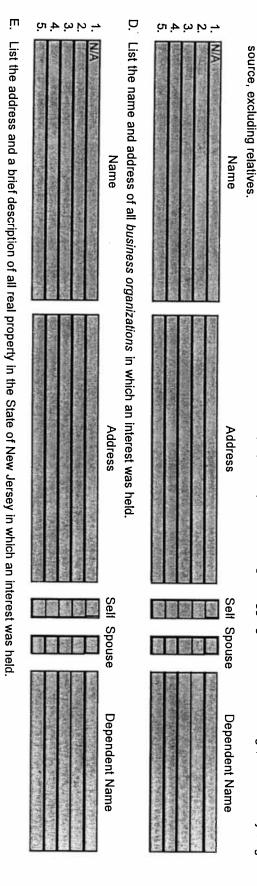
Section I. Personal Information-Local Government Officer State of New Jersey Last Name: Padusniak, Jr. **Department of Community Affairs** Section II. Financial Information ω !> .→ First Name: (optional) \*Spouse's First Name: Municipality: Ψ ⋗ Home Address: Local Government Served NONE in the space provided. If additional space is needed, please use Extension Forms. 4.0 \* Spouse includes a Civil Union partner. 40040 City of Linden County of Union Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate 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. personal appearances, speeches, or writing. County of Union County of Union 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 List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for 310 Hickory Avenue Frank Robyn Name 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. First Name: Frank Financial Disclosure Statement Local Government Ethics Law Courthouse Complex, Surrogates Office 301 North Wood Avenue, Linden, NJ 10 Elizabethtown Plaza, Elizabeth NJ Consultant Comptroller County: Union (Please Type or Print) [Middle: |Middle: Address Address Business: Home: Last Name: Padusniak, Jr. Last Name: Padusniak Middle: 908-527-4754 elephone Numbers (optional) 908-654-0631 × Self Self Spouse Other: Spouse erm Expires (il applica Municode: (for DLGS use only) **Division of Local Government Services** Year of Service: 2011 Dependent Name Dependent Name UNION CO. CLERK'S OFFICE ANNE RAJOPPI, County Clerk Local Finance Board APR - 6 2011

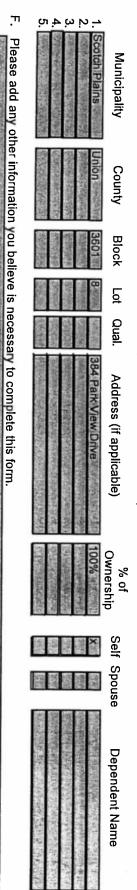
State of New Jersey Department of Community Affairs	Last Name: Bowe
Local Government Ethics Law Financial Disclosure Statement	First Name: Joseph Middle: P
Division of Local Government Services Local Finance Board	(for DLGS use only) Municode:

# **Financial Disclosure Statement**

## Section II. Financial Information- continued

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





### Section III. Certification

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 subject to fines and possible disciplinary action. 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 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

Date

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Signature of Local Government Officer (Original Signature)

Page 2

Section I. Personal Information-Local Government Officer State of New Jersey
Department of Community Affairs Last Name: Bowe Section II. Financial Information <u>..</u> ν, ω First Name: \*Spouse's First Name: Municipality: Local Government Served ⋗ Home Address: . NONE in the space provided. If additional space is needed, please use Extension Forms. \* Spouse includes a Civil Union partner. 5 4 ω P <del>-</del> 49040 County of Union Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate 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. 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 personal appearances, speeches, or writing, List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for 384 Park View Drive, Scotch Plains, NJ Joseph Name Name 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. First Name: Joseph Financial Disclosure Statement Local Government Ethics Law 10 Elizabethtown Plaza, Elizabeth Director, Division Treasurer County: Union (Please Type or Print) | Middle: [Middle: Position Heid Address Home: Business: Last Name: Bowe Last Name: | Middle: P [elephone Numbers (optional) 908-889-8222 908-527-4099 Self Spouse Self Spouse erm Expires (if appl Other: Municode: (for DLGS use only) Division of Local Government Services Local Finance Board Year of Service: 2014 Dependent Name Dependent Name UNION CO. CLERK'S OFFICE DANNE RAJOPPI, County Clerk APR - 6 2011

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Division of Local Government Services

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#### **Financial Disclosure Statement** Local Government Ethics Law

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### Section III. Certification

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Date

Signature of Loga (Origin Signature) Government Officer

State of New Jersey	Last Name:
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(for DLGS use only)

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Division of Local Government Services

Local Finance Board

Department of Community Affairs

#### Financial Disclosure Statement Local Government Ethics Law

# Section II. Financial Information- continued

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.

