



PERSONAL FINANCIAL DISCLOSURE STATEMENT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
Website: www.elec.state.nj.us

PFD-1

FOR STATE USE ONLY

ELEC RECEIVED

APR 13 2017

PLEASE PRINT OR TYPE

Candidate Name:
William Brennan

Legislative District:
40

Address:
14 Iowa Road

City:
Wayne

State:
NJ

Zip:
07470

Election Date:
06/06/2017

Political Party, if any:
Democrat

Amendment

Office Sought:

- Governor
Lieutenant Governor
Senate
Assembly

Calendar Year of Report: 2016

Note: The PFD-1 form covers the calendar year preceding the year of election.

CANDIDATE CERTIFICATION

I, the undersigned, do hereby certify as follows:

The information reported in this personal financial disclosure statement is true and complete. I am aware that if any of the statements contained herein are willfully false or incomplete, I may be subject to punishment.

Candidate Signature

April 11, 2017
Date

SCHEDULE I - EARNED INCOME

**IDENTIFY EACH SOURCE IN EXCESS OF \$100 WHEN AGGREGATE RECEIPTS FROM ALL SOURCES
WITHIN A CATEGORY EXCEEDS \$1,000**

Check if aggregate received in each category exceeds \$1,000	Recipient	Name and Address of Source
Salary <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Bonus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Royalties <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Fees <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Commissions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Profit Sharing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	

SCHEDULE II - UNEARNED INCOME

**IDENTIFY EACH SOURCE IN EXCESS OF \$100 WHEN AGGREGATE RECEIPTS FROM ALL SOURCES
WITHIN A CATEGORY EXCEEDS \$1,000**

Check if aggregate received in each category exceeds \$1,000	Recipient	Name and Address of Source
Rents <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Sean Kim 10 Orchard Street Hackensack NJ
	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Donald M Sidor 62 Woodcliffe Ave Little Falls, NJ
Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
*Other Income (Including Interest) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Annuity - Township of Teaneck
	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Sale of property 4 Barber Place Little Falls, NJ
	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Sale of property 10 Orchard Street Hackensack, NJ

***Other Income from named investments, trusts and estates.**

SCHEDULE IV - REIMBURSEMENTS IN EXCESS OF \$100

Description	Recipient	Name and Address of Payer
	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	

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SCHEDULE III - HONORARIUMS AND FEES IN EXCESS OF \$100

Description	Recipient	Name and Address of Payer
	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	

SCHEDULE V - GIFTS VALUED IN EXCESS OF \$250

Recipient	Name and Address of Donor
<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	

SCHEDULE VI

OWNERSHIP, HOLDING OR CONTROL OF AN INTEREST IN ANY LAND OR BUILDING IN ANY CITY IN WHICH CASINO GAMBLING IS AUTHORIZED, WHICH LAND OR BUILDING SHALL BE SPECIFIED

Description	Person Owning, Holding, or Controlling Interest in Land/Building	Address of Land or Building
	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	