

## 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.*

Year of Service:	2013
* The Year that you are filing the statement	

**Enter the Local Government Served:** Carneys Point Township - County of Salem

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

First Name: Wayne Middle: D. Last Name: Pelura Suffix: \_\_\_\_\_  
 Home Address: 159 Johnson Ave. Telephone Numbers (optional\*) \_\_\_\_\_  
 (Optional\*) Carneys Point, NJ 08069 Home: \_\_\_\_\_  
 Business: \_\_\_\_\_

\*\*Spouse's  
 First Name: Patricia Middle: C. Last Name: Pelura Suffix: \_\_\_\_\_

\* Optional information, if supplied, is subject to public disclosure as part of the Financial Disclosure Statement.  
 \*\* Spouse includes a Civil Union partner.

Agency	Position Held	Term Expires (if applicable)
1. <u>Carneys Point Township</u>	<u>Committeeman</u>	<u>12/31/2013</u>
2. <u>NJ Unemployment Ins. Fund</u>	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**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 scroll down and use the Extension Forms that have been provided.**

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>N/A</u>	_____	<input type="radio"/>	<input type="radio"/>	_____
2. _____	_____	<input type="radio"/>	<input type="radio"/>	_____
3. _____	_____	<input type="radio"/>	<input type="radio"/>	_____
4. _____	_____	<input type="radio"/>	<input type="radio"/>	_____
5. _____	_____	<input type="radio"/>	<input type="radio"/>	_____

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>N/A</u>	_____	<input type="radio"/>	<input type="radio"/>	_____
2. _____	_____	<input type="radio"/>	<input type="radio"/>	_____
3. _____	_____	<input type="radio"/>	<input type="radio"/>	_____
4. _____	_____	<input type="radio"/>	<input type="radio"/>	_____
5. _____	_____	<input type="radio"/>	<input type="radio"/>	_____

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.	N/A		<input type="radio"/>	<input type="radio"/>	
2.			<input type="radio"/>	<input type="radio"/>	
3.			<input type="radio"/>	<input type="radio"/>	
4.			<input type="radio"/>	<input type="radio"/>	
5.			<input type="radio"/>	<input type="radio"/>	

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

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

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.	Carneys Point Township Salem County	45	32.02		159 Johnson Ave.	100%	<input checked="" type="radio"/>	<input type="radio"/>	
2.							<input type="radio"/>	<input type="radio"/>	
3.							<input type="radio"/>	<input type="radio"/>	
4.							<input type="radio"/>	<input type="radio"/>	
5.							<input type="radio"/>	<input type="radio"/>	

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: 5/30/2013 Type your name Wayne D. Pelura

**To complete the online filing process:** Enter the e-mail address that was provided to you by the municipal clerk, county clerk, or other representative for the local government that you serve. **LGA Email:** junep@carneyspointtp.org

Enter the Email address that you use as a local government officer (optional\*). **LGO Email:** junep@carneyspointtp.org

E-Filing Statement – (a.) I have personally reviewed and approved the foregoing financial disclosure statement and any Extension forms attached hereto; (b.) I have personally filed or somebody has been authorized by me to file this form electronically with my consent. **Accept**  **Denied**

After you click the "Submit" button below the system will populate the receipt form indicating the date and time that you electronically submitted your financial disclosure statement and assigning a receipt number. You must print the receipt and deliver a signed original copy of the receipt to your local government agency representative.

**Submit**