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#### Section III. Certification

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 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 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.

Middle:

State of New Jersey
Department of Community Affairs

#### **Financial Disclosure Statement Local Government Ethics Law**

Division of Local Government Services

Local Finance Board

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

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* Spouse includes a Civil Union partner.	Civil Union partner.		Business:		APR 1 8 2011
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A. List the na source of i	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 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.	of income, earned and uneareported unless you or a m	arned, which you rece <mark>ived in</mark> ember of your immediate fam	excess of \$2,000 nily has an interes	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.
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nt of fact or omission of material fact and, together with <u>ne Local Finance</u> Board, constitutes a full disclosure with <u>am aware-that If any of the foregoing statements made</u> overnment Officer			Self Spouse Dependent Name	Self Spouse Dependent Name		Self Spouse Dependent Name	lue exceeding \$400 from any single	Division of Local Government Services Local Finance Board	(for DLGS use only) Municode:

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**Department of Community Affairs** State of New Jersey

#### Financial Disclosure Statement \_ocal Government Ethics Law

**Division of Local Government Services** Local Finance Board

in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.
(Please Type or Print)

This Financial Disclosure Statement is required annually of all local government officers Year: 2011

Section I. Person	Section I. Personal Information - Local Government Officer	ernment Officer		
Local Government Served Municipality: Elizabet	ent Served Elizabeth		County: Union Other:	
First Name:	Antonio	Middle: C.	Last Name: Rivera	Suffix:
Spouse's		Middle:	Last Name:	Suffix:
Home Address	Home Address: 150 Lincoln Ave		Telephone Numbers (optional)	FILED
(optional)	Elizabeth, NJ 07208		Home: Business: (908) 527-4195	APR 18 2011
1) County of	County of Union Agency		Position Held Director, Workforce Investment Board N/A Term Expires (if at the content of the co	Term Expires (it admination) OPPI, County Clerk
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3)	1) County of Union 2) The AMG Group, LLC
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State of New Jersey
Department of Community Affairs Last Name: **DENSON** 

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(for DLGS use only)

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Division of Local Government Services

Local Finance Board

# Section II. Financial Information- continued

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**Financial Disclosure Statement** Local Government Ethics Law

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#### Section III. Certification

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State of New Jersey Department of Community Affairs	sadnick:
Local Government Ethics Law	First Name: Trpy
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Division of Local Government Services Local Finance Board	(for DLGS use only) Municode:

Section II. Financial Information- continued

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### Section III. Certification

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State of New Jersey
Department of Community Affairs

**Financial Disclosure Statement** Local Government Ethics Law

Division of Local Government Services Local Finance Board

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

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Division of Local Government Services Local Finance Board	Law	Local Government Ethics Law	Loc	State of New Jersey Department of Community Affairs
(for DLGS use only) Municode:	Middle:	MARYANN	First Name:	Last Name: ANDERSON

**Financial Disclosure Statement** 

# Section II. Financial Information- continued

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.

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### Section III. Certification

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Date

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Division of Local Government Services

Local Finance Board

Year of Service: 2011

State of New Jersey
Department of Community Affairs

#### **Financial Disclosure Statement Local Government Ethics Law**

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.
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Division of Local Government Services

Local Finance Board

State of New Jersey
Department of Community Affairs

# Section II. Financial Information- continued

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**Financial Disclosure Statement** Local Government Ethics Law

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Division of Local Government Services Local Finance Board	Local Government Ethics Law	Local Government Ethics L	State of New Jersey Department of Community Affairs
(for DLGS use only) Municode:	Middle: J.	First Name: Charles	Last Name: Gillon

Section II. Financial Information- continued 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.

