



# New Jersey Libertarian Party

Open Government Advocacy Project

*John Paff, Chairman*

*P.O. Box 5424*

*Somerset, NJ 08875-5424*

*Phone: 732-873-1251 - Fax: 908-325-0129*

*Email: [lpsmc@pobox.com](mailto:lpsmc@pobox.com)*

September 11, 2009

Susan Jacobucci, Chair  
Local Finance Board  
101 S Broad St – PO Box 803  
Trenton, NJ 08625-0803

Dear Ms. Jacobucci:

I intend this letter to be my complaint against nineteen (19) Local Government Officers in the of Gloucester City, Camden County. In accordance with N.J.A.C. 5:35-1.1(b), following are the required elements of the complaint:

1. **State the point of the Local Government Ethics Law alleged to be violated.**

N.J.S.A. 40A:9-22.6 requires Local Government Officers to file annual Financial Disclosure Statements (FDS) on or before April 30<sup>th</sup> of each year.

2. **State the name(s) and title(s) of the parties involved in the action and against whom the complaint is filed.**

- Complainant John Paff and the New Jersey Libertarian Party
- The following nineteen (19) Gloucester City officials

1. Hagan, William R., Sr.; Council
2. Murphy, Ryan; Planning/Zoning Board
3. Smallock, Michael; Planning/Zoning Board
4. Wunsch, Frank; Planning/Zoning Board
5. Cerrone, Patrick; Planning/Zoning Board Alt.
6. Brandt, Jack; Planning/Zoning Board Alt.
7. Hagan, Colleen; Library Board
8. McLaughlin, Jean; Library Board
9. Kain, Mary Francis; Library Board
10. Gurick, Joanne B.; Library Board
11. Hartzel, Joseph; Board of Health
12. Schmidt, John; Board of Health
13. Gorman, Bernadette; Board of Health
14. Dobleman, Dan; Board of Health
15. Bonner, Michael; Board of Health Solicitor

16. Goheen, Mary Jane; Historic Preservation Committee
17. Fisher, Dianne; Urban Enterprise Zone
18. Gorman, Kathy J.; Housing Authority
19. Fisher, William; Electrical Inspector

3. **Set forth in detail the pertinent facts surrounding the alleged violative action.**

In response to a recent records request, the Gloucester City City Clerk provided a "2008 Local Government Officer Roster" showing that the nineteen (19) individuals named above did not file the Financial Disclosure Statements that were due to be filed on or before April 30, 2008. (Note that these are the forms that were due more than 16 months ago). A copy of the Roster is enclosed.

4. **Indicate whether the complaint concerns the complainant in any way and what, if any, relationship the complainant has to the subject of the complaint.**

Complainant has no interest in or relationship to this complaint greater than any other citizen or organization who wishes for all government officers and employees to comply fully with the Local Government Ethics Law.

5. **Indicate any other action previously taken in an attempt to resolve the issue and indicate whether the issue is the subject of pending litigation elsewhere.**

No other action has been taken previously in an attempt to resolve this issue and this issue is not the subject of any pending litigation.

Thank you for your attention to this matter. I ask that you please acknowledge your receipt of this complaint within 30 days.

Sincerely,

John Paff

<b>MUNICIPALITY: GLOUCESTER CITY</b>		<b>COUNTY: CAMDEN</b>	
<b>I. List the names of all officials elected to any office of the Municipality such as Mayor, Governing Body Members and Fire District Commissioners (include the Municipal attorney):</b>			
<b>NAME</b>	<b>POSITION</b>	<b>DID THEY FILE?</b>	
		<b>YES</b>	<b>NO</b>
William P. James	Mayor	X	
William R. Hagan, Sr.	Council Member		X
Jay F. Brophy	Council Member	X	
Nicholas F. Marchese, Jr.	Council Member	X	
Bruce Parry	Council Member	X	
John Hutchinson	Council Member	X	
Kellie Ferry	Council Member	X	
John B. Kearney	Municipal Attorney	X	

