



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



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

*Financial Disclosure Statement must be filed by April 30<sup>th</sup> each year, or within 30 days of taking office.*

Attorney General Office Opinions providing guidance as to the positions deemed local government officers and a downloadable, fill-in version of this form are available on the Internet <http://www.nj.gov/dca/lgs/ethics/pdfs/2012FDLGL.pdf>.

### **IMPORTANT – BEFORE COMPLETING THIS FORM, READ DEFINITIONS AND INSTRUCTIONS!**

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#### **DEFINITIONS AND INSTRUCTIONS**

Requirements concerning the filing of this form are found in N.J.S.A. 40A:9-22.1 et seq.

##### **DEFINITIONS**

“Business organization” means any corporation, partnership, firm, enterprise, franchise, association, trust, sole proprietorship, union, or other legal entity;

“Governing body” means, in the case of a municipality, the commission, council, board or body, by whatever name it may be known, having charge of the finances of the municipality, and, in the case of a county, the board of chosen freeholders, or, in the case of a county having adopted the provisions of the “Optional County Charter Law,” P.L. 1972, c. 154 (C.40:41A-1 et seq.), as defined in the form of government adopted by the county under the act;

“Interest” means the ownership or control of more than 10% of the profits, assets or stock of a business organization but shall not include the control of assets in a nonprofit entity or labor union;

“Local government agency” means any agency, board, governing body, including the chief executive officer, bureau, division, office, commission or other instrumentality within a county or municipality, and any independent local authority, including any entity created by more than one county or municipality, which performs functions other than of a purely advisory nature, but shall not include a school board;

“Local government employee” means any person whether compensated or not, whether part-time or full-time employed by or serving on a local government agency who is not a local government officer, but shall not mean any employee of a school district;

“Local government officer” means any person whether compensated or not, whether part-time or full-time: (1) elected to any office of a local government agency; (2) serving on a local government agency which has the authority to enact ordinances, approve development applications or grant zoning variances; (3) who is a member of an independent municipal, county, or regional authority; or (4) who is a managerial executive or confidential employee of a local government agency, as defined in section 3 of the “New Jersey Employer-Employee Relations Act,” P.L. 1941, c. 100 (C. 34:13A-3), but shall not mean any employee of a school district or member of a school board;

“Local government officer or employee” means a local government officer or a local government employee;

"Member of immediate family" means the spouse or dependent child of a local government officer or employee residing in the same household.

## INSTRUCTIONS

This form must be filed annually by all local government officers. Local government officers are alerted to the requirement to file by the municipal clerk, local ethics board secretary, regional authority board secretary or county college president.

Please provide the information based on your prior calendar year financial information. In addition, definitions used in the Local Government Ethics Law necessary to complete this form are printed above. The phrases that are defined appear in italics throughout the form. Most of the information requested is self-explanatory; however, some particular points are clarified below.

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

#### Local Government Served

Please list the municipality or county you serve. If you serve a county, leave the municipality blank. Do not fill in the name of the municipality you live in unless it is the same name as the municipality you serve. If you serve a regional authority or other local government, please list that name under "other." An example would be a Regional Sewerage Authority.

#### Positions Held

Position held refers to your title as a local government officer or employee.

If you hold more than one position which qualifies you to complete this form, please list the municipal/county agency, title and term for each position, such as, council member, municipal sewerage authority member, and planning board member. If you serve more than one local government or at different levels of local government such as regional authority, county, and municipal government, you must file a form with **each** entity. An example would be city council member and improvement authority employee. You may list both positions on one form if you serve at different levels, however, the form must be filed in each local government.

If you hold more than one position, but it is for the same municipality or county, only one form must be completed and filed. An example would be city council, planning board, and municipal authority. As a point of further clarification, local government officers and employees serving independent municipal or county authorities are deemed to be serving the municipality or county respectively for purposes of this act. Thus, authority and fire district officers must file with their local government.

### Section II. Financial Information

Complete this section based on information for the prior calendar year.

Information is to be provided for the person filing and members of the immediate family based on the definition above. Fill in each line and check the appropriate box for yourself, your spouse or a dependent. If a dependent's source is indicated, fill in that dependent's name in the space provided.

If you require more room for any of the sources requested in A through E, please use Extension Forms, as necessary.

