FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC EMPLOYEES

INSTRUCTIONS:

Public Employees must complete this form in full and file it electronically. 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 FDS07/2.

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: 04/02/2007 Filing Year: **2007**

First Name: **Maggie** M.I. --------

Last Name: **Aguero**

State Office Address

Street Address: Stuyvesant Avenue & Whittlesey Road

P.O. Box: 863

City: Trenton State: New Jersey Zip Code: 08625-0863

Position Held: Director

Department or Agency: **Department of Corrections**

Other compensated or uncompensated governmental positions you hold:

N/A

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

Domestic Partner - Attorney

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
Domestic Partner - Attorney at Law	X	

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.

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: 10/25/02 and again on 4/10/06

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; 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. If asset is held jointly, the value class of the asset should be disclosed in the Public Employee 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 Employee: Indicate Value Class	Spouse/ Domestic Partner: Indicate Value Class	Dependent Children: Check if Assest is Held
CASH ON HAND IN BANK	E		
NOTES RECEIVABLE- Indicate Nature of Note on Item h.5 on page 4.	None		
ACCOUNTS RECEIVABLE - Indicate Nature of Account on Item h.5 on page 4.	None		
GOVERNMENT BONDS Itemize on Schedule A	E		
STOCKS & CORPORATE BONDS (Include Mutual Funds) Itemize on Schedule A	E		
INTEREST IN CONTRACTS WITH GOVERNMENT INSTRUMENTALITIES Itemize on Schedule B	None		

ASSETS (Valued at more than $1,000)	Public Employee: Indicate Value Class	Spouse/ Domestic Partner: Indicate Value Class	Dependent Children: Check if Assest is Held
REAL ESTATE INTERESTS- Itemize on Schedule C	G		
ACCUMULATED CASH VALUE OF LIFE INSURANCE	F		
TOTAL VALUE OF PENSION FUND (include IRA,Keogh, Annuities, State Pension, etc.)	G		
VEHICLES	B		
OTHER ASSETS (Itemize Below)			
None			

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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."

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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 if Assest is Held
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):			
Began state employment on 4/4/1977	E		
**Retirement Date 06/01/2007			
2. All directorships and other fiduciary positions for which compensation has or will be received:			
None			
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 E)			
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.
None				

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:
Mortgage	North Fork Bank	D		X	X	

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SCHEDULE A - STOCKS AND BONDS HELD

List the type and value class of securities owned by you, your spouse or your domestic partner; list the type of stocks and bonds of 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. Indicate not applicable with "N/A" or "None."

		Held by:(check)			Indicate Value Class if Held by		
Type of Security (Stock or Bond)	Name of Issuing Company, Mutual Fund, Holding Company or Government Agency	Public Employee:	Spouse / Domestic Partner:	Dependent Children:	Public Employee:	Spouse / Domestic Partner:	Percentage Ownership*
Stock	3M COMPANY	X			A		50%
Stock	ALLEGHENY ENERGY INC	X			A		50%
Stock	AMBAC FINL GROUP INC	X			A		50%
Stock	AMERICAN FINL GROUP INC OHIO	X			A		50%
Stock	AMERICREDIT CORP	X			A		50%
Stock	AMPHENOL CORP CLASS A	X			A		50%
Stock	ANADARKO PETROLEUM CORP	X			A		50%
Stock	ASSURANT INC	X			A		50%
Stock	AUTOZONE INC	X			A		50%
Stock	AVNET INC	X			A		50%
Stock	BED BATH & BEYOND	X			A		50%
Stock	CAMERON INTERNATIONAL CORP	X			A		50%
Stock	CARDINAL HEALTH INC	X			A		50%
Stock	CARMAX INC	X			A		50%
Stock	CHUBB CORP	X			A		50%
Stock	CIT GROUP INC NEW	X			A		50%
Stock	COGNIZANT TECH SOLUTIONS CL A	X			A		50%

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

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G = greater than $500,000

SCHEDULE B - 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 Employee ☐ Spouse ☐ Domestic Partner

Business Name: N/A

Address:

City: State:

General description of business activity of entity:

Duties and responsibilities of your State position:

GOVERNMENT INSTRUMENTALITIES:

Does entity 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	☐	☑
New Jersey Local Government Entity	☐	☑
Interstate Entity (New Jersey membership)	☐	☑

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

Is the purchase, sale, contract, or agreement with the government entity subject to public notice and competetive bidding? ☐ Yes ☐ No

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:	Held by: (check) Spouse / Domestic Partner:	Held by: (check) Dependent Children:	Indicate Value Class if Held by Public Employee:	Indicate Value Class if Held by Spouse / Domestic Partner:
Bucks-PA	3500' sq.ft	Martha Lester	Residence	1987	X	X		F	F
Dade-FLA	600' Sq. ft.	Martha Lester	Vacation	1993	X	X		E	E
		and Dagmara Pablo							
		Aguero							

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

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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		

SCHEDULE D - CAPITAL GAINS

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

Item Sold	Description (e.g., real property, stock name)	Date Acquired	Date Sold	Name of Purchaser If Known	Gain Received By: (check) Public Employee:	Spouse / Domestic Partner:	Dependent Children:
Stock	Smith Barney/MDT Advisers	various	various in	NYSE/NASDAQ	X		
	Managed Equity Account	2003 -	2006				
		2006					

Are you filing electonically? ☑ Yes ☐ No

ATTESTATION

I hereby certify that I have read the foregoing statement and any addendum pages attached hereto and to the best of my knowledge and belief, they are true, correct and complete. I further certify 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. I understand that I am subject to penalties for perjury.

