

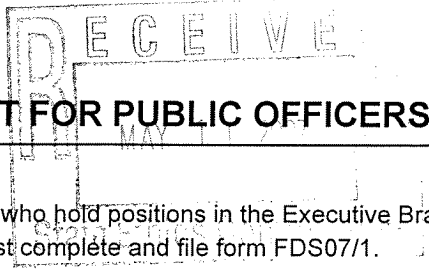
FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC OFFICERS

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 Information

Date of Statement: May 1, 2007 Filing Year: 2007

First Name: Michele M.I. S

Last Name: Byers

Business Mailing Address

Street Address: 170 Longview Road

P.O. Box: _____

City: Far Hills State: NJ Zip Code: 07931

Email Address: michele@njconservation.org

Position Held: State Planning Commission

Department or Agency: **Department of Community Affairs**

Daytime Telephone Number: 908-234-1225

Other compensated or uncompensated governmental positions you hold:

Member, NJ Trails Council

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

Michele Byers, Executive Director, New Jersey Conservation Foundation

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?

Yes

No

If yes, please explain.

[Empty text box for explanation]

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.

[Empty text box for relative and agency names]

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

March 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 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	X	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	X	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	X	n/a	n/a
LIFE INSURANCE	n/a	n/a	n/a
PENSION FUND (include IRA, Keogh, Annuities, State Pension, etc.)	X	n/a	n/a
VEHICLES	X	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.

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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.

	Public Officer:	Spouse / Domestic	Dependent Children:
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):			
New Jersey Conservaton Foundation, 1982	X		
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 officer, spouse, domestic partner, or dependent children.
	N/A			

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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."

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

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

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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."

Table with 7 columns: County, Size (Acreage or Sq.Ft.), Individuals or Entities Sharing Interest, Current Use*, Acquisition Date, and three columns under 'Held by: (check)'. Row 1: Mercer, 2.5 ac, N/A, Residential, 1985, Public Employee: X, Spouse / Domestic Partner: , Dependent Children: .

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

2. Do any of the individuals who are listed above as sharing a real estate interest with the public officer, spouse, domestic partner or dependent children of the public officer work for the same State agency as the public officer? If so, identify the individuals.

Supervisor / Subordinate Relationship? Yes [] No [X]

Name: [Empty text box]

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.

Table with 3 columns: County, Government Instrumentality Tenant, Government Instrumentality with Proceeding Pending. Row 1: N/A, , .

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SCHEDULE D - 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 Officer Spouse Domestic Partner

BUSINESS NAME: N/A

ADDRESS:

CITY: STATE:

General description of business activity of entity:

[Empty text box for general description of business activity]

Duties and responsibilities of your State position:

[Empty text box for duties and responsibilities of your State position]

BUSINESS NAME:

ADDRESS:

CITY: STATE:

General description of business activity of entity:

[Empty text box for general description of business activity]

BUSINESS NAME:

ADDRESS:

CITY: STATE:

General description of business activity of entity:

[Empty text box for general description of business activity]

