LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2014

NOTE: Before completing this Disclosure Statement, please carefully read the enclosed instructions. If additional space is needed, please duplicate this form as necessary and staple all pages together. An original signature is required on page 4; a facsimile, photocopy or stamp signature is not acceptable. Questions should be directed to Legislative Counsel at (609) 847-3901. The completed disclosure form is due May 15, 2015 and should be sent to: Joint Legislative Committee on Ethical Standards, 2nd Floor, State House Annex, Room 210, PO Box 068, Trenton, New Jersey 08625-0068. IMOTHY CHECK APPROPRIATE HOUSE: Senate General Assembly Provide the following information for yourself, your spouse and minor children (unless otherwise indicated) for calendar year 2014. Please note that a minor child is a child under the age of 18. For each entry, mark the box of the appropriate recipient. When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000 - \$24,999.99; 3=\$25,000 - \$49,999.99; 4=\$50,000 or more. I. EARNED INCOME: List the name, address and amount for each source of earned income. (Earned income includes salaries, bonuses, royalties, commissions, profit sharing, fees, pensions and Social Security.) Amount Name of Employer Address of Employer Code 140 W. PLEASANT LVE MAYWOOD 1) 2) 3) 4) 5) II. UNEARNED INCOME: List the name, address and amount for each source of unearned income. (Unearned income includes rents, dividends and income from investments, trusts and estates.) A. RENTS Amount Property Address Tenant Name Code 1) 2) 3)

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OFFICES, TRUSTEESHIPS, OR DIRECTO ssociation, partnership or business and the nam	RSHIPS: List the title of each position held by you or your spouse in any firm, conte and address of the entity in which the position was held.	
Position Held	Name & Address of Entity	Spouse
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