#### Sources of Income

All earned and unearned income is to be reported. Earned income is that received for one's labor or services such as salaries and wages. Unearned income is monetary compensation received where no labor or services are exchanged, such as social security, pension, interest income or rental property income. The threshold applies to each source whose gross amount is over \$2,000. If you are in business for yourself, please list only the name of the business and not individual clients.

#### Fees and Honorariums

List each source of fees and honorariums received by the local government officer or family member for any purpose. This would include those received as a result of the public office and those received as a result of personal business.

#### Sources of Gifts, Reimbursements, or Prepaid Expenses

Sources must be listed, excluding gifts made by relatives. Examples may include mileage reimbursement, hotel and meal expenses, travel expenses, vacations, etc. This includes amounts received as a result of the public office and those received as a result of personal business.

#### Business Organizations

List when more than 10% of profits, assets, or stocks are held by you or members of the immediate family.

Please include additional information in Section F. as needed to clarify data provided or indicate information not requested that you believe is pertinent.

### Section III. Certification

Please read the certification statement, date and sign in the space provided. Signatures must be original.

#### Filing

#### Municipal Local Government Officers

File the original signed form with the municipal clerk. If a local ethics board has been established, a copy of the Financial Disclosure Statement must also be filed with the local ethics board.

#### County Local Government Officers

File the original signed form with the county clerk. If a local ethics board has been established, a copy of the Financial Disclosure Statement must also be filed with the local ethics board.

Members of independent municipal or county authorities serving only one municipality or county must file with the municipal clerk if a municipal authority and the county clerk if a county authority.

**Do not file directly with the Local Finance Board.** To facilitate the filing, the clerks will electronically forward scanned copies of all completed forms to the Board.

#### Regional Authority and County College Officers

File directly with the authority or college. Regional authority and county college records custodians will forward electronic versions of the completed forms to the Board.

**Filing Deadline- April 30<sup>th</sup> each year, or within 30 days of taking office.**

#### Questions

Please visit [www.nj.gov/dca/lgs](http://www.nj.gov/dca/lgs), under Ethics for additional information concerning the filing requirements. If you have any questions regarding the completion of this form, please contact the Local Finance Board at (609)292-0479 or email at [dlgs@dca.state.nj.us](mailto:dlgs@dca.state.nj.us).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

State of New Jersey  
Department of Community Affairs

**Local Government Ethics Law  
Financial disclosure Statement**

Division of Local Government Services  
Local Finance Board

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: 2012**

**(Please Type or Print)**

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

Local Government Served

Municipality: \_\_\_\_\_ County: \_\_\_\_\_ Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

\*Spouse's

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Home Address: \_\_\_\_\_

(optional\*\*) \_\_\_\_\_

Telephone Numbers (optional\*\*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Spouse includes a Civil Union partner.

\*\* Optional information, if supplied, is subject to public disclosure as part of the Financial Disclosure Statement.

|    | 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. | _____ | _____   | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| 2. | _____ | _____   | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| 3. | _____ | _____   | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| 4. | _____ | _____   | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| 5. | _____ | _____   | <input type="checkbox"/> | <input type="checkbox"/> | _____          |

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

|    | Name  | Address | Self                     | Spouse                   | Dependent Name |
|----|-------|---------|--------------------------|--------------------------|----------------|
| 1. | _____ | _____   | <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: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

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**Section II. Financial Information – continued**

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

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

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

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

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

|    | Municipality | County | Block | Lot   | Qual. | Address (if applicable) | % of Ownership | Self                     | Spouse                   | Dependent Name |
|----|--------------|--------|-------|-------|-------|-------------------------|----------------|--------------------------|--------------------------|----------------|
| 1. | _____        | _____  | _____ | _____ | _____ | _____                   | _____          | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| 2. | _____        | _____  | _____ | _____ | _____ | _____                   | _____          | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| 3. | _____        | _____  | _____ | _____ | _____ | _____                   | _____          | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| 4. | _____        | _____  | _____ | _____ | _____ | _____                   | _____          | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| 5. | _____        | _____  | _____ | _____ | _____ | _____                   | _____          | <input type="checkbox"/> | <input type="checkbox"/> | _____          |

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

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

**Section III. Certification**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Local Government Officer  
(Original Signature)