

**FINANCIAL DISCLOSURE STATEMENT
FOR PUBLIC EMPLOYEES**

INSTRUCTIONS:

Public Employees must complete this form in full. Public officers, including members of certain State boards, commissions, authorities and public corporations, are not required to complete this form, but must complete and file form FDS06/2.

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: April 24, 2006 Filing Year: 2006

First Name: Gloria M.I. _____

Last Name: Montealegre

State Office Address

Street Address: 125 W. State Street

P.O. Box: _____

City: Trenton State: NJ Zip Code: 08625

State Email Address: Gloria.Montealegre@gov.state.nj.us

Position: Deputy Press Secretary Office Telephone Number: 609-777-2600

Department or Agency: **Office of the Governor**

Other compensated or uncompensated governmental positions you hold:

N/A

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

PE- Governor's Office

Spouse- U.S. Department of Transportation

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 |
|---------|-------------------|---------------------|
| N/A | | |
| | | |
| | | |
| | | |

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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? If yes, please explain.

YES NO

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 an office or position in the unclassified service of the civil service of the State?

YES NO

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

Sonia Barria, Court Administrator, Town of Dover (Morris County)

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

YES NO

d. 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. March 28, 2006

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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, valued as of the date of this statement; provided, however, that when the value cannot be determined as of that date, a separate valuation date shall be specified for the particular asset. Public employees and their spouses or their domestic partners must indicate the value of the asset in accordance with the value classifications listed below. Assets held by dependent children must be identified but need not be valued. Please fill in each line; indicate not applicable with "N/A" or "None."

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

| ASSETS (Valued at more than \$1,000) | Public Employee: Indicate Value Class | Spouse / Domestic Partner: Indicate Value Class | Dependent Children: Check If Asset is Held |
|--|---|--|--|
| REAL ESTATE INTERESTS- Itemize on Schedule C | C | C | N/A |
| ACCUMULATED CASH VALUE OF LIFE INSURANCE | C | D | N/A |
| TOTAL VALUE OF PENSION FUND (Include IRA, Keogh, Annuities, State Pension, etc.) | D | C | N/A |
| VEHICLES | A | B | N/A |
| OTHER ASSETS (Itemize Below) | | | |
| | | | |
| | | | |
| | | | |

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

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 B.

h. Income: Public employees, their spouses or their domestic partners must indicate the source and the value class of their incomes. The sources of income of dependent children must be identified, but the value class of income need not be disclosed. Public employees filing before July 1 of any year must provide this information for the preceding calendar year. Public employees 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."

| <p style="text-align: center;">VALUE CLASS</p> <p>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</p> | Public Employee: Indicate Value Class | Spouse / Domestic Partner : Indicate Value Class | Dependent Children: Check to Designate Source |
|---|---------------------------------------|--|---|
| 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). PE- NJ Board of Public Utilities-12/02-7/05, PE-Corzine for Governor 7/05-11/05; | B | | N/A |
| PE- NJ State Democratic Committee 12/05-1/16/06 | A | | |
| Spouse- CONRAIL 4/76 | | D | |
| 2. All directorships and other fiduciary positions for which compensation has or will be received: Spouse-Assistant Vice General Chairman of United Transportation Union | N/A | A | N/A |
| 3. All contractual arrangements producing or expected to produce income, including but not limited to buyout agreements and severance payments : | N/A | N/A | N/A |
| 4. All capital gains: (Itemize on Schedule D) | N/A | N/A | N/A |
| 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 : | | N/A | N/A |
| Jon S. Corzine | A | | |
| Rent | A | | |

i. List any offices, trusteeships, directorships or positions of any nature, whether compensated or uncompensated, held by you, your spouse, your domestic partner or dependent children, with any firm, corporation, association, partnership or business. If such firm, corporation, association, partnership or business does business with a casino or does business with the State, or is regulated, licensed or inspected by any State agency, please identify the State agency or casino.

| Position Held | Firm, Corporation, Association, Partnership or Business | State Agency | Casino | Indicate whether held by public employee, spouse, domestic partner, or dependent children. |
|-----------------------|---|--------------|--------|--|
| Latino Advisory Board | Newark Museum | NO | NO | Public Employee |
| Latino Advisory Board | New Jersey Performing Arts Center | NO | NO | Public Employee |
| Board Member | CIMA International Awards (in Communication) | NO | NO | Public Employee |
| Board Member | Hispanic Research & Information Center | NO | NO | Public Employee |

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SCHEDULE B - INTEREST IN CLOSELY HELD CORPORATIONS OR SIMILAR BUSINESS ENTITIES/PURCHASES, SALES CONTRACTS OR AGREEMENTS WITH GOVERNMENT INSTRUMENTALITIES

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 Employee Spouse Domestic Partner

BUSINESS NAME: N/A

ADDRESS: _____

CITY: _____ STATE: _____

(Use a separate sheet to list additional business entities.)

General description of business activity of entity:

Duties and responsibilities of State position:

GOVERNMENT INSTRUMENTALITIES:

Does entity or entities identified above do business with any of the following? "Doing Business" means business or commercial transactions involving the sale, conveyance, or rental of any goods or services, and does not include such activities as compliance with regulatory procedures. In addition, if you indicated on page 3, **Assets**, that you, your spouse, your domestic partner, or dependent children have an interest in a contract with a government instrumentality, please check the appropriate instrumentality.

| | YES* | NO |
|---|--------------------------|-------------------------------------|
| State of New Jersey | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| New Jersey Local Government Entity | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Interstate Entity (New Jersey membership) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**If you checked "yes " for any of the above, please provide documentation regarding such business activities.*

Is the purchase, sale, contract, or agreement with the governmental entity subject to public notice and competitive bidding?

YES NO

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SCHEDULE C - REAL ESTATE INTERESTS

1. List all of your real estate holdings, 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. Indicate not applicable with "N/A" or "None."

| County | Size | Individuals or Entities Sharing Interest | Current Use* | Acquisition Date | Held by: (check) | | | Indicate Value Class if Held by | |
|-----------------|------------|--|---------------|------------------|------------------|---------------------------|--------------------|---------------------------------|---------------------------|
| | | | | | Public Employee | Spouse / Domestic Partner | Dependent Children | Public Employee | Spouse / Domestic Partner |
| Union | 50X100 lot | PE & spouse | residential | 1988 | X | X | N/A | E | E |
| Pinellas County | 600 sq.ft | Laura F. Montealegre | vacant/rental | 2003 | X | N/A | N/A | D | N/A |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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- F = greater than \$250,000 but not more than \$500,000
- G = greater than \$500,000

2. Do any of the individuals who are listed above as sharing a real estate interest with the public employee, spouse, domestic partner or dependent children of the public employee work for the same State agency as the public employee? If so, identify the individuals and indicate if there is a supervisor/subordinate relationship between the public employee and the individual.

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 |
|--------|-----------------------------------|--|
| N/A | | |
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Are you filing electronically? Yes No

ATTESTATION

I hereby certify that I have read the foregoing statement and any addendum pages attached thereto and to the best of my knowledge and belief, they are true, correct and complete and that I have not and will not transfer any asset, interest or property for the purpose of concealing it from disclosure while retaining an equitable interest therein.

Enter your full name:

Gloria Montealegre

This Financial Disclosure Statement was prepared by (check one):

- Public Employee
 - Spouse
 - Domestic Partner
 - Other (Please identify)
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