

FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC OFFICERS

INSTRUCTIONS:

Public Officers must complete this form in full. Public employees who hold positions in the Executive Branch of State Government are not required to complete this form, but must complete and file form FDS08/1.

The completed form must be forwarded to the State Ethics Commission, PO Box 082, Trenton, NJ 08625-0082. (Hand delivery address: 28 West State Street, Room 1407, Trenton, NJ 08608) The form must contain an original signature and an original notarization unless electronically filed.

Questions should be directed to the Director of the State Ethics Commission, PO Box 082, Trenton, NJ 08625-0082, Telephone (609) 292-1892.

a. General Information

Date of Statement: 5-13-08 Filing Year: 2008

First Name: Edward Carl Williams, Sr M.I. Carl

Last Name: Williams

Business Mailing Address

Street Address: P.O. Box 95120

P.O. Box: _____

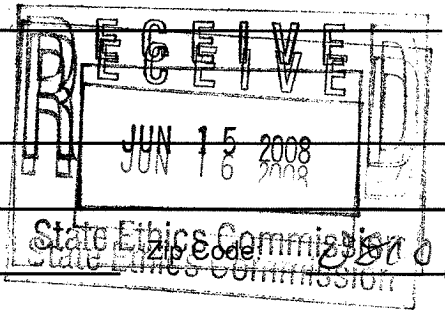
City: Cranford State: NJ

Email Address: _____

Position Held: ~~Deputy Director~~ Commissioner

Department or Agency: Delaware Valley Regional Planning Commission

Daytime Telephone Number: 856-757-7135



Other compensated or uncompensated governmental positions you hold:

City of Cranford, Dept of Development and Planning - Deputy Director / 2007 Officer
Board of Chesilhurst, zoning officer
NJ

b. Please list below any occupation, trade, business, profession or employment engaged in by you, your spouse, your domestic partner, or your dependent children.

Pastor, Word of Faith Christian Fellowship, PA
Chairman, Word of Faith Development Partnership, LLC
Judges University - Cranford
Cranford County College

Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation (e.g., law, real estate, engineering, medicine, plumbing)? If yes, please so indicate:

License	License is active	License is inactive
<u>NJ Professional Planner</u>	<u>Yes</u>	

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Do you have any personal contractual or business relationship with another officer or employee or special State officer or employee of your agency?

Yes

No

If yes, please explain.

Commissioner - Delaware Valley Regional Planning Commission - No business relationships with employees from this State agency.

c. State Employment - Relatives

For the purposes of this question, "relative" means your spouse or your or your spouse's parent, child, brother, sister, aunt, uncle, niece, nephew, grandparent, grandchild, son-in-law, daughter-in-law, stepparent, stepchild, stepbrother, stepsister, half brother or half sister, whether the relative is related to you or your spouse by blood, marriage or adoption.

1. Is any relative employed in a State office or position?

Yes

No

2. If yes, name of relative(s) and employing agency.

3. Do you exercise authority, supervision or control (including personnel actions) over the individual(s) named above?

Yes

No

d. Ethics Training

1. Have you completed ethics training?

Yes

No

2. If yes, indicate nature of training:

in-person

on-line

3. If in-person, training provided by:

agency

State Ethics Commission

4. Date training completed

2007 (Spring)

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e. Assets

List all assets, both tangible and intangible, in which you, your spouse, your domestic partner or your dependent children hold an interest as of the date of this statement.

Identify assets with check mark. Do not indicate dollar value. If asset is held jointly, place a check mark in the Public Officer box. The word "joint" should then be noted in the Spouse/Domestic Partner box.

Please fill in each line; indicate not applicable with "N/A" or "None."