<b>MUNICIPALITY: GLOUCESTER CITY</b>		<b>COUNTY: CAMDEN</b>			
<b>II. List the names of all officials serving in the Municipality which have the authority to enact ordinances, approve development applications or grant zoning variances, such as Planning Board (included the Board attorney), Zoning Board Members (include the Board attorney), Board of Health Members (include the Board attorney), and Members of other such Boards (include the Board attorney). Please list the name of the Board.</b>					
<b>NAME</b>	<b>NAME OF BOARD</b>	<b>POSITION</b>	<b>DID THEY FILE?</b>		
			<b>YES</b>	<b>NO</b>	
Timothy Carpenter	Planning Board	Member	X		
Robert Bevan	Planning Board	Member	X		
Ryan Murphy	Planning Board	Member			X
Michael Smollock	Planning Board	Member			X
Frank Wunsch	Planning Board	Member			X
Daniel Spencer	Planning Board	Member	X		
Ralph Randolph	Planning Board	Member	X		
Jess Torres	Planning Board	Member	X		
Patrick Cerrone	Planning Board	Alt. #1			X
Jack Brandt	Planning Board	Alt. #2			X
Steve Martarano	Planning Board	Alt. #3	X		
Lynn Bucher	Planning Board	Alt. #4	X		
Nicholas Marchese	Planning Board	Member	X		
Anthony P. Costa	Planning Board	Solicitor	X		
Consulting Engineer Services	Planning Board	Engineer	X		
The Waetzman Planning Group	Planning Board	Planner	X		
Barbara Moody	Library Board	Member	X		
Colleen Hagan	Library Board	Member			X
William Labbree	Library Board	Member	X		
Jean McLaughlin	Library Board	Member			X
Mary Francis Kain	Library Board	Member			X
Joanne B. Gurick	Library Board	Member			X
Francis Stief	Library Board	Alt.	X		
Elizabeth Egan	Library Board	Director	X		
Joseph Hartzel	Board of Health	Member			X
John Schmidt	Board of Health	Member			X
Eleanor Kain	Board of Health	Member	X		

Bernadette Gorman	Board of Health	Member		X
Anna Marie Smith	Board of Health	Member	X	
Dan Dobleman	Board of Health	Member		X
Michael Bonner	Board of Health	Solicitor		X
Roseann Michel	Board of Health	Member	X	
Mary Jane Goheen	HPC	Member		X
Paula Conroy	HPC	Member	X	
Louisa Llewellyn	HPC	Member	X	
Mary Lou Adams	HPC	Member	X	
David Munn	HPC	Member	X	
William Giesey	HPC	Member	X	
Dave Townsend	HPC	Member		X
Rachel Whelan	HPC	Member	X	
Frances Pollander	HPC	Member	X	
Regina Dunphy	UEZ	Director	X	
Bob Booth	UEZ	Member	X	
Dianne Fisher	UEZ	Member		X
Patrick Healey	UEZ	Member	X	
Dave Stallwood	UEZ	Member	X	
Joseph Kenney	UEZ	Member	X	
Nicholas Marchese	UEZ	Member	X	
Peter Preleas	UEZ	Member	X	

<b>MUNICIPALITY:GLOUCESTER C  COUNTY: CAMDEN</b>				
<b>III. List the Names of all Members of each independent municipal authority (include the authority attorney). Please list the name of each authority.</b>				
<b>NAME</b>	<b>AUTHORITY</b>	<b>POSITION</b>	<b>DID THEY FILE?</b>	
			<b>YES</b>	<b>NO</b>
Kathy J. Gorman	Housing Authority	Member		X
Patrick Hagan	Housing Authority	Member	X	
Roseann Michel	Housing Authority	Member	X	
Michael J. McSweeney	Housing Authority	Member	X	
Paul M. Kormann	Housing Authority	Member	X	
Charles Pacifico	Housing Authority	Member	X	
Martha Dougherty	Housing Authority	Member	X	
Charles Wigginton	Housing Authority	Solicitor	X	
Roseann Michel	Housing Authority	Member	X	

