NJSEC FDS07/2

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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 FDS07/1.

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 Inform	nation		pon.12.		
Date of Stateme	ent: M	ay 1, 2007	Filing Year:	2007	
First Name:	Michele		M.I.	S	
Last Name:	Byers				
		Business Mailir	ng Address		
Street Address	s: 170 Longviev	N Road			
P.O. Box:					
City:	Far Hills	State:	NJ	Zip Code:	: 07931
Email Address	: michele@njc	onservation.org			
Position Held:		State Pla	anning Commission		
Department or	Agency: Departm	ent of Community Affairs	}		
Daytime Telep	hone Number:	908-234-1225		**************************************	
Other compen	sated or uncompens	sated governmental positions	you hold:		
Member, NJ T				ado Chian Paris Cortanio, e alto caracterio canació desdegueció se conservi	
er or de ante ante ante ante ante ante ante ant					editations come
The state of the s	n e esta de la discriminación de la composição de la comp		dad dad i dada saqah yi isa arang da dag da da da da isa isa isa isa isa isa isa isa isa is		
	ow any occupation, t ner, or your depende	rade, business, profession or nt children.	employment engaged	in by you, y	our spouse, your
Michele Byers	, Executive Director,	New Jersey Conservation Fo	oundation	, alphan magalandahada kang atamatay malay jelanda yakada da alama aya aya iya a jamay a	
000000000000000000000000000000000000000					
The second of the second secon		era suotatenera riivin monen sentatenera suotaten era et suota suota suota suotata suotata suotata suotata suo	5		
		ate agency that entitles you to gineering, medicine, plumbing			profession, trade or
		License	Licens	se is active	License is inactive
		N/A			

Do you have any personal contractual or employee of your agency?	usiness relationship with another officer or employee or special State officer or
☐ Yes ✓	No
If yes, please explain.	
c. State Employment - Relatives	
niece, nephew, grandparent, grandchild, s	" means your spouse or your or your spouse's parent, child, brother, sister, aunt, uncle on-in-law, daughter-in-law, stepparent, stepchild, stepbrother, stepsister, half brother of you or your spouse by blood, marriage or adoption.
1. Is any relative employed in a State office	e or position?
✓ Yes	No
2. If yes, name of relative(s) and employing	g agency.
3. Do you exercise authority, supervision of Yes	r control (including personnel actions) over the individual(s) named above?
d. Ethics Training	
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 2006

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	Х	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	Х	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 Officer:	Spouse / Domestic Partner:	Dependent Children:
REAL ESTATE INTERESTS- Itemize on Schedule C	×	n/a	n/a
LIFE INSURANCE	n/a	n/a	n/a
PENSION FUND (include IRA, Keogh, Annuities, State Pension, etc.)	Х	n/a	n/a
VEHICLES	×	n/a	n/a
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			

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.

mulcate sources of income with a check mark. Do not indicate dollar value.			
	Public Officer:	Spouse / Domestic	Dependent Children:
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):			
New Jersey Conservaton Foundation, 1982	Х		
All directorships and other fiduciary positions for which compensation has or will be received:			
N/A			
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 officer, spouse, domestic partner, or dependent children.
	N/A			
	·			

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."

				Obliga	tion of : (
Description (Type of obligation and nature of security, if any)	Creditor	Value Class	Check if Forgiven in Past 12 Months	Public Officer:	Spouse / Domestic Partner:	Dependent Children:
Mortgage	Magyar Savings Bank	F		Х		
- Address and the state of the						
	A 11-20-20-20-20-20-20-20-20-20-20-20-20-20-					

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 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."

		Held	d by:(ch	eck)	
Type of Security (Stock or Bond)	Name of Issuing Company, Mutual Fund, Holding Company or Government Agency	Public Officer:	Spouse / Domestic Partner:	Dependent Children:	Percentage Ownership*
	Stocks and Corporate Bonds	X			
	TIAA Cref Retirement Account	Х			
	ING Retirement 401k	X			
	TIAA Cref Mutual Funds	Х			
				·	

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

SCHEDULE B - INTERESTS IN CONTRACTS WITH GOVERNMENT INSTRUMENTALITIES

List below any direct or indirect interest, whether vested or contingent, held by you, your spouse, your domestic partner or dependent children, in any contract made or executed by a government instrumentality - (State, County, Municipality or other public agency in New Jersey). Indicate not applicable with "N/A" or "None."

Government Instrumentality	Description of Interest and Nature of Contract	Public Officer:	Spouse / Domestic Partner:	Dependent Children:
N/A				

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."

					Hel	d by: (ch	eck)
County	Size (Acreage or Sq.Ft.)	Individuals or Entities Sharing Interest	Current Use*	Acquisition Date	Public Employee:	Spouse / Domestic Partner:	Dependent Children:
Mercer	2.5 ac	N/A	Residential	1985	Х		

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

	endent children of the public office		_		ate agency as the public officer?
Superviso	r / Subordinate Relationship?	Yes		No	✓
Name:			gevenen never vys meneral en en en		
				······································	

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 - INTEREST IN CLOSELY HELD CORPORATIONS OR SIMILAR BUSINESS ENTITIES

proprietorship, or simila	ar business entity, please p ownership or control of AN	rovide the request	y closely held corporation, p. ed information for each busi of such business entity. Ind	ness entity.				
Interest Held By:	Public Officer	Spouse	Domestic Partner					
BUSINESS NAME:	N/A							
ADDRESS:								
CITY:	TY: STATE:							
General description of	business activity of entity:	obbasil inquest. Bak ninn jaal ka sa ka						
				PAR ADDRESS OF THE PARTY OF THE				
Duties and responsibili	ties of your State position:	ganadene vorende ze 2004 blike blir gened die Olishe Farit Olife end in derheitst getallig in der Anderson						
TO THE PARTY OF TH								
Transition of the state of the								
BUSINESS NAME:								
ADDRESS:								
CITY:		STA	ATE:					
General description of	business activity of entity:	enterprisente proposación de secucion de secución de s						
Barran, and support and the support of the support		aganta termingangang agan menggengganggangang menggenganan telih gigi mengan termi		and the second s				
BUSINESS NAME:								
ADDRESS:								
CITY:		STA	ATE:					
General description of	business activity of entity:							
				: //				
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SCHEDULE E - CAPITAL GAINS

dicate 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 Officer:	Spouse / Domestic Partner:	Dependent
	N/A						
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