**Financial Disclosure Statement** 

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#### Section III. Certification

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subject to fines and possible disciplinary action. 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 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 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

3/16/2011 Date

State of New Jersey Local Government Ethics Law  Department of Community Affairs  Financial Disclosure Statement	11on First Name: Charles Middle: J. Middle: J.
Division of Local Government Services Local Finance Board	(101 DLGS USE OTHY) Municode:

Section I. Personal Information- Local Government Officer \* Spouse includes a Civil Union partner. ω N -First Name: Municipality: Local Government Served \*Spouse's First Name: Home Address: (optional) Division of Social Services 923 Charles Agency Σ. 6th Street, 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. Plainfield, Middle: Middle: County: Director of Welfare J. (Please Type or Print) 07063 Position Held Union Last Name: Last Name: Business: Home: Gillon (908) 965-3704 [elephone Numbers (optional) | NION CO. CLERK'S GFFICE (908) | 756−8135 | FILE D Term Expires (if applicantle RAJOPPI, County Clerk Other: Year of Service: 2011 Suffix: APR 18 2011

### Section II. Financial Information

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

⋗ 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.

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				County of Union	Name
				Administration Bldg. Eliz, N.J.	Address
				X L	Self Spouse
					Dependent Name

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

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**Division of Local Government Services** 

Local Finance Board

State of New Jersey
Department of Community Affairs

Financial Disclosure Statement Local Government Ethics Law

	Section II. F
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		$\dot{\mathbf{c}}$	
~	source, excluding relatives.	List the name and address of each source of gift	•
		C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggre	
	,	gregate value exceeding \$400 from any single	

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	D. List the name and address of all <i>business organizations</i> in which an interest was held.  1. $MH$ Address		Name
	<i>nizations</i> in which an interest was held. Address		Address
	Self Spouse		Self Spouse
	Dependent Name		Dependent Name

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

### Section III. Certification

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 hade by me are willfully false, I am I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact/ar omission of material fact and, together with any and all subject to fines and possible disciplinary action.

Signature of Local Government Officer (Original Signature)

Date

State of New Jersey
Department of Community Affairs

# **Local Government Ethics Law Financial Disclosure Statement**

Division of Local Government Services Local Finance Board

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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	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  Address  Lindelin AVE  Lindelin AVE  Self Spouse Dependent Name  Lindelin AVE  Self Spouse Dependent Name	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.	(optional)  *Spouse includes a Civil Union partner.  1. Union Counity ) Inc. of Youth SERN	e: JAADONNETT STOR	This Financial Disclo in accordance with  Section I. Personal Information- Local Government Officer Local Government Served  Municipality:
nd honorariums having an aggregate amount	a, earned and unearned, which you received in unless you or a member of your immediate fandress  Address  LINDEL ST. GENDES PVE -	d members of your immediate family for the	Position Held Position Held	ddle: CLAYTow Last Name: b	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)  ernment Officer  County:
Self	Self	e pric	100	20 2 2	ent offic
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s250 received from any single source for use Dependent Name	\$2,000. If a publicly traded security is the interest in the business organization.  Just Dependent Name	endar year. If none, please indicate	CO. CLERK'S OFFICE APR 1 3 2011  Term Expires (if applicable)	Suf	Year of Service: 2011 Other:

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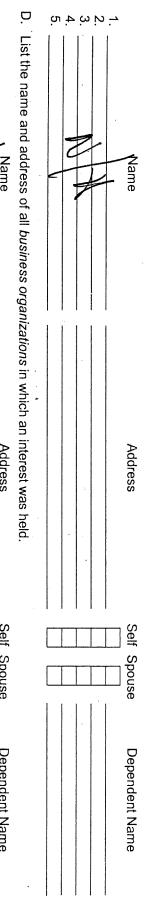
**Department of Community Affairs** State of New Jersey

