

Instructions on How to File Financial Disclosure

If you have never filed a Financial Disclosure Statement and need to create a login for the system, please follow the instructions below.

Please Note: The Municipal Clerk does not have access to your password or the authority to change it. The Municipal Clerk cannot create your login.

Go to www.fds.nj.gov

Click “File Financial Disclosure”



Enter your registered login and password

The Municipal Clerk does not have access to your password or the authority to change it. The Municipal Clerk cannot create your login.

Click Login

A login form titled 'LOGIN' with a lock icon. It includes a hint: 'HINT: Login is the email address you established during registration'. The 'Login' field contains 'gsiboni@milltownboro.com'. The 'Password' field is masked with dots. A blue 'Login' button is at the bottom. Below the button are links for 'New Registration (Local Government Officer)' and 'Forgot Password'. A grey arrow points to the 'Login' button.

Choose which year will be filing the disclosure for

After choosing the year, click the link for “File Financial Disclosure Statement”

A dashboard area with a light blue background. At the top, there is a dropdown menu labeled 'Select year from drop down box for which you are filing an FDS:' with '2021' selected. To the right, it says 'Submission: Submission Pending'. Below this are three icons with links: a document icon for 'File Financial Disclosure Statement', a group of people icon for 'Manage Positions', and a profile icon for 'Edit Profile'. A grey arrow points to the 'File Financial Disclosure Statement' link.

Section I Personal Information
Complete all mandatory fields that are marked with red star.

If you do not have a spouse, this may be left blank.

Section I. Personal Information - Local Government Officer (LGO)

* First Name : Name : * Last Name : Suffix :

Home Address (Optional) +

Home Address :

City :

Zip :

Telephone Numbers (Optional) +

Home Phone : Ext

Business Phone : Ext

++ * Spouse's First Name : me : ++ * Last Name : Suffix :

Notes :
 + Optional information, if supplied, is subject to public disclosure as part of the Financial Disclosure Statement.
 ++ Spouse includes a Civil Union partner. Leave fields blank if you do not have a Spouse to report.

FOR LAW ENFORCEMENT OFFICERS OR RETIRED LAW ENFORCEMENT OFFICERS/HOUSEHOLDS WITH SUCH OFFICERS

Pursuant to N.J.S.A. 47:1-17, the home addresses and unpublished telephone numbers of law enforcement officers are protected. If you, or a member of your household, are a law enforcement officer/retired law enforcement officer, you must answer YES to identify your home address as exempt from online disclosure. Please note that you must still provide the real property information under Section II.E. If you do not select the YES checkbox, you have waived protection under N.J.S.A. 47:1-17 and the provided real property information will be available on the Internet as part of your Financial Disclosure Statement.

Check to make sure all positions are listed that are assigned as a user.

If you have additional pins, please follow the instructions to add additional pins before continuing

List of Positions held

(If you received new PINs or your positions are not listed below, please return to Manage Positions.) - [Manage Positions](#)

Entity	Category	Board/Agency	Position Held	Term Expires
Old Bridge Township - County of Middlesex	Managerial Executive Member/ Confidential Employee	Administration	Secretary	

Section II Financial Information

A. Source of Income

Please enter the information for each source of income for self, spouse, joint and/or dependents.

Click Save After Each Entry

If None- Please check the box for none

All entries that are "saved" will list in the box titled "List of Entries"

Please make sure all information is accurate

If you have previously filed, last year's entries will be present.

You can edit or delete any entries in the list

A. Enter 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.
 To add multiple sources of income use the save button after completing each entry. Use Next button to proceed to the next section.

If none, please select NONE and use Next button to proceed to the next section. None

Add / Edit Entry Fields with * are Mandatory

* Source of Income :

* Address : (Please include Street, City, State, ZIP)

Self Spouse Joint Dependent

Dependent Name :

List of Entries

Source of Income	Address	Type	Dependent Name	Actions
Township of Old Bridge	One Old Bridge Plaza Old Bridge, NJ 08857	Self		Edit / Delete

Section II Financial Information

B. Fees or Honorariums

Please enter the information for each fee or honorarium for self, spouse, joint and/or dependents.

Click Save After Each Entry

If None- Please check the box for none

Provide the following information for yourself and members of your immediate family for the prior calendar year.
B. Enter 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. To add multiple source of fees and honorariums use the save button after completing each entry. Use Next button to proceed to the next section.

If none, please select NONE and use Next button to proceed to the next section. None

Add / Edit Entry Fields with * are Mandatory

* Source of Fees and Honorariums :

* Address : (Please include Street, City, State, ZIP)

Self Spouse Joint Dependent

Dependent Name :

Save

All entries that are “saved” will list in the box titled “List of Entries”

Please make sure all information is accurate

If you have previously filed, last year's entries will be present.

You can edit or delete any entries in the list

Section II Financial Information

C. Gifts, Reimbursements and Personal Expenses

Please enter the information for each Gifts, Reimbursements and Personal Expenses for self, spouse, joint and/or dependents.

Click Save After Each Entry

If None- Please check the box for none

Provide the following information for yourself and members of your immediate family for the prior calendar year.
C. Enter 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. To add multiple Source of gifts, reimbursements or prepaid expenses use the save button after completing each entry. Use Next button to proceed to the next section.

If none, please select NONE and use Next button to proceed to the next section. None

Add / Edit Entry Fields with * are Mandatory

* Source of Gifts, Reimbursements or Prepaid expenses :

* Address : (Please include Street, City, State, ZIP)

Self Spouse Joint Dependent

Dependent Name :

Save

List of Entries

Section II Financial Information

D. Interest Held in Organizations

Please enter the information for each Interest Held in Organizations for self, spouse, joint and/or dependents.

