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: 5/10/07 Filing Year: **2007**

First Name: **Thomas** M.I. **J**

Last Name: **Cozzi**

State Office Address

Street Address: 3 Warwick Dr.

P.O. Box:

City: Manalapan State: NJ Zip Code: 07726

Position Held: Assistant Director, Site Remediation

Department or Agency: **Department of Environmental Protection**

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.

spouse: Youth Director for Hope Lutheran Church

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		

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: _____

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	B	A	A
NOTES RECEIVABLE- Indicate Nature of Note on Item h.5 on page 4.	N/A	-	-
ACCOUNTS RECEIVABLE - Indicate Nature of Account on Item h.5 on page 4.	N/A	-	-
GOVERNMENT BONDS Itemize on Schedule A	B	-	-
STOCKS & CORPORATE BONDS (Include Mutual Funds) Itemize on Schedule A	C	-	-
INTEREST IN CONTRACTS WITH GOVERNMENT INSTRUMENTALITIES Itemize on Schedule B	N/A		

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	F	-	-
ACCUMULATED CASH VALUE OF LIFE INSURANCE	N/A	-	-
TOTAL VALUE OF PENSION FUND (include IRA,Keogh, Annuities, State Pension, etc.)	C	-	-
VEHICLES	B	B	-
OTHER ASSETS (Itemize Below)			
COLLECTABLES	B	C	-

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 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):			
Thomas Cozzi: DEP	E		
Spouse Hope Lutheran Church		C	
2. All directorships and other fiduciary positions for which compensation has or will be received:			
n/a			
3. All contractual arrangements producing or expected to produce income, including but not limited to buyout agreements and severance payments:			
n/a			
4. All capital gains: (Itemize on Schedule E)			
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			

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.
Vice President	Council for Hope Lutheran Church	no	no	self

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:
Home Mortgage	Wells Fargo	F		X	X	
Pension Loan	PERs	B		X		
Credit Card	Capitol One	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

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*
EEE Savings Bon	USA	X	X	X	B	B	
Mutual Funds	Fidelity	X	X	-	C	C	

*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

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)			Indicate Value Class if Held by	
					Public Employee:	Spouse / Domestic Partner:	Dependent Children:	Public Employee:	Spouse / Domestic Partner:
Monmouth	1/2	spouse	residence	4/1/94	X	X	-	F	F

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

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

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

SCHEDULE D - CAPITAL GAINS

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

					Gain Received By: (check)		
Item Sold	Description (e.g., real property, stock name)	Date Acquired	Date Sold	Name of Purchaser If Known	Public Employee:	Spouse / Domestic Partner:	Dependent Children:
n/a							

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: Thomas J. Cozzi

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

☑ Public Employee

☐ Spouse

☐ Domestic Partner

☐ Other (Please identify) _____

Code# 3835