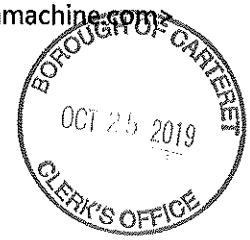
Pogorzelski, Carmela

From: Reimans A Jerk <opra+request-7755-4865c015@requests.opramachine.com>
Sent: Friday, October 25, 2019 2:24 PM
To: Pogorzelski, Carmela
Subject: OPRA request - Financial disclosures



Dear Carteret Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

a copy of Deborah Bialowarczuk's financial disclosure statements for the years 2015, 2016, 2017, 2018 and 2019

Yours faithfully,

W.J.B

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-7755-4865c015@requests.opramachine.com

Is pogorzelskic@carteret.net the wrong address for OPRA requests to Carteret Borough? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dcarteret_borough&c=E,1,mT8DjDcUjUBSErhfruBPZGv7wkvK3vcTnSLcCcWmWFu626Rk4_bkAT3zCAPWj_chhd2SbwqYlulPBoy6SmRduCCX6xCi3cGIBHs_veivewk,&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,TnAOqAuRSmJsS4vIGw_IeTAzJw-BmYPIsI3a9hygV6iD-vKnEaWeqW6PcmoDdwry8PZMGmGoB2EOQa2OZPate473pn9jAx7JJe0eamRE0E1bxsCb3wHNYM6RJPc,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2ffinancial_disclosures&c=E,1,oO2ubGmKPoPYGVU9BblwlWWnQIZCn1DsiepgeQg7JqXzNr2yxWvL0kln61YRiff0ak-9n0t1YSAHMRbioYPh_egCG0KgFoLjxBtvsVix_Wh1W7uEKWB9MvN8&typo=1

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

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

Local Government Ethics Law
Financial Disclosure Statement

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.

Year of Service: 2015

Section I. Personal Information - *Local Government Officer*

First Name: Deborah | Middle: L. | Last Name: Bialowarczuk | Suffix:

Home Address: *(Optional +)*

Telephone Numbers: Home: *(Optional +)* Business:

Spouse (includes Civil Union partner).

First Name: Adam | Middle: R. | Last Name: Bialowarczuk | Suffix:

+ Optional information, if supplied, will not appear on the public search of the FDS.

	Entity	*Agency/Board*	*Position Held*	*Term Expires **
1	Carteret Borough - County of Middlesex	Planning Board	Mayor's Alternate	

** = 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	Borough of Carteret	61 Cooke Avenue, Carteret, NJ 07008	Self	
2	Social Security	Washington, DC	Spouse	
3	Carteret Board of Education	599 Roosevelt Avenue, Carteret, NJ 07008	Spouse	
4	State of NJ Division of Pensions	Trenton, NJ	Spouse	

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	None							

** = % 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: 05/28/2015 *Name: Deborah Bialowarczuk*

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

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

Local Government Ethics Law
Financial Disclosure Statement

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.

Year of Service: 2016

Section I. Personal Information - *Local Government Officer*

First Name: Deborah | Middle: L. | Last Name: Bialowarczuk | Suffix:

Home Address: *(Optional +)*

Telephone Numbers: Home: *(Optional +)* Business:

Spouse (includes Civil Union partner).

First Name: Adam | Middle: R. | Last Name: Bialowarczuk | Suffix:

+ Optional information, if supplied, will not appear on the public search of the FDS.

	Entity	*Agency/Board*	*Position Held*	*Term Expires **
1	Carteret Borough - County of Middlesex	Planning Board	Mayor's Alternate	

** = 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	Borough of Carteret	61 Cooke Avenue, Carteret, NJ 07008	Self	
2	Social Security	Washington, DC	Spouse	
3	Carteret Board of Education	599 Roosevelt Avenue, Carteret, NJ 07008	Spouse	
4	State of NJ Division of Pensions	Trenton, NJ	Spouse	

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	None							

** = % 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: 04/22/2016 *Name: Deborah Bialowarczuk*

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

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

Local Government Ethics Law
Financial Disclosure Statement

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.

Year of Service: 2017

Section I. Personal Information - *Local Government Officer*

First Name: Deborah | Middle: L. | Last Name: Bialowarczuk | Suffix:

Home Address: *(Optional +)*

Telephone Numbers: Home: *(Optional +)* Business:

Spouse (includes Civil Union partner).

First Name: Adam | Middle: R. | Last Name: Bialowarczuk | Suffix:

+ Optional information, if supplied, will not appear on the public search of the FDS.

	Entity	*Agency/Board*	*Position Held*	*Term Expires **
1	Carteret Borough - County of Middlesex	Planning Board	Mayor's Alternate	

** = 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	Borough of Carteret	61 Cooke Avenue, Carteret, NJ 07008	Self	
2	Social Security	Washington, DC	Spouse	
3	Carteret Board of Education	599 Roosevelt Avenue, Carteret, NJ 07008	Spouse	
4	State of NJ Division of Pensions	Trenton, NJ	Spouse	

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	None							

** = % 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: 05/01/2017 *Name: Deborah L. Bialowarczuk*

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

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

Local Government Ethics Law
Financial Disclosure Statement

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.

Year of Service: 2018

Section I. Personal Information - *Local Government Officer*

First Name: Deborah | Middle: L. | Last Name: Bialowarczuk | Suffix:

Home Address: *(Optional +)*

Telephone Numbers: Home: *(Optional +)* Business:

Spouse (includes Civil Union partner).

First Name: Adam | Middle: R. | Last Name: Bialowarczuk | Suffix:

+ Optional information, if supplied, will not appear on the public search of the FDS.

	Entity	*Agency/Board*	*Position Held*	*Term Expires **
1	Carteret Borough - County of Middlesex	Planning Board	Mayor's Alternate	

** = 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	Borough of Carteret	61 Cooke Avenue, Carteret, NJ 07008	Self	
2	Social Security	Washington, DC	Spouse	
3	Carteret Board of Education	599 Roosevelt Avenue, Carteret, NJ 07008	Spouse	
4	State of NJ Division of Pensions	Trenton, NJ	Spouse	

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

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	Municipality/County	*Block*	*Lot*	*Qual.*	*Address*	*% Own **	*Self/Spouse*	*Dependent Name*
1	None							

** = % 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: 04/06/2018 *Name: Deborah Bialowarczuk*

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

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

Local Government Ethics Law
Financial Disclosure Statement

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.

Year of Service: 2019

Section I. Personal Information - *Local Government Officer*

First Name: Deborah | Middle: L. | Last Name: Bialowarczuk | Suffix:

Home Address: *(Optional +)*

Telephone Numbers: Home: *(Optional +)* Business:

Spouse (includes Civil Union partner).

First Name: Adam | Middle: R. | Last Name: Bialowarczuk | Suffix:

+ Optional information, if supplied, will not appear on the public search of the FDS.

	Entity	*Agency/Board*	*Position Held*	*Term Expires **
1	Carteret Borough - County of Middlesex	Planning Board	Mayor's Alternate	

** = 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	Borough of Carteret	61 Cooke Avenue, Carteret, NJ 07008	Self	
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	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.

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

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	Municipality/County	*Block*	*Lot*	*Qual.*	*Address*	*% Own **	*Self/Spouse*	*Dependent Name*
1	None							

** = % 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: 04/24/2019 *Name: Deborah Bialowarczuk*

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