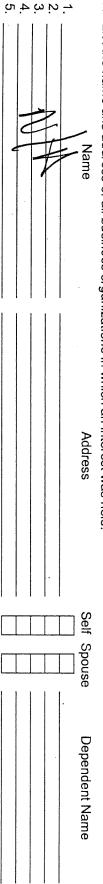
Financial Disclosure Statement Local Government Ethics Law

> Division of Local Government Services Local Finance Board

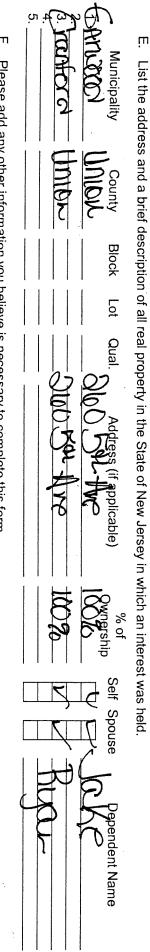
# Section II. Financial Information- continued

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





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



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

### Section III. Certification

subject to fines and possible disciplinary 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 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 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(statoments made βy)me are willfully false, I am

Date

**Department of Community Affairs** 

#### Financial Disclosure Statement **Local Government Ethics Law**

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Term Expires (if applicable) JOANNE RAJOPPI, County Clerk	Conficential Asst	1 UC Jept #11/man Sics
소금 18 2011		* Spouse includes a Civil Union partner.
T T T T T T T T T T T T T T T T T T T	Business:	(optioliai)
. 1	Home:	Home Address:
Suffix:	Middle: Last Name:	First Name:
Suffix:	Middle: Last Name: I HI (C)	First Name: AICHACO
	County: UNION A Other:	Local Government Served  Municipality:
		Section I. Personal Information- Local Government Officer
	(Please Type or Print)	
Year of Service: 2011	in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.	in accordance
	in the second in the second annually of all local povernment officers	This Circumstal C

### Section II. Financial Information

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

₽ 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.

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Division of Local Government Services

Local Finance Board

Department of Community Affairs State of New Jersey

Financial Disclosure Statement Local Government Ethics Law

# Section II. Financial Information- continued

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.

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	List the name and address of all <i>business organizations</i> in which an interest was held. Name Address $\mathcal{N} \mid \mathcal{A}$	Name
	nizations in which an interest was held. Address	Address
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	Dependent Name	Dependent Name

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

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v other inform			Union	County	9
ation vou believe is neces		0000	03010 00001 4	County Block Lot Qual.	2000 Process of an oar process
F. Please add any other information you believe is necessary to complete this form		unit um'n	1. Westfield Union 03010 00001 & 515 Trivity Place	Address (if applicable)	The second street accompanies of an ion property in the character serious in minerial an involve more note.
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#### Section III. Certification

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 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 subject to fines and possible disciplinary action 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

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Division of Local Government Services

Local Finance Board

**Department of Community Affairs** State of New Jersey

#### Financial Disclosure Statement Local Government Ethics Law

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Section I. Personal Informatio Local Government Served Municipality:	Section I. Personal Information- Local Government Officer Local Government Served Municipality:	county: Union Co	ion County	Other:	
First Name:	ELIZABETH	Middle: L.	Last Name: SEBRING	NG Suffix	
*Spouse's First Name:	NA	Middle:	Last Name:	Suffix:	
Home Address: (optional)	westfield,	a, NI otogo	Home: Telephone 408-	Telephone Numbers (optional) 708 - 31子 - 47子0 708 - 31子 - 4890	ON GO. CLERK'S CHEICE
* Spouse includes a Civil Union partner.	Civil Union partner.				APR 10 2011
<b>, -&gt;</b>	Agency	Position Held	ld	Term Expires (if applice内阁NE RAJOPPI, County Clerk	NE RAJOPPI, County Clerk
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### Section II. Financial Information

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

Þ 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.