ASSETS (Valued at more than \$1,000)	Public Officer:	Spouse/ Domestic Partner:	Dependent Children:
CASH ON HAND IN BANK	✓	✓	
NOTES RECEIVABLE- Indicate Nature of Note on Item h.5 on page 4.			
ACCOUNTS RECEIVABLE - Indicate Nature of Account on Item h.5 on page 4.			
GOVERNMENT BONDS Itemize on Schedule A			
STOCKS & CORPORATE BONDS (Include Mutual Funds) Itemize on Schedule A	✓	✓	
INTEREST IN CONTRACTS WITH GOVERNMENT INSTRUMENTALITIES Itemize on Schedule B			

ASSETS (Valued at more than \$1,000)	Public Officer:	Spouse/ Domestic Partner:	Dependent Children:
REAL ESTATE INTERESTS- Itemize on Schedule C	✓		
LIFE INSURANCE	✓	✓	
PENSION FUND (include IRA, Keogh, Annuities, State Pension, etc.)	✓	✓	
VEHICLES	✓	✓	
OTHER ASSETS (Itemize Below)			

f. Are you, your spouse, your domestic partner or your dependent children a party to a blind trust agreement? If yes, please provide the name and address of the Trustee.

Yes

No

Name: _____

Address: _____

g. Do you, your spouse or your domestic partner have any interest in any closely held corporation, partnership, sole proprietorship, or similar business entity?

Yes

No

If yes, itemize on Schedule D.

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h. Income

Public officers, their spouses or their domestic partners, and dependent children must indicate the source of their incomes. Public officers filing before July 1 of any year must provide this information for the preceding calendar year. Public officers filing after July 1 of any year must provide this information for the 12-month period prior to filing. Income from any source totaling less than \$1,000 need not be disclosed. The following gifts need not be reported: (1) cash gifts of less than \$100 in the aggregate received from a person, (2) non-cash gifts with fair market value of less than \$200 in the aggregate received from a person, and (3) gifts of less than \$3,000 in the aggregate received from a relative. Please fill in each line; indicate not applicable with "N/A" or "None."

Indicate sources of income with a check mark. Do not indicate dollar value.

	Public Officer:	Spouse/ Domestic Partner:	Dependent Children:
1. All compensated employment of whatever nature, including current State or other employment. Please list commencement and, if applicable, termination date. Be sure to include the name of the employer(s):			
<i>8/87 9/93 9/91</i>			
<i>City of Camden, Rutgers Univ, Camden Co College</i>	X		
<i>Board of Chesilhurst 1/2008, Board of Cmty Chvrch 5/2012</i>	X		
<i>Wachovia Bank 5/87</i>		X	
2. All directorships and other fiduciary positions for which compensation has or will be received:			
3. All contractual arrangements producing or expected to produce income, including but not limited to buyout agreements and severance payments:			
4. All capital gains: (Itemize on Schedule E)			
5. All honoraria, lecture fees, gifts and other gratuities (cash or non-cash) and other miscellaneous sources of income, including but not limited to Social Security and pensions, interest, dividends, royalties, rents and accounts and notes receivable:			

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j. Liabilities:

List all of your liabilities and those of your spouse, your domestic partner or your dependent children and identify the creditor. List value class of liabilities of public officer and spouse or domestic partner only. Include all liabilities that have been forgiven by any creditor within the last twelve months, stating the name of the creditor to whom the liability was owed. Liabilities include, but are not limited to, notes, accounts payable, past due taxes, mortgages or liens, and loans on life insurance.

The following liabilities need not be reported: less than \$10,000 owed to a relative; less than \$1,000 owed to any other person; loans secured by a personal motor vehicle, household furniture or appliances where the loan did not exceed the purchase price of the item and the outstanding balance did not exceed \$10,000 as of the close of the preceding calendar year; and revolving charge accounts where the outstanding liability did not exceed \$10,000 as of the close of the preceding calendar year. Indicate not applicable with "N/A" or "None."

