

**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 26 Filing Year: 2006

First Name: Catherine M.I. M.

Last Name: Scangarella

State Office Address

Street Address: <u>20 West State Street, 4th Floor</u>			
P.O. Box: _____			
City: <u>Trenton</u>	State: <u>New Jersey</u>	Zip Code: <u>08648</u>	

State Email Address: cathy.scangarella@commerce.state.nj.us

Position: Vice President, Marketing Office Telephone Number: 609-984-6677

Department or Agency: **Commerce, Economic Growth and Tourism Commission**

Other compensated or uncompensated governmental positions you hold:

none

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.

spouse: Director of Legal Affairs, New Jersey Water Supply Authority, Clinton, NJ.

son: Peggy Sue's Ice Cream Parlor, Lawrenceville, NJ

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.

Spouse: Director of Legal Affairs, New Jersey Water Supply Authority, Clinton, NJ.

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. Last Training: September 19, 2005

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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	d	d	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	a	a	x
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	f	f	n/a
ACCUMULATED CASH VALUE OF LIFE INSURANCE	c	c	n/a
TOTAL VALUE OF PENSION FUND (Include IRA, Keogh, Annuities, State Pension, etc.)	d	e	n/a
VEHICLES	b	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."

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	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). NJ Commerce, Economic Growth & Tourism Commission	d		
NJ Water Supply Authority		d	
2. All directorships and other fiduciary positions for which compensation has or will be received: Ann Marie Sanfratello Trust		a	
3. All contractual arrangements producing or expected to produce income, including but not limited to buyout agreements and severance payments : none			
4. All capital gains: (Itemize on Schedule D) none			
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 : none			

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.
Board Member	Lawrenceville MainStreet	no	no	spouse
Director	Citizens for Education	no	no	spouse
President	LawrenceWood Homeowners Association	no	no	public employee
President	Front Porch Investors	no	no	spouse

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 employee 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 Employee	Spouse / Domestic Partner	Dependent Children
Car Loan	Volkswagon Finance	B		x	x	
home mortgage	Citizens Bank	E		x	x	
credit card	Capitol One Visa	<A	x	x	x	
credit card	American Express	<A	x	x		
home equity loan	Chapter Bank	D		x	x	

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