

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: Neil Middle: Last Name: Young Suffix:
 Home Address: 403 George Street Telephone Numbers: Home:
 Cape May NJ, 08204 Business:
 Spouse (includes Civil Union partner).

First Name: Denielle Middle: Last Name: Young Suffix:

<i>Entity</i>	<i>Agency/Board</i>	<i>Position Held</i>	<i>Term Expires *</i>
1 CAPE MAY City - County of Cape May	City of Cape May	Chief Financial Officer	
2 Fairfield Township - County of Cumberland	Fairfield Township	Chief Financial Officer	

* = 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 City of Cape May	643 Washington Street, Cape May, NJ, 08204	Self	
2 Borough of West Wildwood	701 W. Glenwood Avenue, West Wildwood, NJ 08260	Self	
3 Wildwood Crest Board of Education	9300 Pacific Avenue, Wildwood Crest, NJ 08260	Self	
4 Laura's Fudge Inc.	357 E. Wildwood Ave, Wildwood, NJ 08260	Spouse	
5 Township of Fairfield	70 Fairton-Gouldtown Road, Fairton, NJ 08320	Self	

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 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,

Name	Address	Self/Spouse	Dependent Name
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
1 Lower Twp. (Cape May)	497.01	24.10			100.00	Self	

* = % 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: 04/28/2015

Name: Neil Young

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