Last Name: First Name: Middle:

(for DLGS use only)
Municode:

State of New Jersey
Department of Community Affairs

Division of Local Government Services
Local Finance Board

Local Government Ethics Law
Financial Disclosure Statement

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

(Please Type or Print)

Year of Service:

Section I. Personal Information- *Local Government Officer*

Local Government Served
Municipality: County: Other:

First Name: Middle: Last Name:

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

Home Address: (optional)

Telephone Numbers (optional)
Home:
Business:

* Spouse includes a Civil Union partner.

	Agency	*Position Held*	*Term Expires (if applicable)*
1.			
2.			
3.			

Section II. Financial Information

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

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

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

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

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

Last Name: First Name: Middle: Municode:

State of New Jersey
Department of Community Affairs

Local Government Ethics Law
Financial Disclosure Statement

Division of Local Government Services
Local Finance Board

Section II. Financial Information- continued

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

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

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

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

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

	Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.										
2.										
3.										
4.										
5.										

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

Section III. Certification

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

Date

Signature of *Local Government Officer*
(Original Signature)