Enter your full name: MAGGIE AGUERO

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

☑ Public Employee

☐ Spouse

☐ Domestic Partner

☐ Other (Please identify) _____

Code# 3835

SCHEDULE A - STOCKS AND BONDS HELD

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		Held by:(check)			Indicate Value Class if Held by		
Type of Security (Stock or Bond)	Name of Issuing Company, Mutual Fund, Holding Company or Government Agency	Public Employee:	Spouse / Domestic Partner:	Dependent Children:	Public Employee:	Spouse / Domestic Partner:	Percentage Ownership*
Stock	COMERICA INC	X			A		50%
Stock	COMMERCIAL METALS CO	X			A		50%
Stock	COMPUTER SCIENCES CORP	X			A		50%
Stock	COSTCO WHOLESALE CORP NEW	X			A		50%
Stock	DANAHER CORP DE	X			A		50%
Stock	DEVON ENERGY CORP NEW	X			A		50%
Stock	DISCOVERY HOLDING CO CL A	X			A		50%
Stock	EBAY INC	X			A		50%
Stock	EDISON INTERNATIONAL	X			A		50%
Stock	EMBARQ CORP	X			A		50%
Stock	FIFTH THIRD BANCORP	X			A		50%
Stock	FIRST MARBLEHEAD CORP	X			A		50%
Stock	FISERV INC	X			A		50%
Stock	GENENTECH INC	X			A		50%
Stock	INTERNATIONAL GAME TECHNOLOGY	X			A		50%
Stock	JPMORGAN CHASE & C0	X			A		50%
Stock	KELLOGG CO	X			A		50%

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		Held by:(check)			Indicate Value Class if Held by		
Type of Security (Stock or Bond)	Name of Issuing Company, Mutual Fund, Holding Company or Government Agency	Public Employee:	Spouse / Domestic Partner:	Dependent Children:	Public Employee:	Spouse / Domestic Partner:	Percentage Ownership*
Stock	KEYCORP -NEW	X			A		50%
Stock	KIMBERLY CLARK CORP	X			A		50%
Stock	LABORATORY CORP AMER HLDGS NEW	X			A		50%
Stock	LOEWS CORP	X			A		50%
Stock	MBIA INC	X			A		50%
Stock	MCGRAW HILL COS INC	X			A		50%
Stock	MEADWESTVACO CORP	X			A		50%
Stock	MEDCO HEALTH SOLUTIONS INC	X			A		50%
Stock	MEDTRONIC INC	X			A		50%
Stock	MOODY'S CORPORATION	X			A		50%
Stock	NETWORK APPLIANCE INC	X			A		50%
Stock	OMNICOM GROUP INC	X			A		50%
Stock	P G & E CORPORATION	X			A		50%
Stock	PHELPS DODGE CORP	X			A		50%
Stock	PMI GROUP	X			A		50%
Stock	POWERSHARES DYNAMIC SMALL CAP	X			A		50%
Stock	PROGRESSIVE CORP-OHIO	X			A		50%

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		Held by:(check)			Indicate Value Class if Held by		
Type of Security (Stock or Bond)	Name of Issuing Company, Mutual Fund, Holding Company or Government Agency	Public Employee:	Spouse / Domestic Partner:	Dependent Children:	Public Employee:	Spouse / Domestic Partner:	Percentage Ownership*
Stock	PULTE HOMES INC	X			A		50%
Stock	RAYTHEON COMPANY NEW	X			A		50%
Stock	REINSURANCE GROUP OF AMERICA	X			A		50%
Stock	ROBERT HALF INTERNATIONAL INC	X			A		50%
Stock	ROCKWELL COLLINS INC	X			A		50%
Stock	SAFECO CORP	X			A		50%
Stock	ST JUDE MEDICAL INC	X			A		50%
Stock	TARGET CORP	X			A		50%
Stock	TEMPLE INLAND INC	X			A		50%
Stock	TESORO CORP	X			A		50%
Stock	UNIONBANCAL CORP	X			A		50%
Stock	VALERO ENERGY CORP-NEW	X			A		50%
Stock	VIACOM INC NEW CLASS B	X			A		50%
Stock	VULCAN MATERIALS CO	X			A		50%
Stock	W R BERKLEY CORP	X			A		50%
Stock	YUM BRANDS INC	X			A		50%
Stock	***CENTRAL FUND OF CANADA LTD	X			B		50%

