

(for DLGS use only)
Municode:

First Name: David Middle: T.

Last Name: Lindenmuth

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: Woodstown County: Salem Other: _____

First Name: David Middle: T. Last Name: Lindenmuth Suffix: _____

*Spouse's First Name: Christine Middle: T. Last Name: Lindenmuth Suffix: _____

Home Address: 25 East Grant St Telephone Numbers (optional): 856-969-1613
(optional) Woodstown, NJ 08098 Business: _____

* Spouse includes a Civil Union partner.

Agency: Salem County Position Held: Freeholder Term Expires (if applicable): 2008

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>Oldmans Township Bd of Ed</u>	<u>10 Greed Rd Pedricktown, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <u>Salem County Freeholder</u>	<u>Woodbury Hts, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. <u>Coastway Bd of Ed</u>		<input type="checkbox"/>	<input 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. _____		<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"/>	

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**Local Government Ethics Law
Financial Disclosure Statement**

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"/>	_____
2. _____	_____	<input type="checkbox"/>	_____
3. _____	_____	<input type="checkbox"/>	_____
4. _____	_____	<input type="checkbox"/>	_____
5. _____	_____	<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"/>	_____
2. _____	_____	<input type="checkbox"/>	_____
3. _____	_____	<input type="checkbox"/>	_____
4. _____	_____	<input type="checkbox"/>	_____
5. _____	_____	<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
Woodburn	Salem	20	11		25 East Cecant St.	100	<input checked="" type="checkbox"/>	GILDA T. GILL CLERK
1. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
2. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
3. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
4. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
5. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____

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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.

4/18/08

Date

Signature of Local Government Officer
(Original Signature)