Click Save After Each Entry

If None- Please check the box for none

Provide the following information for yourself and members of your immediate family for the prior calendar year.
D. Enter the name and address of all business organizations in which an interest was held. To add multiple entries use the save button after completing each entry. Use Next button to proceed to the next section.

If none, please select NONE and use Next button to proceed to the next section. None

Add / Edit Entry Fields with * are Mandatory

* Name :

* Address : (Please include Street, City, State, ZIP)

Self Spouse Joint Dependent

Dependent Name :

Save

All entries that are “saved” will list in the box titled “List of Entries”

Please make sure all information is accurate

If you have previously filed, last year’s entries will be present.

You can edit or delete any entries in the list

This question must be answered.

FOR LAW ENFORCEMENT OFFICERS OR RETIRED LAW ENFORCEMENT OFFICERS/HOUSEHOLDS WITH SUCH OFFICERS Field

* Are you a law enforcement officer or retired law enforcement officer or is a member of your household a law enforcement officer pursuant to N.J.S.A. 47:1-17?

Yes, I qualify as a law enforcement officer for purposes of N.J.S.A. 47:1-17

No, I do not qualify as a law enforcement officer for purposes of N.J.S.A. 47:1-17

Pursuant to N.J.S.A. 47:1-17, the home addresses and unpublished telephone numbers of law enforcement officers are protected. If you, or a member of your household, are a law enforcement officer/retired law enforcement officer, you must answer YES to this question to have your address as exempt from online disclosure. Please note that you must still provide the real property information under Section II.E. If you do not select the YES checkbox, you have waived protection under N.J.S.A. 47:1-17 and the provided real property available on the Internet as part of your Financial Disclosure Statement.

Section II Financial Information

E. Property Ownership

Please enter the information for each *Property Ownership* for self, spouse, joint and/or dependents.

Click Save After Each Entry

If None- Please check the box for none

Add / Edit Property

*Municipality :

*Block : *Lot : Qualifier. :

Address (if applicable) : (Please include Street, City, State, ZIP)

* % of Ownership : Self Spouse Joint Dependent

*Is this a Home Address? : Yes No

Dependent Name :

All entries that are “saved” will list in the box titled “List of Entries”

Please make sure all information is accurate

If you have previously filed, last year’s entries will be present.

You can edit or delete any entries in the list

Section II Financial Information

F. Additional Information

If you believe there is information that should be included on the FDS, but was not explicitly asked, please enter into the comment box.

If no other information is necessary, please leave box blank.

Click Save.

Section II. Financial Information (Sub Section F)

Provide the following information for yourself and members of your immediate family for the prior calendar year.

F. Please add any other information you believe is necessary to complete this form.

Comments :

Created By : Dainene Roberts Created On : 5/19/2021 9:10:29 AM

[Previous](#) [Save](#) [Cancel](#)

In order to proceed, you must click “Review Financial Disclosure”

Section III. Certification Fields with * are M

I hereby certify that this Financial Disclosure Statement contains no willful misstatement of fact or omission of material fact and, 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 subject to fines and possible disciplinary action.

I further certify that I intend my electronic signature on this statement to be the legally binding equivalent of my traditional handwritten signature.

[Review Financial Disclosure \(Mandatory before being able to file\)](#) ←

Date : 5/19/2021 * Type your name :

A pop up window will appear where you can review the Financial Disclosure with the information input.

After carefully reviewing your disclosure statement, you can print (if desired) and exit the pop up window.

Return to the main browser screen.

Type in your name

Click "Submit Financial Disclosure"

Once you click to submit, a notice will appear from the site.

This is to notify you, that once submitted, no changes or modifications to this specific disclosure can be made.

If no changes are needed, press ok.

If you would like to review your disclosure again, press cancel and you will be returned to the disclosure screen.

DRAFT COPY

State of New Jersey
Department of Community Affairs
Division of Local Government Services
Local Finance Board

**Local Government Ethics Law
Financial Disclosure Statement**

Year of Service:
2021

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.

Section I. Personal Information - Local Government Officer

First Name: Dainene Middle: Last Name: Roberts Suffix:
Home Address: Telephone Numbers: Home: Business:
(Optional +) (Optional +)

Spouse (includes Civil Union partner).
First Name: Middle: Last Name: Suffix:
+ Optional information, if supplied, will not appear on the public search of the FDS.

Entity	Agency/Board	Position Held	Term Expires *
1 Old Bridge Township - County of Middlesex	Administration	Secretary	

* = 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.

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 Township of Old Bridge	One Old Bridge Plaza Old Bridge, NJ 08857	Self	

Date : 5/19/2021 * Type your name : Dainene Roberts

Created By : Dainene Roberts Created On : 5/19/2021 9:10:29 AM

Previous

Submit Financial Disclosure

www.njfds.net says

Are you sure that you want to submit your FDS form today?

Once you submit your FDS you will not be able to Change or Modify this form. If you need to change or modify your FDS in the future, you can submit an amended FDS form.

OK

Cancel

Once you hit ok, you will be redirected to a confirmation screen.

This confirmation can be printed or saved with your records.

The State and Clerk's office will see the submission on our rosters. There is no need to notify either of the completed disclosure.

Please allow your browser to open pop-ups from this site.
This site also requires Adobe Reader or equivalent PDF viewing software.

Your Financial Disclosure Statement is submitted successfully.
You can print this page for future reference.

Confirmation Id : 233244
Submission Date : 5/19/2021 9:23:55 AM