

Last Name: EDWARDS

State of New Jersey  
Department of Community Affairs

### Local Government Ethics Law Financial Disclosure Statement

Division of Local Government Services  
Local Finance Board

This Financial Disclosure Statement is required annually of all local government officers  
in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
(Please Type or Print)

Year: 2007

#### Section I. Personal Information - Local Government Officer

Local Government Served: Penns Basin County: Salisbury Other: \_\_\_\_\_

Municipality: Penns Basin

First Name: Ernie Middle: Ladell Last Name: BATTOS Suffix: \_\_\_\_\_

Spouse's First Name: Edward Middle: William Last Name: BATTOS Suffix: JR

Home Address: \_\_\_\_\_ Telephone Numbers (optional): \_\_\_\_\_

(optional) Home: \_\_\_\_\_ Business: \_\_\_\_\_

Agency: Penns Basin Scrabble's District Position Held: Treasurer Term Expires (if applicable): 12-09

1) Penns Basin Scrabble's District

2) Penns Basin Board Council Councilman Commission 12-07

3) Redevelopment Agency 12-07

#### Section II. Financial Information

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned or unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- | Name                           | Address                       | Self                                | Spouse                   | Dependent Name |
|--------------------------------|-------------------------------|-------------------------------------|--------------------------|----------------|
| 1) <u>RETIREMENT U.S. Army</u> |                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
| 2) <u>VA Disability</u>        |                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
| 3) <u>Board Council</u>        | <u>1 STATE ST PENNS BASIN</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
| 4) _____                       |                               | <input type="checkbox"/>            | <input type="checkbox"/> |                |
| 5) _____                       |                               | <input type="checkbox"/>            | <input type="checkbox"/> |                |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writings.
- | Name     | Address | Self                     | Spouse                   | Dependent Name |
|----------|---------|--------------------------|--------------------------|----------------|
| 1) _____ |         | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 2) _____ |         | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 3) _____ |         | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 4) _____ |         | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 5) _____ |         | <input type="checkbox"/> | <input type="checkbox"/> |                |

Last Name: BAYTOPS

First Name: Tami

Middle: L

(For DUES use only)  
Municode: \_\_\_\_\_

State of New Jersey  
Department of Community Affairs

Local Government Ethics Law  
Financial Disclosure Statement

Division of Local Government Services  
Local Finance Board

Section II. Financial Information - continued

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self	Spouse	Dependent Name
1)			<input type="checkbox"/>	<input type="checkbox"/>	
2)			<input type="checkbox"/>	<input type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	
5)			<input type="checkbox"/>	<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self	Spouse	Dependent Name
1)			<input type="checkbox"/>	<input type="checkbox"/>	
2)			<input type="checkbox"/>	<input type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	
5)			<input type="checkbox"/>	<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.


	Municipality	County	Block	Lot	Street Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1)	<u>REAR ROCK</u>	<u>SALISBURY</u>	<u>131</u>	<u>1</u>	<u>240 S. BRAD ST</u>	<u>100</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2)							<input type="checkbox"/>	<input type="checkbox"/>	
3)							<input type="checkbox"/>	<input type="checkbox"/>	
4)							<input type="checkbox"/>	<input type="checkbox"/>	
5)							<input type="checkbox"/>	<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

Section III. Certification

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

Date 2-15-01

  
Signature of Local Government Officer  
(Original Signature)

**Section I. Personal Information- Local Government Officer**

Local Government Served: Penas Grove  
 Municipality: Penas Grove County: Salem  
 First Name: Saef Middle: M Last Name: Bercute Suffix: \_\_\_\_\_  
 \* Spouse's First Name: Michael Middle: \_\_\_\_\_ Last Name: Bercute Suffix: \_\_\_\_\_  
 Home Address: 70 Delaware Ave Home: 856-299-8588 Telephone Numbers (optional)  
 (optional) Penas Grove, NJ 08069 Business: 856-299-4500

\* Spouse includes a Civil Union partner.

1. Penas Grove Council Agency Councilwoman Position Held 2009 Term Expires (if applicable)  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- | Name                    | Address   | Self Spouse                         | Dependent Name |
|-------------------------|---|-------------------------------------|----------------|
| 1. <u>Eckstein, Inc</u> | <u>62 North Broad St, Penas Grove, NJ 08069</u> | <input checked="" type="checkbox"/> |                |
| 2. _____                | _____   | <input type="checkbox"/>            |                |
| 3. _____                | _____   | <input type="checkbox"/>            |                |
| 4. _____                | _____   | <input type="checkbox"/>            |                |
| 5. _____                | _____   | <input type="checkbox"/>            |                |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- | Name           | Address | Self Spouse              | Dependent Name |
|----------------|---------|--------------------------|----------------|
| 1. <u>NONE</u> | _____   | <input type="checkbox"/> |                |
| 2. _____       | _____   | <input type="checkbox"/> |                |
| 3. _____       | _____   | <input type="checkbox"/> |                |
| 4. _____       | _____   | <input type="checkbox"/> |                |
| 5. _____       | _____   | <input type="checkbox"/> |                |

Last Name: BELCOTE  
State of New Jersey  
Department of Community Affairs

First Name: SOE T

Middle: M

(For DLGS use only)  
Municode: \_\_\_\_\_

**Local Government Ethics Law  
Financial Disclosure Statement**

Division of Local Government Services  
Local Finance Board

**Section II. Financial Information- continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

Name	Address	Self Spouse	Dependent Name
1. <u>None</u>		<input type="checkbox"/>	
2. _____		<input type="checkbox"/>	
3. _____		<input type="checkbox"/>	
4. _____		<input type="checkbox"/>	
5. _____		<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

Name	Address	Self Spouse	Dependent Name
1. _____		<input type="checkbox"/>	
2. _____		<input type="checkbox"/>	
3. _____		<input type="checkbox"/>	
4. <u>None</u>		<input type="checkbox"/>	
5. _____		<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1. <u>Penns Grove</u>	<u>Salem</u>			<u>3</u>	<u>7016 S.W. 54th Dr. Apt 102</u>	<u>100%</u>	<input checked="" type="checkbox"/>	
2. <u>Penns Grove</u>	<u>Salem</u>			<u>1</u>	<u>62 North Broad St. Rt. 115 08065</u>	<u>100%</u>	<input checked="" type="checkbox"/>	
3. _____							<input type="checkbox"/>	
4. _____							<input type="checkbox"/>	
5. _____							<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq. to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

3.18.08  
Date

[Signature]  
Signature of Local Government Officer  
(Original Signature)

Last Name: Vecce  
State of New Jersey  
Department of Community Affairs

First Name: Anthony Middle: J

(For DG use only)  
Municode: \_\_\_\_\_

Division of Local Government Services  
Local Finance Board

Year of Service: 2007

This Financial Disclosure Statement is required annually of all local government officers  
in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
(Please Type or Print)

### Local Government Ethics Law Financial Disclosure Statement

#### Section I. Personal Information- Local Government Officer

Local Government Served: Penas Grove County: Salem Other: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Middle: Joseph Last Name: Vecce Suffix: Jr.  
First Name: Anthony Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Spouse's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home: \_\_\_\_\_ Telephone Numbers (optional): \_\_\_\_\_  
(optional) Penas Grove, N.J. 08069 Business: \_\_\_\_\_

Agency: Board of Penas Grove Position Held: Councilman Term Expires (if applicable): 12/31/08  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

#### Section II. Financial Information

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- | Name                                       | Address                                   | Self Spouse                         | Dependent Name |
|--|---|-------------------------------------|----------------|
| 1. <u>Delaware River and Bay Authority</u> | <u>P.O. Box 71, New Castle, DE 19720</u>  | <input checked="" type="checkbox"/> |                |
| 2. <u>Board of Penas Grove</u>             | <u>1 Start St, Penas Grove, NJ, 08069</u> | <input type="checkbox"/>            |                |
| 3. _____                                   | _____                                     | <input type="checkbox"/>            |                |
| 4. _____                                   | _____                                     | <input type="checkbox"/>            |                |
| 5. _____                                   | _____                                     | <input type="checkbox"/>            |                |

- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- | Name           | Address | Self Spouse              | Dependent Name |
|----------------|---------|--------------------------|----------------|
| 1. <u>None</u> | _____   | <input type="checkbox"/> |                |
| 2. _____       | _____   | <input type="checkbox"/> |                |
| 3. _____       | _____   | <input type="checkbox"/> |                |
| 4. _____       | _____   | <input type="checkbox"/> |                |
| 5. _____       | _____   | <input type="checkbox"/> |                |

Last Name: Persecci  
State of New Jersey  
Department of Community Affairs

First Name: Anthony  
Middle: J

**Local Government Ethics Law  
Financial Disclosure Statement**

(for DGS use only)  
Municode: \_\_\_\_\_  
Division of Local Government Services  
Local Finance Board

**Section II. Financial Information- continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

Name	Address	Self Spouse	Dependent Name
1. <u>NONE</u>		<input type="checkbox"/>	
2. _____		<input type="checkbox"/>	
3. _____		<input type="checkbox"/>	
4. _____		<input type="checkbox"/>	
5. _____		<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

Name	Address	Self Spouse	Dependent Name
1. <u>NONE</u>		<input type="checkbox"/>	
2. _____		<input type="checkbox"/>	
3. _____		<input type="checkbox"/>	
4. _____		<input type="checkbox"/>	
5. _____		<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

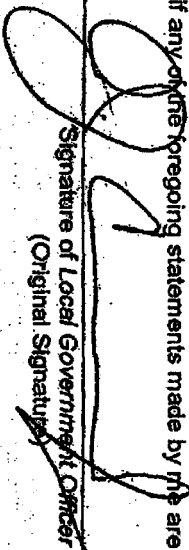
Municipality	County	Block	Lot	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1. <u>Salem City</u>	<u>Salem</u>	<u>99</u>	<u>15</u>	<u>410 Morning Side Dr</u>	<u>SD</u>	<input checked="" type="checkbox"/>	
2. <u>Rens Grove</u>	<u>Salem</u>	<u>79</u>	<u>15</u>	<u>12 Meadowland Ave</u>	<u>SD</u>	<input type="checkbox"/>	
3. <u>Quaker</u>	<u>Salem</u>	<u>14</u>	<u>96</u>	<u>Quaker Alleyway Parcel</u>	<u>SD</u>	<input type="checkbox"/>	
4. <u>Meritt Ave</u>	<u>Meritt</u>	<u>114</u>	<u>602</u>	<u>201 St. Andrews Drive</u>	<u>SD</u>	<input type="checkbox"/>	
5. _____						<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

Date 4/30/07

  
Signature of Local Government Officer  
(Original Signature)

Last Name: OWSBY First Name: THOMAS Middle: R. (for DGS use only) Municode:    
 State of New Jersey Department of Community Affairs  
 Local Government Ethics Law  
 Financial Disclosure Statement  
 Division of Local Government Services  
 Local Finance Board

This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
 Year of Service: 2004-7  
 (Please Type or Print)

**Section I. Personal Information - Local Government Officer**

Local Government Served: Borough of Penns Grove County: Tolson Other: \_\_\_\_\_  
 Municipality: Borough of Penns Grove  
 First Name: THOMAS Middle: Richard Last Name: OWSBY Suffix: \_\_\_\_\_  
 \*Spouses: N/A  
 First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Home Address: 50 EZZOR BLVD N 9 08089 Telephone Numbers (optional): \_\_\_\_\_  
 (optional) Penns Grove Home: \_\_\_\_\_ Business: \_\_\_\_\_  
 \* Spouse includes a Civil Union partner.

- Borough of Penns Grove Agency Councilman Position Held 12-31-09 Term Expires (if applicable)
- Penns Grove Sewerage Authority Commissioner
- \_\_\_\_\_

**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
 

	Name	Address	Self Spouse	Dependent Name
1.	<u>STATE of Delaware</u>	<u>820 Silverdale Rd Dover De.</u>	<input checked="" type="checkbox"/>	
2.	<u>Borough of Penns Grove</u>	<u>State Streets Penns Grove NJ</u>	<input type="checkbox"/>	
3.	_____	_____	<input type="checkbox"/>	_____
4.	_____	_____	<input type="checkbox"/>	_____
5.	_____	_____	<input type="checkbox"/>	_____
- List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
 

	Name	Address	Self Spouse	Dependent Name
1.	<u>N/A</u>		<input type="checkbox"/>	
2.	_____	_____	<input type="checkbox"/>	_____
3.	_____	_____	<input type="checkbox"/>	_____
4.	_____	_____	<input type="checkbox"/>	_____
5.	_____	_____	<input type="checkbox"/>	_____

Last Name: OWNSBY  
State of New Jersey  
Department of Community Affairs

First Name: THOMAS

Middle: R.

(For local use only)  
Municipality:

**Local Government Ethics Law  
Financial Disclosure Statement**

Division of Local Government Services  
Local Finance Bureau

**Section II. Financial Information-continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

Name	Address	Self	Spouse	Dependent Name
1. <u>WPA</u>		<input type="checkbox"/>	<input type="checkbox"/>	
2. _____		<input type="checkbox"/>	<input type="checkbox"/>	
3. _____		<input type="checkbox"/>	<input type="checkbox"/>	
4. _____		<input type="checkbox"/>	<input type="checkbox"/>	
5. _____		<input type="checkbox"/>	<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held:

Name	Address	Self	Spouse	Dependent Name
1. _____		<input type="checkbox"/>	<input type="checkbox"/>	
2. _____		<input type="checkbox"/>	<input type="checkbox"/>	
3. _____		<input type="checkbox"/>	<input type="checkbox"/>	
4. _____		<input type="checkbox"/>	<input type="checkbox"/>	
5. _____		<input type="checkbox"/>	<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1. <u>Penn State</u>	<u>Salem</u>	<u>30</u>	<u>3</u>		<u>50 Elm Ave</u>	<u>100%</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. _____							<input type="checkbox"/>	<input type="checkbox"/>	
3. _____							<input type="checkbox"/>	<input type="checkbox"/>	
4. _____							<input type="checkbox"/>	<input type="checkbox"/>	
5. _____							<input type="checkbox"/>	<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matter required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

Date 3-20-08

Thomas R. Ownsby  
Signature of Local Government Officer  
(Original Signature)



Last Name: Pondexter  
State of New Jersey  
Department of Community Affairs

First Name: Clifford

Middle: E.

(For Disclosure Only)  
Municipality: \_\_\_\_\_  
Division of Local Government Services  
Local Finance Board

### Local Government Ethics Law Financial Disclosure Statement

This Financial Disclosure Statement is required annually of all local government officers  
in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
(Please Type or Print)

Year of Service: 2007

#### Section I. Personal Information- Local Government Officer

Local Government Served  
Municipality: Penns Grove

County: Salem

Other: \_\_\_\_\_

First Name: Clifford

Middle: Edward

Last Name: Pondexter

Suffix: \_\_\_\_\_

\* Spouse's  
First Name: \_\_\_\_\_

Home Address: 24 Marlwood Ave  
Penns Grove NJ 08069

Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home: \_\_\_\_\_

Business: \_\_\_\_\_

Telephone Numbers (optional): \_\_\_\_\_

Suffix: \_\_\_\_\_

\* Spouse includes a Civil Union partner.

1. Borough of Penns Grove Agency
2. Penns Grove Planning Board
3. \_\_\_\_\_

Position Held  
Councilman  
Member

Term Expires (if applicable)  
12-31-07  
12-31-07

#### Section II. Financial Information

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- | Name                    | Address                       | Self                                | Spouse                   | Dependent Name |
|-------------------------|-------------------------------|-------------------------------------|--------------------------|----------------|
| 1. <u>McClane, Inc.</u> | <u>742 Courses Landing Rd</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____          |
| 2. _____                | <u>Carew's Point, NJ</u>      | <input type="checkbox"/>            | <input type="checkbox"/> | _____          |
| 3. _____                | _____                         | <input type="checkbox"/>            | <input type="checkbox"/> | _____          |
| 4. _____                | _____                         | <input type="checkbox"/>            | <input type="checkbox"/> | _____          |
| 5. _____                | _____                         | <input type="checkbox"/>            | <input type="checkbox"/> | _____          |

- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.

Name	Address	Self	Spouse	Dependent Name
1. _____	<u>W/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Last Name: Pondexter  
State of New Jersey  
Department of Community Affairs

First Name: Clifford

Middle: E.

Municode: 107

Local Government Ethics Law  
Financial Disclosure Statement

Division of Local Government Serv.  
Local Finance Bo

Section II. Financial Information - continued

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

Name	Address	Self Spouse	Dependent Name
1. _____	_____	<input type="checkbox"/>	_____
2. _____	_____	<input type="checkbox"/>	_____
3. _____	_____	<input type="checkbox"/>	_____
4. _____	_____	<input type="checkbox"/>	_____
5. _____	_____	<input type="checkbox"/>	_____

D. List the name and address of all business organizations in which an interest was held.

Name	Address	Self Spouse	Dependent Name
1. _____	_____	<input type="checkbox"/>	_____
2. _____	_____	<input type="checkbox"/>	_____
3. _____	_____	<input type="checkbox"/>	_____
4. _____	_____	<input type="checkbox"/>	_____
5. _____	_____	<input type="checkbox"/>	_____

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

Municipality	County	Block	Lot	Qual.	Address (if applicable)	% of Ownership	Self Spouse	Dependent Name
1. <u>Penns Grove</u>	<u>Salem</u>	<u>24</u>	<u>9</u>		<u>24 Mapleleaf Ave</u>	<u>100%</u>	<input checked="" type="checkbox"/>	_____
2. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
3. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
4. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
5. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____

F. Please add any other information you believe is necessary to complete this form.

\_\_\_\_\_  
\_\_\_\_\_

Section III. Certification

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

Date April 7, 2008

[Signature]  
Signature of Local Government Officer  
(Original Signature)

Last Name: SHLBER  
State of New Jersey  
Department of Community Affairs

First Name: GARY

Middle: MICHAEL

### Local Government Ethics Law Financial Disclosure Statement

This Financial Disclosure Statement is required annually of all local government officers  
in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.  
(Please Type or Print)

(For DUES use only)  
Municipality: \_\_\_\_\_  
Division of Local Government Services  
Local Finance Board

Year of Service: 2007

#### Section I. Personal Information- Local Government Officer

Local Government Served: PEWMS GROVE County: SALEM Other: \_\_\_\_\_

Municipality: \_\_\_\_\_

First Name: GARY Middle: MICHAEL Last Name: SHLBER Suffix: \_\_\_\_\_

Spouse's First Name: SUSAN Middle: LILLIAN Last Name: SHLBER Suffix: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home: \_\_\_\_\_ Telephone Numbers (optional) \_\_\_\_\_  
(optional) Business: \_\_\_\_\_

1. PEWMS GROVE MUNICIPAL GOVT Agency Position Held: PUBLIC DEFENDER Term Expires (if applicable): 12/31/07
2. PEWMS GROVE PLANNING BOARD Position Held: ATTORNEY Term Expires (if applicable): 12/31/07
3. \_\_\_\_\_

#### Section II. Financial Information

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- | Name   | Address                                | Self                                | Spouse                   | Dependent Name |
|--|--|-------------------------------------|--------------------------|----------------|
| 1. <u>KARR AND SHLBER</u>                    | <u>681 S. BROADWAY PENNSVILLE NJ</u>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
| 2. <u>PEWMS GROVE</u>                        | <u>WEST MAIN STATE ST PEWMSBORO NJ</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
| 3. <u>CITY OF SALEM</u>                      | <u>17 NEW MARKET ST SALEM NJ</u>       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
| 4. <u>QUINCY TOWNSHIP</u>                    | <u>PO BOX 65 QUINCY NJ</u>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
| 5. <u>CHILDRENS HOSPITAL OF PHILADELPHIA</u> | <u>34TH ST PHILADELPHIA</u>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- | Name           | Address | Self                     | Spouse                   | Dependent Name |
|----------------|---------|--------------------------|--------------------------|----------------|
| 1. <u>NONE</u> |         | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 2. _____       |         | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 3. _____       |         | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 4. _____       |         | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 5. _____       |         | <input type="checkbox"/> | <input type="checkbox"/> |                |

Last Name: SALBER  
State of New Jersey  
Department of Community Affairs

First Name: GERY

Middle: PHILIP

**Local Government Ethics Law  
Financial Disclosure Statement**

(For CLAS use only)  
Municode: \_\_\_\_\_  
Division of Local Government Services  
Local Finance Board

**Section II. Financial Information- continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self	Spouse	Dependent Name
1.	<u>NONE</u>		<input type="checkbox"/>	<input type="checkbox"/>	
2.			<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self	Spouse	Dependent Name
1.	<u>KARR AND SALBER</u>	<u>681 S. BROADWAY REARVILLE NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.			<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	<u>HARRISON</u>	<u>LOWESTEN</u>	<u>55</u>	<u>15</u>	<u>REARVILLE NJ</u>	<u>50</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	<u>REARVILLE</u>	<u>SALEM</u>	<u>4603</u>	<u>1</u>	<u>SUITE 51 AND 2015</u>	<u>50</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.					<u>RANDY REARVILLE NJ</u>		<input type="checkbox"/>	<input type="checkbox"/>	
4.							<input type="checkbox"/>	<input type="checkbox"/>	
5.							<input type="checkbox"/>	<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

Date 11/10/2007

Signature of Local Government Officer  
(Original Signature)

**Local Government Ethics Law  
Financial Disclosure Statement**

*This Financial Disclosure Statement is required annually of all local government officers in accordance with N.J.S.A. 40A:9-22.1 et seq., the Local Government Ethics Law.*  
(Please Type or Print)

Year of Service: 2004  
2007

**Section I. Personal Information- Local Government Officer**

Local Government Served: Penna Grove and Salem County: Salem Other: \_\_\_\_\_

Municipality: \_\_\_\_\_

First Name: John Middle: Arthur Last Name: Washington Suffix: ST.

