

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.
 (Please Type or Print)

Year of Service: 2008

Section I. Personal Information - Local Government Officer

Local Government Served _____ County: Salem Other: _____
 Municipality: _____
 First Name: Lee Middle: Richard Last Name: WASE Suffix: _____
 *Spouse's First Name: Patrice Middle: _____ Last Name: _____ Suffix: _____
 Home Address: 59 Amwellbury Road Last Name: WASE Telephone Numbers (optional) _____ Suffix: _____
 (optional) Salem NJ 08019 Home: 856-955-3621 Business: _____
 * Spouse includes a Civil Union partner: _____

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.

1. _____ Agency Salem Position Held Freelancer Term Expires (if applicable) December 31, 2010
2. _____
3. _____

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>Salem County Treasurers Office</u>	<u>92 Market Street Salem NJ 08019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>GLADYS</u>
2. <u>Wahl-Laur Finance Dept of Ed</u>	<u>East Ave. Woodbury NJ 08090</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>GLADYS</u>
3. <u>Reynolds Carpenters Joint Board of Ed</u>	<u>West Harmony Street Woodbury NJ 08090</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>GLADYS</u>
4. <u>WASE BROS. PRINTING INC</u>	<u>45 Amwellbury Road Salem NJ 08019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>GLADYS</u>
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"/>	_____

**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"/>	<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	Qual.	Address (if applicable)	% of Ownership	Self	Spouse	Dependent Name
1.	Essexboro	Salem	29	501		59 Amwellbury Road Salem	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GILBERT GILL
2.	Essexboro	Salem	31	18		85 Amwellbury Road Salem	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.	Essexboro	Salem	34	12		Wahpet Street Road Salem	10	<input checked="" 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.

Date 4-17-08
 Signature of Local Government Officer [Signature]
 (Original Signature)