<b>MUNICIPALITY:GLOUCESTER CITY</b>		<b>COUNTY: CAMDEN</b>	
<b>IV. List the Names of all managerial executives or confidential employees (i.e. Business Administrator, Clerk, Engineer, other Attorneys) as delineated in Attorney General (AG) Opinion 91-0093 and the other AG opinions listed on the Division's web site (www.state.nj.us/dca/lgs):</b>			
<b>NAME</b>	<b>POSITION</b>	<b>DID THEY FILE?</b>	
		<b>YES</b>	<b>NO</b>
Paul J. Kain	City Clerk/Administrator	X	
Kathleen M. Jentsch	Asst. City Clerk	X	
Frank Robertson	CFO	X	
John A. Dymond	Tax Assessor	X	
Joanne Marone	Tax Collector	X	
Brian Hagan	Fire Chief	X	
Robert Saunders	Chief EMT	X	
William Crothers	Police Chief	X	
Betty Ann Rainwater	Court Administrator	X	
James Johnson	Superintendent Public Works	X	
Fred Schindler	Asst. Director Public Works	X	
Robert Scouler	Construction Official	X	
Edward Gorman	Electrical Inspector	X	
William Fisher	Electrical Inspector		X
Ralph R. Jones, Jr.	Fire Prevention Subcode Official	X	
John D. McMichael	Plumbing Inspector	X	
David Munoz	Fire Protection Inspector	X	
Nicholas J. Falconieri	Building Inspector	X	
Joseph Stecklair	Chief Housing Inspector	X	
Edward Vernick	Engineer	X	



State of New Jersey  
DEPARTMENT OF COMMUNITY AFFAIRS

JON S. CORZINE  
GOVERNOR

CHARLES A. RICHMAN  
ACTING COMMISSIONER

September 24, 2009

John Paff  
P.O. Box 5424  
Somerset, New Jersey 08875

Re: Local Government Ethics Law  
LFB Complaint #09-032  
Gloucester City

Dear Mr. Paff:

The Local Finance Board (Board) acknowledges receipt of the complaint letter you filed alleging a violation of the Local Government Ethics Law.

Please be advised that it is the Board's practice and intent to conduct a thorough investigation of all complaints. The Board's staff is processing your complaint at this time and will, subsequently, present it to the Board for review and authorization of any necessary formal investigation. The Board will correspond with you as soon as a determination is made in this matter.

Should you have any questions regarding this matter, please feel free to contact me at (609) 292-0479.

Sincerely,

  
Dave Nenno  
Local Finance Board

DN:la





State of New Jersey  
DEPARTMENT OF COMMUNITY AFFAIRS  
101 SOUTH BROAD STREET  
PO Box 803  
TRENTON, NJ 08625-0803

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

LORI GRIFA  
*Commissioner*

January 31, 2011

John Paff, Chairman  
New Jersey Libertarian Party  
P.O. Box 5424  
Somerset, New Jersey 08875-5424

Re: Local Government Ethics Law  
FDS Complaint #LFB-09-032

Dear Mr. Paff:

The purpose of this letter is to apprise you of the status of the above-referenced complaint filed against nineteen (19) local government officers in the City of Gloucester for failure to file a 2008 Annual Financial Disclosure Statement (FDS).

Please be advised that the municipal clerk of the City of Gloucester has subsequently submitted the 2008 Annual Financial Disclosure Statements for the following officers:

- (1) William R. Hagan, Council
- (5) Patrick Cerone, Planning/Zoning Board
- (8) Jean McLaughlin, Planning/Zoning Board
- (12) John Schmidt, Board of Health
- (16) Mary Jean Goheen, Historic Preservation Committee
- (17) Dianne Fisher, Urban Enterprise Zone
- (19) William Fisher, Electrical Inspector

The above named individuals have submitted their FDS forms and satisfied the requirements of N.J.S.A. 40A:9-22.6(a). Therefore, in accordance with N.J.S.A. 40A:9-22.9, the Board determined that this matter would be frivolous to pursue because the deficiencies cited in the complaint against these individuals has been satisfied. The complaint against the above listed local government officers has been closed.

Please note that the Board is considering the implementation of a stricter policy of fining local government officers who fail to file annual financial disclosure statements in a timely manner. However, pending advance notice of such a policy, the past policy of not fining officers who file statements in response to a complaint will continue.

The complaints filed against the following officers are still pending:

- (2) Ryan Murphy, Planning/Zoning Board
- (3) Michael Smallock, Planning/Zoning Board
- (4) Frank Wunsch, Planning/Zoning Board
- (6) Jack Brandt, Planning/Zoning Board

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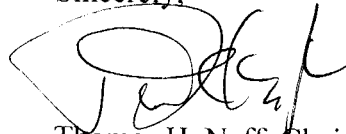


- (7) Colleen Hagan, Planning/Zoning Board
- (9) Mary Francis Kain, Library Board
- (10) Joanne B. Gurick, Library Board
- (11) Joseph Hartzel, Board of Health
- (13) Bernadette Gorman, Board of Health
- (14) Dan Dobleman, Board of Health
- (15) Michael Bonner, Board of Health Solicitor
- (18) Kathy J. Gorman, Housing Authority

The Board will keep you apprised of any further developments regarding your complaint.

If you have any questions regarding this matter, please do not hesitate to contact Nick Bennett at (609) 292-0479.

Sincerely,

A handwritten signature in black ink, appearing to read 'T. Neff', written over a faint, large, stylized outline of the letter 'N'.

Thomas H. Neff, Chair  
Local Finance Board

Enclosures

CC: Kathleen M. Jentsch, Acting City Clerk, Gloucester City

THN:NB

C09-031.GloucesterCityPartialDismiss

Last Name: SCHMIDT First Name: JOHN Middle: PETER (for D.G.S. use only) MuniCode: \_\_\_\_\_  
 State of New Jersey Department of Community Affairs  
 Local Government Ethics Law  
 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)  
 2001 1031-11 All: 11/2

Year of Service: 2008

Section I. Personal Information- Local Government Officer

Local Government Served: CLOVERSTEELE CITY County: SHADDEN Other: \_\_\_\_\_  
 Municipality: CLOVERSTEELE CITY Middle: P Last Name: SCHMIDT  
 First Name: JOHN Middle: NA Last Name: NA  
 \* Spouse's First Name: NA Last Name: NA  
 Home Address: PO BOX 616 Home: \_\_\_\_\_ Telephone Numbers (optional) \_\_\_\_\_  
 (optional) CLOVERSTEELE CITY NJ 08040 Business: \_\_\_\_\_

\* Spouse includes a Civil Union partner.

1. Stewart - City Board of Health Agency Position Held Board Member Term Expires (if applicable) 12/2009
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>NA</u> | <u>NA</u> | <input type="checkbox"/> | <input type="checkbox"/> | <u>NA</u>      |
| 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"/> | _____          |
- 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>NA</u> | <u>NA</u> | <input type="checkbox"/> | <input type="checkbox"/> | <u>NA</u>      |
| 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: SCHMIDT First Name: JOHN Middle: P (for D.G.S. 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.	<u>Wife</u>	<u>1111111111</u>	<input type="checkbox"/>	<u>Wife</u>
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>Wife</u>	<u>1111111111</u>	<input type="checkbox"/>	<u>Wife</u>
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>Wife</u>	<u>Wife</u>	<u>Wife</u>	<u>Wife</u>	<u>Wife</u>	<u>Wife</u>	<u>Wife</u>	<input type="checkbox"/>	<u>Wife</u>
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 \_\_\_\_\_

Signature of Local Government Officer (Original Signature)

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.

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

Local Government Served: Gloveseter-City County: GARDEN Other: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 First Name: Jean Middle: F Last Name: McLAUGHLIN Suffix: \_\_\_\_\_  
 \* Spouse's First Name: EUGENE Middle: J Last Name: McLAUGHLIN Suffix: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home: \_\_\_\_\_ Telephone Numbers (optional): \_\_\_\_\_  
 (optional) Business: \_\_\_\_\_  
 \* Spouse includes a Civil Union partner.

**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	Term Expires (if applicable)
1.	<u>Social Security</u>	<u>Social Security</u>		<input checked="" type="checkbox"/>		
2.	<u>State of NJ Pension</u>	<u>State of NJ Pension</u>		<input checked="" type="checkbox"/>		
3.	<u>Kuwest Technologies</u>	<u>Kuwest Technologies</u>		<input checked="" 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>FF</u>		<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

State of New Jersey  
Department of Community Affairs

**Local Government Ethics Law  
Financial Disclosure Statement**

**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>NA</u>	<u>/</u>	<u>/</u>	<u>/</u>
2. _____	_____	<u>/</u>	_____
3. _____	_____	<u>/</u>	_____
4. _____	_____	<u>/</u>	_____
5. _____	_____	<u>/</u>	_____

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

Name	Address	Self Spouse	Dependent Name
1. <u>NA</u>	<u>/</u>	<u>/</u>	<u>/</u>
2. _____	_____	<u>/</u>	_____
3. _____	_____	<u>/</u>	_____
4. _____	_____	<u>/</u>	_____
5. _____	_____	<u>/</u>	_____

