



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 11 2017

PLEASE PRINT OR TYPE

Candidate Name: Kimberly Guadagno
Legislative District: Statewide

Address: PO Box 31

City: Metuchen State: NJ Zip: 08840

Election Date: November 7, 2017 Political Party, if any: Republican Amendment

Office Sought: 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.

Handwritten signature of Kim Guadagno

Candidate Signature

Handwritten date: 3/31/17

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	State of NJ, PO Box 207, Trenton, NJ 08625
	<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	State of NJ, PO Box 207, Trenton, NJ 08625
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 type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	1382 Yacht Harbor Estates, Sea Bright, NJ
Dividends <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Steamboat Springs, LLC, Virginia Beach, VA Ameritrade, PO Box 2209, Omaha, NE 68103-2209
	<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	National Financial Services, Jersey City, NJ Ameritrade, PO Box 2209, Omaha, NE 68103-2209
*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	Steamboat Springs, LLC, Virginia Beach, VA

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

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

Description	Recipient	Name and Address of Payer
None	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	

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SCHEDULE IV - REIMBURSEMENTS IN EXCESS OF \$100

Description	Recipient	Name and Address of Payer
None	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	

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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	None

Empty table area for reporting gifts.

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
None	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	