Description (Type of obligation and nature of security, if any)	Creditor	Value Class	Check if Forgiven in Past 12 Months	Obligation of : (check)		
				Public Officer:	Spouse / Domestic Partner:	Dependent Children:
TD Bank Natta (Home)	(Real Estate)	B		X		
Huntington Mortgage	(Real Estate)	D		X		
American Express	Cred of Card	B		X		
Chase	Credit Card	B		X		
SAKS FIFTH	Credit Card	B		X		
Chase	Student loan	C		X		
American Express	Credit Card	A			X	

VALUE CLASS
 A = greater than \$1,000 but not more than \$5,000
 B = greater than \$5,000 but not more than \$25,000
 C = greater than \$25,000 but not more than \$50,000
 D = greater than \$50,000 but not more than \$100,000
 E = greater than \$100,000 but not more than \$250,000
 F = greater than \$250,000 but not more than \$500,000
 G = greater than \$500,000

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SCHEDULE A - STOCKS AND BONDS HELD

List the type of securities owned by you, your spouse, your domestic partner or your dependent children; list the name of the company, mutual fund, holding company or government agency issuing the stocks and bonds. If your ownership interest exists through a mutual fund or holding company, you need not list the individual stocks so owned; you must, however, list the mutual fund or holding company. If your ownership interest exists through a beneficial interest in a trust, list the stocks and bonds so owned if you have such knowledge; otherwise list the name of the trustee. Do not indicate dollar value.

Indicate not applicable with "N/A" or "None."

Type of Security (Stock or Bond)	Name of Issuing Company, Mutual Fund, Holding Company or Government Agency	Held by:(check)			Percentage Ownership*
		Public Officer:	Spouse / Domestic Partner:	Dependent Children:	
STOCK + Bond	American Century Funds	✓			
STOCK + Bond	Vanguard Funds	✓			
STOCK + Bond	Wells Fargo Funds	✓			
STOCK + Bond	Adiaire - Bernstein Perks	✓			
STOCK	Norfolk's	✓			
STOCK	Solva	✓			
STOCK	Washington Gas Co	✓			
STOCK	AFLAC	✓			
STOCK	Repsco	✓			
STOCK	Yum	✓			
STOCK	BB+T	✓			
STOCK	AIM Technology	✓			

*Individuals who own more than 10% of the total stock of any company must disclose the percentage of ownership.

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SCHEDULE C - REAL ESTATE INTERESTS

1. List all of your real estate holdings and those of your spouse or domestic partner and dependent children. New Jersey real estate holdings must include the county, size, and current use of any real property in which any direct, indirect, vested or contingent interest is held by you, your spouse or domestic partner or dependent children, along with the names of all individuals or entities who share a direct or indirect interest therein. Note if real estate interest is outside New Jersey. Indicate not applicable with "N/A" or "None."

County	Size (Acreage or Sq.Ft.)	Individuals or Entities Sharing Interest	Current Use*	Acquisition Date	Held by: (check)		
					Public Employee:	Spouse / Domestic Partner:	Dependent Children:
Camden	2,600	Edward Williams	Residence	5/94	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camden	20,050	Edward Williams	Residence	8/98	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Specify if commercial, industrial, residential, rental, farm or vacant.

2. Do any of the individuals who are listed above as sharing a real estate interest with the public officer, spouse, domestic partner or dependent children of the public officer work for the same State agency as the public officer? If so, identify the individuals.

Supervisor / Subordinate Relationship? Yes No

Name:

3. List the name of any government instrumentality that is a tenant in 1. above and any government instrumentality that has before it an application, complaint or proceeding directly affecting any real property listed above.

County	Government Instrumentality Tenant	Government Instrumentality with Proceeding Pending

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SCHEDULE D - INTEREST IN CLOSELY HELD CORPORATIONS OR SIMILAR BUSINESS ENTITIES

If you, your spouse or your domestic partner have any interest in any closely held corporation, partnership, sole proprietorship, or similar business entity, please provide the requested information for each business entity. "Interest" means ANY ownership or control of ANY profits or assets of such business entity. Indicate not applicable with "N/A" or "None."

Interest Held By: Public Officer Spouse Domestic Partner

BUSINESS NAME: Word of Faith Christian Fellowship

ADDRESS: P.O. Box 2721

CITY: Cranford STATE: NJ

General description of business activity of entity:

Church organization for religious purposes

Duties and responsibilities of your State position:

Commission - Delaware Valley Regional Planning Commission

BUSINESS NAME: Word of Faith Investment Partners, LLC

ADDRESS: P.O. Box 2721

CITY: Cranford STATE: NJ

General description of business activity of entity:

Investment club based on religious principles.

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

General description of business activity of entity:
