

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2024

NOTE: Before completing this Disclosure Statement, please carefully read the enclosed instructions. If additional space is needed, please duplicate this form as necessary and staple all pages together. A completed form must contain an original signature or a self-signed signature on page 4. Questions should be directed to Legislative Counsel at (609) 847-3901. The completed disclosure form is due May 15, 2025 and should be sent to: Joint Legislative Committee on Ethical Standards, 2nd Floor, State House Annex, Room 210, PO Box 068, Trenton, New Jersey 08625-0068.

CHECK APPROPRIATE HOUSE: Senate General Assembly

PRINT NAME

Provide the following information for yourself, your spouse and minor children (unless otherwise indicated) for calendar year 2024. Please note that a minor child is a child under the age of 18. For each entry, mark the box of the appropriate recipient. When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000 - \$24,999.99; 3=\$25,000 - \$49,999.99; 4=\$50,000 or more.

I. EARNED INCOME: List the name, address and amount for each source of earned income. (Earned income includes salaries, bonuses, royalties, commissions, profit sharing, fees, pensions and Social Security.)

Name of Employer	Address of Employer	Amount Code				Self	Spouse	Child
		1	2	3	4			
1) _____	_____							
2) _____	_____							
3) _____	_____							
4) _____	_____							
5) _____	_____							

Click button on left to add additional EARNED INCOME

II. UNEARNED INCOME: List the name, address and amount for each source of unearned income. (Unearned income includes rents, dividends and income from investments, trusts and estates.)

A. RENTS

Property Address	Tenant Name	Amount Code				Self	Spouse	Child
		1	2	3	4			
1) _____	_____							
2) _____	_____							
3) _____	_____							
4) _____	_____							

Click button on left to add additional UNEARNED INCOME (RENTS).

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

B. DIVIDENDS

	Name	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	_____	_____							
2)	_____	_____							
3)	_____	_____							
4)	_____	_____							

Click button on left to add additional UNEARNED INCOME (DIVIDENDS).

C. INCOME from investments, trusts and estates (including capital gains).

	Name	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	_____	_____							
2)	_____	_____							
3)	_____	_____							
4)	_____	_____							

Click button on left to add additional UNEARNED INCOME (INCOME from investments, trusts and estates (including capital gains)).

III. HONORARIA and FEES: List the name, address, nature and amount for each source of honorarium or fee received by you or your spouse for personal appearances, speeches or writings.

	Name & Nature of Honorarium or Fee	Address	Amount Code				Self	Spouse
			1	2	3	4		
1)	_____	_____						
2)	_____	_____						
3)	_____	_____						
4)	_____	_____						

Click button on left to add additional HONORARIA and FEES

IV. REIMBURSEMENTS or PREPAID EXPENSES for TRAVEL, LODGING or SUBSISTENCE: List the name, address, nature and amount for each source of reimbursement or prepaid expense and indicate whether source is a profit (P), nonprofit (N), or governmental (G) entity.

	Name & Nature of Reimbursement or Prepaid Expense	Address	Amount Code				Self	Spouse	Child	Check Source		
			1	2	3	4				P	N	G
1)	_____	_____										
2)	_____	_____										
3)	_____	_____										
4)	_____	_____										

Click button on left to add additional REIMBURSEMENTS or PREPAID EXPENSES for TRAVEL, LODGING or SUBSISTENCE.

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

V. GIFTS: List the name, address, nature and amount for each source of gift to you, your spouse or minor child from a named donor connected to the legislative process.

	Name & Nature of Gift	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	_____	_____							
2)	_____	_____							
3)	_____	_____							
4)	_____	_____							

Click button on left to add additional GIFTS.

VI. LIABILITIES: List the name and address of each creditor for you or your spouse and the nature and amount of each liability except for liabilities which are: (a) less than \$15,000 and owed to a relative; (b) less than \$3,000 and owed to any other person; (c) loans secured by a personal motor vehicle or household furniture or appliances; or (d) revolving charge accounts.

	Name & Nature of Liability	Address	Amount Code				Self	Spouse
			1	2	3	4		
1)	_____	_____						
2)	_____	_____						
3)	_____	_____						
4)	_____	_____						

Click button on left to add additional LIABILITIES.

VII. FORGIVEN LIABILITIES: List the name and address of each former creditor for you or your spouse and the nature and amount of each forgiven liability which would have been required to be reported pursuant to VI above had it not been forgiven.

	Name & Nature of Forgiven Liability	Address	Amount Code				Self	Spouse
			1	2	3	4		
1)	_____	_____						
2)	_____	_____						
3)	_____	_____						
4)	_____	_____						

Click button on left to add additional FORGIVEN LIABILITIES.

VIII. BUSINESS ORGANIZATIONS: List the name and address of all business organizations in which you or your spouse held an interest.

	Name	Address	Self	Spouse
1)	_____	_____		
2)	_____	_____		
3)	_____	_____		
4)	_____	_____		

Click button on left to add additional BUSINESS ORGANIZATIONS.

IX. OFFICES, TRUSTEESHIPS, OR DIRECTORSHIPS: List the title of each position held by you or your spouse in any firm, corporation, association, partnership or business and the name and address of the entity in which the position was held.

	Position Held	Name & Address of Entity	Self	Spouse
1)	_____	_____		
2)	_____	_____		
3)	_____	_____		
4)	_____	_____		

Click button on left to add additional OFFICES, TRUSTEESHIPS, OR DIRECTORSHIPS.

X. REAL ESTATE: Provide the address and a brief description, including the county and municipality where located, for all real property in New Jersey in which you, your spouse, or minor child held an interest. You do not need to provide the address, description, county or municipality of the principal or secondary residence of you, your spouse, or minor child, unless you, your spouse, or minor child derived income from that property. If you, your spouse, or minor child derived income from such a property, you should provide the address, description, county and municipality for any such property.

	Property Address including County & Municipality	Description of Property	Self	Spouse	Child
1)	_____	_____			
2)	_____	_____			
3)	_____	_____			
4)	_____	_____			

Click button on left to add additional REAL ESTATE

I certify that I am a resident of the legislative district for which I was elected to serve in the Legislature. I further certify that the above information is correct and complete to the best of my knowledge. (In addition to this statement, you have a continuing obligation to report any termination or assumption of public employment of yourself or your spouse within 30 days, which report shall be an addendum to this statement.)

Signature of Member

Date

ADDITIONAL EARNED INCOME

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

I. **EARNED INCOME:** List the name, address and amount for each source of earned income. (Earned income includes salaries, bonuses, royalties, commissions, profit sharing, fees, pensions and Social Security.)

	Name of Employer	Address of Employer	Amount Code				Self	Spouse	Child
			1	2	3	4			
6)	_____	_____							
7)	_____	_____							
8)	_____	_____							
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25)	_____	_____							
26)	_____	_____							
27)	_____	_____							
28)	_____	_____							
29)	_____	_____							
30)	_____	_____							

ADDITIONAL UNEARNED INCOME (RENTS)

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

II. UNEARNED INCOME: List the name, address and amount for each source of unearned income. (Unearned income includes rents, dividends and income from investments, trusts and estates.)

A. RENTS

	Property Address	Tenant Name	Amount Code				Self	Spouse	Child
			1	2	3	4			
5)									
6)									
7)									
8)									
9)									
10)									
11)									
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ADDITIONAL UNEARNED INCOME (DIVIDENDS)

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

B. DIVIDENDS

	Name	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
5)	_____	_____							
6)	_____	_____							
7)	_____	_____							
8)	_____	_____							
9)	_____	_____							
10)	_____	_____							
11)	_____	_____							
12)	_____	_____							
13)	_____	_____							
14)	_____	_____							
15)	_____	_____							
16)	_____	_____							
17)	_____	_____							
18)	_____	_____							
19)	_____	_____							
20)	_____	_____							
21)	_____	_____							
22)	_____	_____							
23)	_____	_____							
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25)	_____	_____							
26)	_____	_____							
27)	_____	_____							
28)	_____	_____							
29)	_____	_____							
30)	_____	_____							

ADDITIONAL UNEARNED INCOME
(INCOME from investments, trusts and estates (including capital gains))

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

C. INCOME from investments, trusts and estates (including capital gains).

	Name	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
5)	_____	_____							
6)	_____	_____							
7)	_____	_____							
8)	_____	_____							
9)	_____	_____							
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12)	_____	_____							
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14)	_____	_____							
15)	_____	_____							
16)	_____	_____							
17)	_____	_____							
18)	_____	_____							
19)	_____	_____							
20)	_____	_____							
21)	_____	_____							
22)	_____	_____							
23)	_____	_____							
24)	_____	_____							
25)	_____	_____							
26)	_____	_____							
27)	_____	_____							
28)	_____	_____							
29)	_____	_____							
30)	_____	_____							

ADDITIONAL HONORARIA and FEES

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

III. HONORARIA and FEES: List the name, address, nature and amount for each source of honorarium or fee received by you or your spouse for personal appearances, speeches or writings.

	Name & Nature of Honorarium or Fee	Address	Amount Code				Self	Spouse
			1	2	3	4		
5)	_____	_____						
6)	_____	_____						
7)	_____	_____						
8)	_____	_____						
9)	_____	_____						
10)	_____	_____						
11)	_____	_____						
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13)	_____	_____						
14)	_____	_____						
15)	_____	_____						
16)	_____	_____						
17)	_____	_____						
18)	_____	_____						
19)	_____	_____						
20)	_____	_____						
21)	_____	_____						
22)	_____	_____						
23)	_____	_____						
24)	_____	_____						
25)	_____	_____						
26)	_____	_____						
27)	_____	_____						
28)	_____	_____						
29)	_____	_____						
30)	_____	_____						

ADDITIONAL REIMBURSEMENTS or PREPAID EXPENSES for TRAVEL, LODGING or SUBSISTENCE

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

IV. REIMBURSEMENTS or PREPAID EXPENSES for TRAVEL, LODGING or SUBSISTENCE: List the name, address, nature and amount for each source of reimbursement or prepaid expense and indicate whether source is a profit (P), nonprofit (N), or governmental (G) entity.

	Name & Nature of Reimbursement or Prepaid Expense	Address	Amount Code				Self	Spouse	Child	Check Source		
			1	2	3	4				P	N	G
5)	_____	_____										
6)	_____	_____										
7)	_____	_____										
8)	_____	_____										
9)	_____	_____										
10)	_____	_____										
11)	_____	_____										
12)	_____	_____										
13)	_____	_____										
14)	_____	_____										
15)	_____	_____										
16)	_____	_____										
17)	_____	_____										
18)	_____	_____										
19)	_____	_____										
20)	_____	_____										
21)	_____	_____										
22)	_____	_____										
23)	_____	_____										
24)	_____	_____										
25)	_____	_____										
26)	_____	_____										
27)	_____	_____										
28)	_____	_____										
29)	_____	_____										
30)	_____	_____										

ADDITIONAL GIFTS

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

V. GIFTS: List the name, address, nature and amount for each source of gift to you, your spouse or minor child from a named donor connected to the legislative process.

	Name & Nature of Gift	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
5)	_____	_____							
6)	_____	_____							
7)	_____	_____							
8)	_____	_____							
9)	_____	_____							
10)	_____	_____							
11)	_____	_____							
12)	_____	_____							
13)	_____	_____							
14)	_____	_____							
15)	_____	_____							
16)	_____	_____							
17)	_____	_____							
18)	_____	_____							
19)	_____	_____							
20)	_____	_____							
21)	_____	_____							
22)	_____	_____							
23)	_____	_____							
24)	_____	_____							
25)	_____	_____							
26)	_____	_____							
27)	_____	_____							
28)	_____	_____							
29)	_____	_____							
30)	_____	_____							

ADDITIONAL LIABILITIES

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

VI. LIABILITIES: List the name and address of each creditor for you or your spouse and the nature and amount of each liability except for liabilities which are: (a) less than \$15,000 and owed to a relative; (b) less than \$3,000 and owed to any other person; (c) loans secured by a personal motor vehicle or household furniture or appliances; or (d) revolving charge accounts.

	Name & Nature of Liability	Address	Amount Code				Self	Spouse
			1	2	3	4		
5)	_____	_____						
6)	_____	_____						
7)	_____	_____						
8)	_____	_____						
9)	_____	_____						
10)	_____	_____						
11)	_____	_____						
12)	_____	_____						
13)	_____	_____						
14)	_____	_____						
15)	_____	_____						
16)	_____	_____						
17)	_____	_____						
18)	_____	_____						
19)	_____	_____						
20)	_____	_____						
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26)	_____	_____						
27)	_____	_____						
28)	_____	_____						
29)	_____	_____						
30)	_____	_____						

ADDITIONAL FORGIVEN LIABILITIES

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

VII. FORGIVEN LIABILITIES: List the name and address of each former creditor for you or your spouse and the nature and amount of each forgiven liability which would have been required to be reported pursuant to VI above had it not been forgiven.

	Name & Nature of Forgiven Liability	Address	Amount Code				Self	Spouse
			1	2	3	4		
5)	_____	_____						
6)	_____	_____						
7)	_____	_____						
8)	_____	_____						
9)	_____	_____						
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17)	_____	_____						
18)	_____	_____						
19)	_____	_____						
20)	_____	_____						
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26)	_____	_____						
27)	_____	_____						
28)	_____	_____						
29)	_____	_____						
30)	_____	_____						

ADDITIONAL BUSINESS ORGANIZATIONS

VIII. BUSINESS ORGANIZATIONS: List the name and address of all business organizations in which you or your spouse held an interest.

Name	Address	Self	Spouse
5) _____	_____		
6) _____	_____		
7) _____	_____		
8) _____	_____		
9) _____	_____		
10) _____	_____		
11) _____	_____		
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19) _____	_____		
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25) _____	_____		
26) _____	_____		
27) _____	_____		
28) _____	_____		
29) _____	_____		
30) _____	_____		

ADDITIONAL OFFICES, TRUSTEESHIPS, or DIRECTORSHIPS

IX. OFFICES, TRUSTEESHIPS, OR DIRECTORSHIPS: List the title of each position held by you or your spouse in any firm, corporation, association, partnership or business and the name and address of the entity in which the position was held.

Position Held	Name & Address of Entity	Self Spouse
5) _____	_____	
6) _____	_____	
7) _____	_____	
8) _____	_____	
9) _____	_____	
10) _____	_____	
11) _____	_____	
12) _____	_____	
13) _____	_____	
14) _____	_____	
15) _____	_____	
16) _____	_____	
17) _____	_____	
18) _____	_____	
19) _____	_____	
20) _____	_____	
21) _____	_____	
22) _____	_____	
23) _____	_____	
24) _____	_____	
25) _____	_____	
26) _____	_____	
27) _____	_____	
28) _____	_____	
29) _____	_____	
30) _____	_____	

ADDITIONAL REAL ESTATE

X. REAL ESTATE: Provide the address and a brief description, including the county and municipality where located, for all real property in New Jersey in which you, your spouse, or minor child held an interest. You do not need to provide the address, description, county or municipality of the principal or secondary residence of you, your spouse, or minor child, unless you, your spouse, or minor child derived income from that property. If you, your spouse, or minor child derived income from such a property, you should provide the address, description, county and municipality for any such property.

	Property Address including County & Municipality	Description of Property	Self	Spouse	Child
5)					
6)					
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