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>Camden</u>	<u>Camden</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>924 Middlesex</u>	<u>100</u>	<u>X</u>	<u>/</u>
2. <u>"</u>	<u>"</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>522 Middlesex</u>	<u>35%</u>	<u>X</u>	<u>/</u>
3. _____	_____	_____	_____	_____	_____	_____	<u>/</u>	_____
4. _____	_____	_____	_____	_____	_____	_____	<u>/</u>	_____
5. _____	_____	_____	_____	_____	_____	_____	<u>/</u>	_____

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

NA

**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.

8-6-10  
Date

Sean M. Laugher  
Signature of Local Government Officer  
(Original Signature)

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: 2008

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

Local Government Served: Gloucester City County: CAMDEN Other: \_\_\_\_\_

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

First Name: PATRICK Middle: JOSEPH Last Name: CERRONE Suffix: \_\_\_\_\_

\*Spouse's First Name: MARGARET Middle: MARY Last Name: CERRONE Suffix: \_\_\_\_\_

Home Address: 310 N. BROWN STREET Home: \_\_\_\_\_ Telephone Numbers (optional): 856-256-7968 Suffix: \_\_\_\_\_

(optional) GLoucester, NJ Business: \_\_\_\_\_

\* Spouse includes a Civil Union partner.

**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>MAMA, FIVE</u>               | <u>260 W. PRATTMORRIS PIKE, WILMINGTON, DE 19383</u>          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                |
| 2. | <u>MADDERY &amp; MADDERY PA</u> | <u>PO BOX 108 KINGS HAVEN SUITE 201 HADDONFIELD, NJ 08033</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                |
| 3. | <u>VICTORIA SUMMIT HEALTH</u>   | <u>PO BOX STANFORD, MARLTON, NJ 08053</u>                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                |
| 4. | <u>KEBONAN OTOLARYNGOLOGY</u>   | <u>620 N. BEAUX ST., LITCHFIELD PARK, NJ 08046</u>            | <input checked="" type="checkbox"/> | <input checked="" 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>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"/>	

**Local Government Ethics Law  
Financial Disclosure Statement**

**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
1. NONE				
2.				
3.				
4.				
5.				

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

Name	Address	Self	Spouse	Dependent
1. NONE				
2.				
3.				
4.				
5.				

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
1. Gloucester	CAMDEN	179	5		310 N. BRAUN ST.	100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.									
3.									
4.									
5.									

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

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**Section III. Certification**

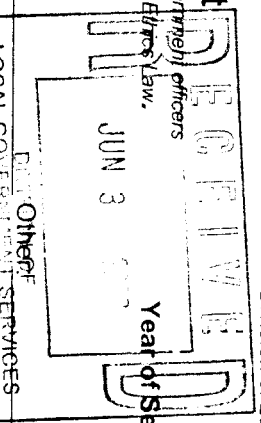
I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, together with any and all statements previously submitted in writing to the clerk of my local government or the Local Finance Board, constitutes a full disclosure with 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.

8/6/2010  
date

*Patrick Cerrone*  
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: 2008



**Section I. Personal Information- Local Government Officer**  
 Local Government Served: GLACESTER CITY County: CAMDEN  
 Municipality: GLACESTER CITY

First Name: WILLIAM Middle: R Last Name: WELLMAN Suffix: SRL  
 \*Spouse's First Name: ETHEL Middle: MA Last Name: WELLMAN Suffix: SRL  
 Home Address: 4 C SUNKIE AVE Middle: MA Last Name: WELLMAN Suffix: SRL  
 (optional) GLACESTER CITY NJ 08313 Home: 530 446 3951 Telephone Numbers (optional)  
 Business: \_\_\_\_\_

\* Spouse includes a Civil Union partner:

1. GLACESTER CITY Agency TECHNICAL MAN Position Held TECHNICAL MAN 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>SOCIAL SECURITY DEBITTS</u>                  | <u>301 SMOLEY CONCRETE DR. BRIDGE</u>         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
| 2. <u>NEW JERSEY DIVISION OF REVENUES</u>          | <u>P.O. BOX 275 TRENTON NJ 08646</u>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
| 3. <u>Social Security BENEFIT</u>                  | <u>301 SMOLEY CONCRETE DR BRIDGE NJ 08913</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                |
| 4. <u>WORK MEMORIAL HONOR CAP RETIREMENT TRUST</u> | <u>40116 FOLKS RD</u>                         | <input checked="" 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. _____ | _____   | <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: ABCOA First Name: WILLIAM Middle: JR

State of New Jersey  
 Department of Community Affairs  
**Local Government Ethics Law  
 Financial Disclosure Statement**

**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	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1. <u>Franklin City</u>	<u>CAMDEN</u>	<u>6111</u>	<u>0101E</u>		<u>46 CARROLL AVE</u>	<u>50.00</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.

