

(for DLGS use only)
Municode:

Last Name: Gage First Name: EAR Middle: R

State of New Jersey
Department of Community Affairs

Local Government Ethics Law Financial Disclosure Statement

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.

Year of Service: **2008**

(Please Type or Print)

Section I. Personal Information- Local Government Officer

Local Government Served
Municipality: Salem County: Salem Other: _____

First Name: Earl Middle: R Last Name: GAGE Suffix: _____

*Spouse's
First Name: Randi Middle: _____ Last Name: Gage Suffix: _____

Home Address: 10 Delaware Dr Telephone Numbers (optional)
(optional) Salem NJ 08079 Home: 856-935-4977
Business: _____

* Spouse includes a Civil Union partner.

Agency	Position Held	Term Expires (if applicable)
1. <u>City of Salem</u>	<u>Mayor</u>	<u>12/31/09</u>
2. <u>County of Salem</u>	<u>CUR/Adm's Director</u>	<u>12/31/10</u>
3. _____	_____	_____

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SALEM COUNTY CLERK
GILDA T. GILL
CLERK
2009 APR 23 AM 9:15

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>City of Salem</u>	<u>17 New Market St. Salem</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
2. <u>County of Salem</u>	<u>94 Market St Salem</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
3. <u>PNC</u>	<u>Willington DE</u>	<input type="checkbox"/>	<input checked="" 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>N/A</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"/>	_____

Last Name: GAGE First Name: EARL Middle: R.

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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>N/A</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"/>	

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

	Name	Address	Self	Spouse	Dependent Name
1.	<u>N/A</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"/>	

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>Salem</u>	<u>Salem</u>	<u>100</u>	<u>1</u>		<u>10 Delaware Dr Salem</u>	<u>100</u>	<input checked="" type="checkbox"/>	<input checked="" 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.

4/22/08
Date

[Signature]
Signature of Local Government Officer
(Original Signature)

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