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. 40A:9-22.1 et seq., the Local Government Ethics Law.

Year of Service: 2015

Section I. Personal Information - Local Government Officer

First Name: John  
Last Name: Doe

Home Address: 123 Main Street  
Summerville Township NJ, 08888

Spouse (includes Civil Union partner).

First Name: Jane

Entity  
Agency/Board  
Position Held  
Term Expires *

1  
Summerville  
Summerville Township  
Mayor

* = 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.

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Self/Spouse</th>
<th>Dependent Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBM Corp. (DO NOT STATE 'SELF' OR 'SPOUSE')</td>
<td>456 Main Street, Winterville, NJ 08333</td>
<td>Self</td>
<td></td>
</tr>
<tr>
<td>Summerville School District (DO NOT STATE 'SELF' OR 'SPOUSE')</td>
<td>466 Main Street, Summerville, NJ 08888</td>
<td>Spouse</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Self/Spouse</th>
<th>Dependent Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rutgers University</td>
<td>100 Davidson Road, Piscataway, NJ 08766</td>
<td>Self</td>
<td></td>
</tr>
</tbody>
</table>
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,

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Self/Spouse</th>
<th>Dependent Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC Company</td>
<td>789 Birch Street, Trenton, NJ 08625</td>
<td>Self</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Self/Spouse</th>
<th>Dependent Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th>Municipality/County</th>
<th>Block</th>
<th>Lot</th>
<th>Qual.</th>
<th>Address</th>
<th>% Own *</th>
<th>Self/Spouse</th>
<th>Dependent Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avon-By-The-Sea</td>
<td>232</td>
<td>22</td>
<td></td>
<td></td>
<td>100.00</td>
<td>Joint</td>
<td></td>
</tr>
</tbody>
</table>

* = % of Ownership

F. Optional Comments:

Section III. Certification & online filing process

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, 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: 02/23/2015
Name: John Doe

I further certify that I intend my electronic signature on this statement to be the legally binding equivalent of my traditional handwritten signature.