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	Address PARABETH, WILL 07 207
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Division of Local Government Services

**Local Finance Board** 

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**Department of Community Affairs** 

## tion II. Financial Information- continued

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Local Government Ethics Law Financial Disclosure Statement

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	County B	s and a brief desc		NOKE TOUR	and address of all Name		Name
	Block	cription of all real		MONS, LLC	business organi		
-	Qual. Address 303 ocp May 74	List the address and a brief description of all real property in the State of New Jersey in which an interest was held.		NO KE TO TO U ADOJOKS, LLC 303 OLD FOTE MD, MOUNTAINSI	List the name and address of all <i>business organizations</i> in which an interest was held.  Name  Address		
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. Please add any other information you believe is necessary to complete this form

#### Section III. Certification

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Date

Division of Local Government Services

**Local Finance Board** 

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Department of Community Affairs State of New Jersey

#### Financial Disclosure Statement Local Government Ethics Law

Section I. Personal Information- Local Government Officer \* Spouse includes a Civil Union partner \*Spouse's First Name: Local Government Served Home Address: First Name: (optional) なってい アロコンエノンノメアノアクロン 生ったをか Agency This Financial Disclosure Statement is required annually of all local government officers RUAD in accordance with N.J.S.A. 40A.9-22.1 et seq., the Local Government Ethics Law. Middle: Middle:\_ County: UNION (Please Type or Print) Jatha Last Name: Last Name: Business: Home: ANJER? これがいる elephone Numbers (optional) Term Expires (if applicable) Other: Year of Service: 2011 UNION CO. CLERK'S OFFICE JOANNE RAJOSPI, County Clerk Suffix: APR - 6 2011 T I E D

Section II. Financial Information

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

₽ 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. 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

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	3 \$250 received from any single source for	かんのれないのでしてい						ouse Dependent Name	

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Division of Local Government Services Local Finance Board

**Financial Disclosure Statement Local Government Ethics Law** 

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	nd address of all <i>business organ</i> Name	List the name and address of all <i>business organizations</i> in which an interest was held.  Name  Address	Self Spouse	Dependent Name
455	and a brief description of all rea	list the address and a brief description of all real property in the State of New Jersey in which an interest was held	ch an intersect was held	
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# Financial Disclosure Statement

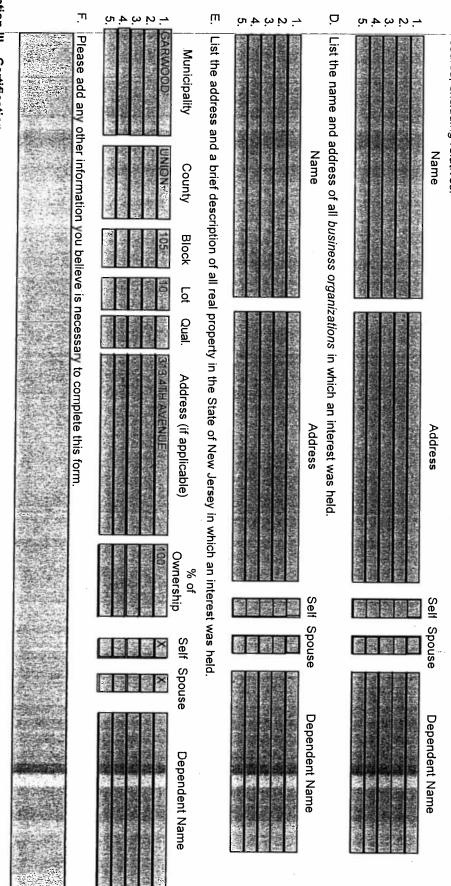
5 4 3 2 1 B	A 1.2840	Section	Section Lo Mu Fii *S Pous * * Spous * * Source * * * * * * * * * * * * * * * * * * *
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	rned and unearned, which you received in ss you or a member of your immediate fal Address Address アンドイ はんねっ らっ アンドイ はんねっ らっ	s of your immediate family for the ase use Extension Forms.	required annually of all local government E  Type of Print)  Last Name: Home: Business:
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**Department of Community Affairs** 

**Financial Disclosure Statement** 

## Section II. Financial Information- continued

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



#### Section III. Certification

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Signature of Local Goyernment Officer

(Original Signature)

Section I, Personal Information- Local Government Officer Department of Community Affairs State of New Jersey Last Name: MELAGGIO Section II. Financial Information ω γν ユ Local Government Served

