

**Local Government Ethics Law
 Financial Disclosure Statement**

**Year of Service:
 2015**

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

Section I. Personal Information - Local Government Officer

First Name: Joseph Middle: Last Name: Servais Suffix:
 Home Address: 37 Fairton-Gouldtown Road Telephone Numbers: Home: (856)896-4830
 Bridgeton NJ, 08302 Business:
 Spouse (includes Civil Union partner).

First Name: Middle: Last Name: Suffix:

<i>Entity</i>	<i>Agency/Board</i>	<i>Position Held</i>	<i>Term Expires *</i>
1 Fairfield Township - County of Cumberland	Fairfield Township	Planning & Zoning Board Member Class IV	12/31/2016
2 Fairfield Township - County of Cumberland	Fairfield Township	Planning & Zoning Board Member Vice Chairman	12/31/2015

* = if applicable

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.

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.

<i>Name</i>	<i>Address</i>	<i>Self/Spouse</i>	<i>Dependent Name</i>
1 None			

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.

<i>Name</i>	<i>Address</i>	<i>Self/Spouse</i>	<i>Dependent Name</i>
1 None			

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,

<i>Name</i>	<i>Address</i>	<i>Self/Spouse</i>	<i>Dependent Name</i>
1 None			

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

Name	Address	Self/Spouse	Dependent Name
1 None			

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	% Own *	Self/Spouse	Dependent Name
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1 None

* = % of Ownership

F. Optional Comments:

Section III. Certification & online filing process

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, 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: 04/30/2015

Name: Joseph Servais

I further certify that I intend my electronic signature on this statement to be the legally binding equivalent of my traditional handwritten signature.