Spouse's First Name: Rhodette Middle: Martha Last Name: Washington Suffix: \_\_\_\_\_

Home Address: Penna Grove, NJ 08065 Home: \_\_\_\_\_ Telephone Numbers (optional): \_\_\_\_\_  
(optional) Business: \_\_\_\_\_

- Agency: \_\_\_\_\_ Position Held: \_\_\_\_\_ Term Expires, (if applicable): \_\_\_\_\_
1. Borough of Penns Grove Mayor and Planning Board 12/31/07
  2. Penna Grove Housing Authority Commissioner 12/31/07
  3. Salem County Board of Social Services Commissioner 12/31/07
  4. TRICO Joint Insurance Fund Commissioner 12/31/07

**Section II. Financial Information**

Provide the following information for yourself and members of your immediate family for the prior calendar year. If none, please indicate NONE in the space provided. If additional space is needed, please use Extension Forms.

- A. List the name and address of each source of income, earned and unearned, which you received in excess of \$2,000. If a publicly traded security is the source of income, the security need not be reported unless you or a member of your immediate family has an interest in the business organization.
- | Name                                  | Address                                    | Self                                | Spouse                   | Dependent Name |
|---------------------------------------|--|-------------------------------------|--------------------------|----------------|
| 1. <u>United Auto Workers Union</u>   | <u>1005 N. Pointe Blvd.</u>                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
| 2. <u>Baltimore, MD</u>               |  | <input type="checkbox"/>            | <input type="checkbox"/> |                |
| 3. <u>Shiloh Baptist Church</u>       | <u>Willis &amp; Smith Ave, Penns Grove</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
| 4. <u>Delaware Park Race Track</u>    | <u>Stanton, DE</u>                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
| 5. <u>Army National Guard Pension</u> |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
- B. List the name and address of each source of fees and honorariums having an aggregate amount exceeding \$250 received from any single source for personal appearances, speeches, or writing.
- | Name     | Address | Self                     | Spouse                   | Dependent Name |
|----------|---------|--------------------------|--------------------------|----------------|
| 1. _____ | _____   | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 2. _____ | _____   | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 3. _____ | _____   | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 4. _____ | _____   | <input type="checkbox"/> | <input type="checkbox"/> |                |
| 5. _____ | _____   | <input type="checkbox"/> | <input type="checkbox"/> |                |

Last Name: Washington

First Name: John

Middle: Arthur

(For Please use only)  
Municipality: \_\_\_\_\_

State of New Jersey  
Department of Community Affairs

**Local Government Ethics Law  
Financial Disclosure Statement**

Division of Local Government Services  
Local Finance Board

**Section II. Financial Information- continued**

C. List the name and address of each source of gifts, reimbursements or prepaid expenses having an aggregate value exceeding \$400 from any single source, excluding relatives.

	Name	Address	Self	Spouse	Dependent Name
1.	(NONE)		<input type="checkbox"/>	<input type="checkbox"/>	
2.			<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

D. List the name and address of all business organizations in which an interest was held.

	Name	Address	Self	Spouse	Dependent Name
1.	(NONE)		<input type="checkbox"/>	<input type="checkbox"/>	
2.			<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	<u>Penns. Groves</u>	<u>Salem</u>	<u>69</u>	<u>6</u>	<u>105 South Broad St.</u>	<u>100%</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.							<input type="checkbox"/>	<input type="checkbox"/>	
3.							<input type="checkbox"/>	<input type="checkbox"/>	
4.							<input type="checkbox"/>	<input type="checkbox"/>	
5.							<input type="checkbox"/>	<input type="checkbox"/>	

F. Please add any other information you believe is necessary to complete this form.

**Section III. Certification**

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with respect to all matters required by N.J.S.A. 40A:9-22.1 et seq., to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to fines and possible disciplinary action.

4/1/07  
Date

John A. Washington  
Signature of Local Government Officer  
(Original Signature)