

**Local Government Ethics Law  
 Financial Disclosure Statement**

**Year of Service:  
 2017**

*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: Robert Middle: W. Last Name: Singer Suffix:  
 Home Address: Telephone Numbers: Home: Business:  
 (Optional +) (Optional +)

Spouse (includes Civil Union partner).

First Name: Caryl Middle: Lynn Last Name: Singer Suffix:  
 + Optional information, if supplied, will not appear on the public search of the FDS.

Entity	Agency/Board	Position Held	Term Expires *
1 Lakewood Township - County of Ocean	LTMUA	LTMUA Commissioner	01/31/2021
2 Ocean County - County of Ocean	OCEAN COUNTY BOARD OF HEALTH	BOARD MEMBER VICE CHAIRMAN	03/23/2016

\* = 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 Lakewood Township MUA	390 New Hampshire Ave, Lakewood, NJ 08701	Self	
2 Barnabas Health Care system	95 Old Short Hills Road, Livingston NJ 07039	Spouse	
3 State of New Jersey	120 West State St. Trenton NJ 08065	Self	
4 Russo Family Trust	448 Madison Ave. Toms River, NJ 08753	Spouse	
5 Lakeland Bank	West County Line Road, Jackson NJ 08527	Self	
6 Delta Dental Foundation	1639 NJ Route 10. Parsippany, NJ 07054	Spouse	
7 Kokes Organization	55 Schoolhouse Rd, Whiting, NJ 08759	Self	

**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 None			

**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,**

Name	Address	Self/Spouse	Dependent Name
1 None			

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

Name	Address	Self/Spouse	Dependent Name
1 None			

**E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.**

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 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 check box, 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.

	Municipality/County	Block	Lot	Qual.	Address	% Own *	Self/Spouse	Dependent Name
1	Lakewood (Ocean)	533.01	80		1463 Massachusetts Avenue		Joint	
2	Toms River (Ocean)	26	9			100.00	Joint	

\* = % of Ownership

**F. Optional Comments:**

**Section III. Certification & online filing process**

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 false, I am subject to fines and possible disciplinary action.

Date: 04/27/2017

Name: Robert W. Singer

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