

Last Name: Timberman Middle: Ellen First Name: Beth

State of New Jersey
Department of Community Affairs

Local Government Ethics Law Financial Disclosure Statement

Division of Local Government Services
Local Finance Board

Year of Service: 2008
Municipality: _____ County: Salem Other: _____
Municipal Code: _____

Section I. Personal Information - Local Government Officer
Local Government Served: _____
Municipality: _____

First Name: Beth Middle: Ellen Last Name: Timberman Suffix: _____
*Spouse's First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
Home Address: 20 Marlton Road Telephone Numbers (optional): 856-769-1299
(optional) Woodstown NJ 08098 Business: 856-769-2800

* Spouse includes a Civil Union partner.

Agency: Bd. of Chosen Freeholders Position Held: Freeholder
1. _____
2. _____
3. _____

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
<u>County of Salem</u>	<u>94 Market Street Salem NJ</u>	<input checked="" type="checkbox"/>	<u>Natalie Wilderk</u>
<u>Woodstown Family Practice</u>	<u>187 East Ave Woodstown NJ</u>	<input checked="" type="checkbox"/>	<u>Natalie Wilderk</u>
<u>N.J. Lottery</u>	<u>Freehold NJ</u>	<input checked="" type="checkbox"/>	<u>Natalie Wilderk</u>

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

RECEIVED
SALEM COUNTY CLERK
2008 APR 28 AM 9:11
GILDA T. GILL
CLERK

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. <u>Harvest Community Bank</u>	<u>285 N. Broadway Pennsville NJ</u>	<input checked="" type="checkbox"/>	<u>National Bank</u>
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
1. <u>Wardstown</u>	<u>Salem</u>	<u>21</u>	<u>47</u>		<u>20 Marthon Road Wardstown NJ 10028</u>	<u>100%</u>	<input checked="" type="checkbox"/>	<u>Natalie Waldert</u>
2. <u>Wardstown</u>	<u>Salem</u>	<u>21</u>	<u>12</u>		<u>64-16 Newark St. Wardstown NJ 10028</u>	<u>100%</u>	<input checked="" type="checkbox"/>	<u>Natalie Waldert</u>
3. <u>Ocean City</u>	<u>Cape May</u>	<u>1001</u>	<u>9+10</u>		<u>719 11th St. Cape May NJ 08202</u>	<u>100%</u>	<input checked="" type="checkbox"/>	<u>Natalie Waldert</u>
4. _____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
5. _____	_____	_____	_____	_____	_____	_____	<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.

April 22, 2008
Date

Beth Imberman
Signature of Local Government Officer
(Original Signature)