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**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.

5-21-06 Date

William R. Jr  
 Signature of Local Government Officer  
 (Original Signature)



State of New Jersey  
DEPARTMENT OF COMMUNITY AFFAIRS  
101 SOUTH BROAD STREET  
PO Box 803  
TRENTON, NJ 08625-0803

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

LORI GRIFA  
*Commissioner*

February 28, 2011

John Paff  
P.O. Box 5424  
Somerset, NJ 08875

Re: LFB Complaint 09-032

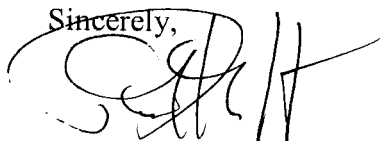
Dear Mr. Paff:

The purpose of this letter is to clarify information provided to you in the January 31, 2011 letter regarding the above named complaint.

The City Clerk in the City of Gloucester determined, after consulting with the City Attorney, that members of the Historic Preservation Committee, members of the Urban Enterprise Zone and the Electrical Inspector are not required to file an annual Financial Disclosure Statement. These positions inadvertently remained on the roster of local government officers required to submit a statement in 2008. Therefore, Mary Jean Goheen, Dianne Fisher, and William Fisher were not required to file an annual Financial Disclosure Statement and the complaint filed against these individuals remains closed. A copy of the correspondence from the City Clerk memorializing this change is enclosed with this letter.

The Board will keep you apprised of any further developments in this complaint.

Should you have any further questions regarding this matter, please do not hesitate to contact Nick Bennett at (609) 292-0479.

Sincerely,  


Thomas H. Neff, Chair  
Local Finance Board

Enclosure  
THN:NB  
C09-032.Paff.followup



5440 4B N



Kathleen M. Jentsch  
Acting City Clerk  
Registrar of Vital Statistics

*Where Great Things Are Happening!*

August 6, 2010

Beth Gates, Acting Chair  
Local Finance Board  
P.O. Box 803  
Trenton, NJ 08625

RE: Local Government Ethics Law  
Request File 09-032

Dear Ms. Gates:

I received your letter dated July 26, 2010 requesting information on FDS forms that were due in April 2008.

Each year a letter goes to each individual requesting completion of two original FDS forms with a due date for return to my office. All years prior to 2010 a second follow up letter was sent to anyone that had not returned their forms. In 2010 I stated in my cover letter that I would not be sending out second letters and that this was their only notice. I was not aware that I was required to do more than that. My cover letter to them explained that failure to file a FDS is a violation of the law and that the Local Finance Board may take action to bring officers into compliance.

After received your July 26, 2010 letter I sent via certified mail an additional request for the forms that were due April 2008 in accordance with your letter. I additionally sent certified mail letters to those that were not in compliance from 2009 and 2010.

It is my intention to have these forms returned to me by the end of next week (August 13, 2010). At that time I will forward you all received and for those that were not received I will send you the certified mail receipts.

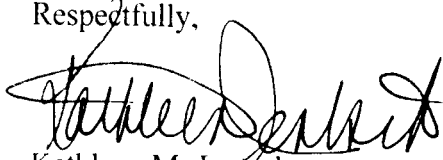
I have reviewed your letter with regard to justification for why certain citizens serving on certain boards were required to complete FDS. I had followed a previous Clerk's roster and never fully read who was or was not required. After reviewing your letter I will no longer require Electrical Inspector, HPC members or UEZ members to complete the FDS. I am also verifying with our Solicitor the need for Housing Authority, and Board of Health members to file. I will report back to you with this information.

I will try to be more vigilant in future years in getting these individuals to comply.

512 Monmouth Street, Gloucester City, NJ 08030  
(856) 456-0205  
kathyj@cityofgloucester.org

If you have any questions or need anything additional please feel free to contact me.

Respectfully,

A handwritten signature in black ink, appearing to read 'Kathleen Jentsch', written over a horizontal line.

Kathleen M. Jentsch  
Acting City Clerk

Cc: Governing Body  
Jack Lipsett, City Administrator  
John Kearney, City Solicitor