Municipality: GARWOOD (optional) First Name: First Name: œ ⋗ NONE in the space provided. If additional space is needed, please use Extension Forms. Home Address: \*Spouse's 5400-5400-Spouse includes a Civil Union partner 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. OROUGH OF GARWOOD Provide the following information for yourself and *members of your immediate family* for the prior calendar year. If none, please indicate personal appearances, speeches, or writing List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for SEAG OUNTY OF UNION 313 ATH AVENUE GARWOOD NJ ANTHONY A THUREN Name Name 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. First Name: KATHLEEN County: UNION Other: Financial Disclosure Statement Local Government Ethics Law RECHORE Middle: (Please Type or Print) Middle: HIOWN BLAZA ELIZABETH NULL Position Hela Address M. S. S. S. S. W. Home: Business: Last Name: VILLAGGIO Last Name: VILLAGGIO Middle: M Self Spouse × Spouse erm Expires (if appli (for DLGS use only)
Municode: **Division of Local Government Services** Year of Service: Dependent Name Dependent Name NION CO. CLERK'S OFFICE E RAJOPPI, County Clerk Local Finance Board MAR 3 1 2011 2011

#### **COUNTY OF UNION**

#### Part C - GOVERNMENT RECORDS REQUEST RESPONSE Requestor puges, at a total cost of: V Document(s) provided: documents fright pages that are required to file them Special Service Charge imposed - Reason: Document(s) have been inspected by the requestor on the date shown below: Document(s) not provided (see below) The document(s) you have requested that are checked below are NOT being provided because the document(s) are considered privileged or are otherwise exempt from public access, as provided by applicable law: Authority for Denial or Redaction **Privileged or Protected Category** N.J.S.A. 47:1A-1.1, et seq. Advisory, Consultative or Deliberative material N.J.S.A. 47:1A-1.1, et seq. Autopsy Photos / Video N.J.S.A. 47:1A-1.1, et seq. Attorney-Client Privilege Information $\Box$ N.J.S.A. 47:1A-1.1, et seq. Computer Security Information N.J.S.A. 47:1A-1.1, et seq. Criminal Investigatory Records N.J.S.A. 47:1A-1.1, et seq. Credit Card Numbers Executive Order 21 (McGreevey) Domestic Security (Sabotage or Terrorism) N.J.S.A. 47:1A-1.1, et seq. Grievance Information with public employer N.J.S.A. 47:1A-1.1, et seq. **Drivers' License Numbers** N.J.S.A. 2A:156A-19 Electronic Surveillance Materials N.J.S.A. 47:1A-1.1, et seq. **Emergency or Security Information or Procedures** N.J.S.A. 47:1A-1.1, et seq. **Employee Sexual Harassment Complaints** Executive Order 9 (Hughes) Fingerprint Cards Executive Order 26 (McGreevey) Individual's Medical, Financial, or Tax records N.J.S.A. 47:1A-1.1, et seq. Insurance Communications N.J.S.A. 47:1A-3.a Investigation in Progress N.J.S.A. 47:1A-1.1, et seq. Labor Negotiation Information (strategy or positions) N.J.S.A. 47:1A-10 Personnel or Pension Records Executive Order 9 (Hughes) Photographs of Crime Scene N.J.S.A. 47:1A-1.1, et seq. Proprietary Information N.J.S.A. 47:1A-1.1, et seq. Reasonable Expectation of Privacy 1 Executive Order 26 (McGreevey) Resumes of unsuccessful applicants Executive Order 69 (Whitman) Safety of persons or the public N.J.S.A. 47:1A-1.1, et seq. Security Measures and Surveillance Techniques N.J.S.A. 47:1A-1.1, et seq. Social Security Numbers Executive Order 26 (McGreevey) Fest Questions, Scoring Keys, or other Exam Data <u>.</u> N.J.S.A. 47:1A-1.1; N.J.S.A. 2A:82-46b Records Retention and Disposition Schedule Victim records Record has been destroyed/not retained pursuant to: ()ther 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: .ICKNOWLEDGMENT 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. Version 6/09 (prior editions obsolete) Date Requestor's Signature