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		Held by:(check)			Indicate Value Class if Held by		
Type of Security (Stock or Bond)	Name of Issuing Company, Mutual Fund, Holding Company or Government Agency	Public Employee:	Spouse / Domestic Partner:	Dependent Children:	Public Employee:	Spouse / Domestic Partner:	Percentage Ownership*
Stock	***SCHLUMBERGER LTD	X			B		50%
Stock	ALLSTATE CORP	X			B		50%
Stock	AMERICAN INTL GROUP INC	X			B		50%
Stock	APPLE INC	X			B		50%
Stock	BLDRS EMERGING MKTS 50 ADR	X			B		50%
Stock	CHEVRON CORP	X			B		50%
Stock	COACH INC	X			B		50%
Stock	COMCAST CORP CL A	X			B		50%
Stock	DEERE & CO	X			B		50%
Stock	ENSCO INTERNATIONAL INC	X			B		50%
Stock	GENERAL ELECTRIC CO	X			B		50%
Stock	HARTFORD FINL SVCS GROUP INC	X			B		50%
Stock	HOME DEPOT INC	X			B		50%
Stock	LEHMAN BROTHERS HOLDINGS INC	X			B		50%
Stock	MARATHON OIL CORP	X			B		50%
Stock	MERRILL LYNCH & CO INC	X			B		50%
Stock	METLIFE INC	X			B		50%

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		Held by:(check)			Indicate Value Class if Held by		
Type of Security (Stock or Bond)	Name of Issuing Company, Mutual Fund, Holding Company or Government Agency	Public Employee:	Spouse / Domestic Partner:	Dependent Children:	Public Employee:	Spouse / Domestic Partner:	Percentage Ownership*
Stock	MORGAN STANLEY	X			B		50%
Stock	NORFOLK SOUTHERN CORP	X			B		50%
Stock	POWERSHARES DYNAMIC MID CAP	X			B		50%
Stock	POWERSHARES DYNAMIC MID CAP	X			B		50%
Stock	POWERSHARES DYNAMIC SMALL CAP	X			B		50%
Stock	PROCTER & GAMBLE CO	X			B		50%
Stock	SEARS HOLDINGS CORPORATION	X			B		50%
Stock	ST PAUL TRAVELERS COS INC	X			B		50%
Stock	SUNTRUST BANKS INC	X			B		50%
Stock	TIME WARNER INC	X			B		50%
Stock	VALERO ENERGY CORP-NEW	X			B		50%
Stock	WELLPOINT INC	X			B		50%
Stock	WHITING PETROLEUM CORP NEW	X			B		50%
Stock	ISHARES TR MSCI EAFE INDEX FD	X			C		50%

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G = greater than $500,000

SCHEDULE A - STOCKS AND BONDS HELD

List the type and value class of securities owned by you, your spouse or your domestic partner; list the type of stocks and bonds of 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. Indicate not applicable with "N/A" or "None."

		Held by:(check)			Indicate Value Class if Held by		
Type of Security (Stock or Bond)	Name of Issuing Company, Mutual Fund, Holding Company or Government Agency	Public Employee:	Spouse / Domestic Partner:	Dependent Children:	Public Employee:	Spouse / Domestic Partner:	Percentage Ownership*
Bond	BUTLER CNTY PA Coupon 6% 07/15/08	X			B		50%
Bond	CHESTER CNTY PA Coupon 5% Mature 09/01/10	X			B		50%
Bond	LEHIGH CNTY PA RFDGCoupon 5% Mature11/15/07	X			B		50%
Bond	LOWER MERION PA SCH DISTCoupon 5% 05/15/07	X			B		50%
Bond	NAZARETH PA REA SCH DIST SER 4.75% 02/15/11	X			B		50%
Bond	NORRISTOWN PA SCH DIST Coupon 5% 09/01/11	X			B		50%
Bond	PENNSYLVANIA ST HIGHER EDL 5% 09/01/12	X			B		50%
Bond	PENNSYLVANIA ST HIGHER EDL 5% 09/01/13	X			B		50%
Bond	PENNSYLVANIA ST RFDG Coupon 5% 10/01/09	X			B		50%
Bond	PENNSYLVANIA ST UNIV Coupon 5.25% 08/15/12	X			B		50%
Bond	SWARTHMORE BORO PA Coupon 5.5% 09/15/11	X			B		50%
Bond	PENNSYLVANIAST HGHR ED Coupon 5.5%11/15/08	X			C		50%
Bond	PENNSYLVANIAST RFDG & Coupon 5.25% 02/01/11	X			C		50%
Mutual Fund	FRANKLIN INCOME FUND CLASS C	X			B		50%

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

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