

# John Paff

P.O. Box 5424  
Somerset, New Jersey 08875  
E-mail – CJSC@pobox.com  
November 21, 2005

Telephone – 732-873-1251

Fax 908-325-0129

Local Finance Board  
P.O. Box 803  
Trenton, NJ 08625-0803

Dear Sir or Madam:

Please accept this letter as my complaint against Patricia Mack, who serves as municipal prosecutor for the City of Elizabeth. Enclosed is Ms. Mack's Financial Disclosure Form filed on April 20, 2005.

In accordance with N.J.A.C. 5:35-1.1(b), here are the required elements of my complaint:

1. Ms. Mack violated N.J.S.A. 40A:9-22.6 in that she has left many of the fields blank when she should have at least written "none" where appropriate. Due to this lapse, a member of the public cannot be sure if items were left blank because there was no such income or because the respondent overlooked it. Also, she didn't even filling the in the names of the agencies she holds a position with, the title of the position and the date that each term expires.

2. Complainant: John T. Paff/Respondents: Named above.

3. See 1 above and the enclosed Financial Disclosure Statements.

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

5. 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.

Please process this complaint in accordance with N.J.A.C. 5:35-1.1.

Thank you for your attention to this matter.

Sincerely,

John Paff

Last Name: MARK

First Name: FABRICIA

Middle: ANN

(for DLGS use only)  
Municode:

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.			<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	Address (if applicable)	% of Ownership	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"/>	

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.

4/20/05  
Date

*Fabricia Ann Mark*  
Signature of Local Government Officer  
(Original Signature)

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

Local Government Served: Elizabeth Municipality: Elizabeth County: Union Other: \_\_\_\_\_  
 First Name: Patricia Middle: Ann Last Name: Patricia Mark Suffix: Mrs.  
 Spouse's First Name: Harvey Middle: Yusef Last Name: Mark Suffix: Mr.  
 Home Address: \_\_\_\_\_ Home: \_\_\_\_\_ Telephone Numbers (optional): \_\_\_\_\_  
 (optional) Business: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Position Held: \_\_\_\_\_ Term Expires (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. 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                |
|----|------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. | <u>City of Elizabeth</u>           | <u>50 W. 4th St</u>                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. | <u>City of Newark</u>              | <u>920 Broad Street</u>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. | <u>Law Office of Patricia Mark</u> | <u>125 Broad Street, Elizabeth</u> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | <u>Bank of America</u>             |                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. |                                    |                                    | <input type="checkbox"/>            | <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
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**State of New Jersey**  
DEPARTMENT OF COMMUNITY AFFAIRS

JON S. CORZINE  
*Governor*

SUSAN BASS LEVIN  
*Commissioner*

July 21, 2006

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

Re: Local Government Ethics Law  
Complaint #LFB-05-017  
Notice of Determination

Dear Mr. Paff:

The purpose of this letter is to advise you of the status of the above-referenced complaint.

As you are aware, the Local Government Ethics Law, N.J.S.A. 40A:9-22.1 et seq., provides the Local Finance Board (Board) with the power to initiate, receive, hear and review complaints, and hold hearings with regard to possible violations of the Local Government Ethics Law, where no local ethics board has been established, and determine if a complaint against a local government officer or employee is within its jurisdiction, frivolous, or without a reasonable factual basis, prior to conducting an investigation.

The Board conducted an investigation of a complaint that alleged that City of Elizabeth Municipal Prosecutor, Patricia Mack failed to properly complete her 2005 annual Financial Disclosure Statement by leaving some fields blank, where she should have written the word "none" and for not indicating the name of the agency or agencies, title and term she holds with a local government unit.

The Local Government Ethics Law states:

**N.J.S.A. 40A:9-22.6.a) "Local government officers shall annually file a financial disclosure statement. All financial disclosure statements filed pursuant to this act shall include the following information which shall specify, where applicable, the name and address of each source and the local government officer's job title..."**

Pursuant to the Board's established policy regarding the non-filing or improper filing of Financial Disclosure Statements, a warning letter dated April 12, 2006 was sent to Ms. Mack



Mr. John Paff  
July 21, 2006  
Page 2

informing her that as Municipal Prosecutor for the City of Elizabeth, serving in 2005, she was required to file a completed disclosure statement for that year listing her title, agency and term in accordance with N.J.S.A. 40A:9-22.6 a.

On May 10, 2006, the Board authorized an investigation of the facts and circumstances relevant to this complaint. After the investigation, the Board determined on July 12, 2006 to dismiss the allegation that Ms. Mack, violated N.J.S.A. 40A: 9-22.6(a) by failing to correctly file her 2005 annual Financial Disclosure Statements as no longer having a reasonable factual basis since on June 12, 2006, the Board received Ms. Mack's corrected forms stating her title, agency, and term. The Board, subsequently, reviewed N.J.S.A. 40A:9-22.6 (a) and found no statutory provision requiring the word "none" be written in where appropriate. Furthermore, the Board has the authority to promulgate the Financial Disclosure Statement form and therefore it would be to the Board's discretion to ascertain the importance of including "none" where appropriate. The Board concluded that an official's failure to write "none" where such an indication was lacking would not require the official to amend their form, absent a specific allegation of missing information. This aspect of the complaint was also dismissed as having no reasonable factual basis.

Therefore, the Board dismissed the complaint as no longer having a reasonable factual basis. Copies of Ms. Mack's filings are enclosed.

This case is now closed.

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

Sincerely,



Susan Jacobucci, Chair  
Local Finance Board

Enclosures

SJ:EMK  
05-017 Determination - Complainant

Last Name: **MACK** First Name: **PATRICIA** Middle: **ANN**

(For DLGS use only) Municipode

State of New Jersey  
Department of Community Affairs

Division of Local Government Services  
Local Finance Board

### 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: **2005**

(Please Type or Print)

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

Local Government Served: **ELIZABETH** Municipality: **UNION** County: **UNION** Other: \_\_\_\_\_

First Name: **PATRICIA** Middle: **ANN** Last Name: **MACK**

Spouse's First Name: **HARUN** Middle: **YUSEF** Last Name: **SALAM**

Home Address: \_\_\_\_\_ Telephone Numbers (optional) \_\_\_\_\_  
(optional) Home: \_\_\_\_\_ Business: \_\_\_\_\_

Agency: **CITY OF ELIZABETH** Position Held: **MUNICIPAL PROSECUTOR** Term Expires (if applicable): **JANUARY 2006**  
**CITY OF NEWARK LAW DEPARTMENT** **PER DIEM MUNICIPAL PROSECUTOR** **MARCH 2006**

#### 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. LAW OFFICE OF PATRICIA MACK	125 BROAD ST, STE 910, ELIZABETH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. CITY OF ELIZABETH	50 WINEFIELD SCOTT PLAZA, ELIZABETH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. CITY OF NEWARK	920 BROAD STREET, NEWARK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. BANK OF AMERICA	RT 70, LAKEWOOD, NEW JERSEY	<input 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.		<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: **MACK**

First Name: **PATRICIA**

Middle: **ANN**

(For DLGS 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.					
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 Name
1.					
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	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	LOPATCONG	WARREN			HOME RESIDENCE	100%	X	X	
2.									
3.									
4.									
5.									

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.

5/19/06  
Date

Signature of Local Government Officer  
(Original Signature)