FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC OFFICERS

INSTRUCTIONS:

Detailed instructions for completing this form are available on the Commission's website, nj.gov/ethics/disclosure/financial/.

Public Officers must complete this form in full. Public employees who hold positions in the Executive Branch of State Government are not required to complete this form, but must complete and file form FDS10/1.

The completed form must be forwarded to the State Ethics Commission, PO Box 082, Trenton, NJ 08625-0082. (Hand delivery address: 28 West State Street, Room 1407, Trenton, NJ 08608) The form must contain an original signature and an original notarization unless electronically filed. Questions should be directed to the Director of the State Ethics Commission, PO Box 082, Trenton, NJ 08625-0082, Telephone (609) 292-1892.

a. General Information

Filing Year: **2010**

Date of Statement: July16, 2010

First Name: **Robin** M.I. **Berg**

Last Name: **Tabakin**

Position Held: Chairwoman Government Records Council

Department or Agency: Government Records Council

Other compensated or uncompensated governmental positions you hold:

none

b. Please list below any occupation, trade, business, profession or employment engaged in by you, your spouse/civil union partner, your domestic partner, or your dependent children.

Public Officer: Recruiting/Consulting
Spouse: Attorney
Dependent Child: Legal Assistant (Summer)

Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation (e.g., law, real estate, engineering, medicine, plumbing)? If yes, please so indicate:

License	License is active	License is inactive
License to Practice Law	x	
Consulting Firm	x	

Do you have any personal contractual or business relationship with another officer or employee or special State officer or employee of your agency?

☐ Yes ☑ No

If yes, please explain.

c. State Employment - Relatives

For the purposes of this question, "relative" means your spouse/civil union partner or your or your spouse's/civil union partner's parent, child, brother, sister, aunt, uncle, niece, nephew, grandparent, grandchild, son-in-law, daughter-in-law, stepparent, stepchild, stepbrother, stepsister, half brother or half sister, whether the relative is related to you or your spouse by blood, marriage or adoption.

1. Is any relative employed in a State office or position?

☐ Yes ☑ No

2. If yes, name of relative(s) and employing agency.

3. Do you exercise authority, supervision or control (including personnel actions) over the individual(s) named above?

☐ Yes ☑ No

d. Ethics Training

1. Have you completed ethics training? ☐ Yes ☑ No
2. If yes, indicate nature of training: ☐ in-person ☐ on-line
3. If in-person, training provided by: ☐ agency ☐ State Ethics Commission
4. Date most recent training completed: _____

e. Assets

List all assets, both tangible and intangible, in which you, your spouse/civil union partner, your domestic partner or your dependent children hold an interest as of the date of this statement.

Identify assets with check mark. Do not indicate dollar value. If asset is held jointly, place a check mark in the Public Officer box. The word "joint" should then be noted in the Spouse / Civil Union Partner / Domestic Partner box.

Please fill in each line; indicate not applicable with "N/A" or "None."

ASSETS (Valued at more than $1,000)	Public Officer:	Spouse / Civil Union Partner / Domestic Partner:	Dependent Children:
CASH ON HAND IN BANK	x	joint	x
NOTES RECEIVABLE- Indicate Nature of Note on Item h.5 on page 4.	n/a	n/a	n/a
ACCOUNTS RECEIVABLE - Indicate Nature of Account on Item h.5 on page 4.	n/a	n/a	n/a
GOVERNMENT BONDS Itemize on Schedule A	x	joint	x
STOCKS & CORPORATE BONDS (Include Mutual Funds) Itemize on Schedule A	x	x	x
INTEREST IN CONTRACTS WITH GOVERNMENT INSTRUMENTALITIES Itemize on Schedule B	x	n/a	n/a

ASSETS (Valued at more than $1,000)	Public Officer:	Spouse / Civil Union Partner / Domestic Partner:	Dependent Children:
NEW JERSEY REAL ESTATE INTERESTS - Itemize on Schedule C	x	joint	n/a
REAL ESTATE INTERESTS OUTSIDE OF NEW JERSEY	n/a	n/a	n/a
PENSION FUND (include IRA, Keogh, Annuities, State Pension, etc.)	x	x	x
LIFE INSURANCE	n/a	n/a	n/a
VEHICLES	x	joint	n/a
OTHER ASSETS (Itemize Below)	x	joint	x
Personal Property	x	joint	x

f. Are you, your spouse/civil union partner, your domestic partner or your dependent children a party to a blind trust agreement? If yes, please provide the name and address of the Trustee. ☐ Yes ☑ No

Name: _____

Address: _____

g. Do you, your spouse/civil union partner or your domestic partner have any interest in any closely held corporation, partnership, sole proprietorship, or similar business entity? ☑ Yes ☐ No

If yes, itemize on Schedule D.

h. Income

Public officers, their spouses/civil union partners or their domestic partners, and dependent children must indicate the source of their incomes. Public officers filing before July 1 of any year must provide this information for the preceding calendar year. Public officers filing after July 1 of any year must provide this information for the 12-month period prior to filing. Income from any source totaling less than $1,000 need not be disclosed. The following gifts need not be reported: (1) cash gifts of less than $100 in the aggregate received from a person, (2) non-cash gifts with fair market value of less than $200 in the aggregate received from a person, and (3) gifts of less than $3,000 in the aggregate received from a relative. Please fill in each line; indicate not applicable with "N/A" or "None."

Indicate sources of income with a check mark. Do not indicate dollar value.	Public Officer:	Spouse / Civil Union Partner / Domestic Partner:	Dependent Children:
1. All compensated employment of whatever nature, including current State or other employment. Please list commencement and, if applicable, termination date. Be sure to include the name of the employer(s):			
	n/a		
Spouse: Fein, Such, Kahn, & Shepard		x	
Dependent Child: Fein, Such, Kahn, & Shepard			x
Dependent Child: Fein, Such, Kahn, & Shepard			x
2. All directorships and other fiduciary positions for which compensation has or will be received:			
	n/a	n/a	n/a
3. All contractual arrangements producing or expected to produce income, including but not limited to buyout agreements and severance payments:			
	n/a	n/a	n/a
4. All capital gains: (Itemize on Schedule E)			
	n/a	n/a	n/a
5. All honoraria, lecture fees, gifts and other gratuities (cash or non-cash) and other miscellaneous sources of income, including but not limited to Social Security and pensions, interest, dividends, royalties, rents and accounts and notes receivable:			
Gift From Family Member	B	B	n/a

i. List any offices, trusteeships, directorships or positions of any nature, whether compensated or uncompensated, held by you, your spouse/civil union partner, your domestic partner or dependent children, with any firm, corporation, association, partnership or business. If such firm, corporation, association, partnership or business does business with a casino or does business with the State, or is regulated, licensed or inspected by any State agency, please identify the State agency or casino.

Position Held	Firm, Corporation, Association, Partnership or Business	State Agency	Casino	Indicate whether held by public officer, spouse, civil union partner, domestic partner, or dependent children.
Managing Member	Technoforce LLC	Reg by NJ Att General		Public Officer
Managing Member	Procurement Initiatives LLC			Public Officer
Chairwoman/CEO	Women's Center for Entrepreneurship Co	DCA (anticipated)		Public Officer
Shareholder	Fein, Such, Kahn & Shepard			Spouse

j. Liabilities:

List all of your liabilities and those of your spouse/civil union partner, your domestic partner or your dependent children and identify the creditor. List value class of liabilities of public officer and spouse/civil union partner or domestic partner only. Include all liabilities that have been forgiven by any creditor within the last twelve months, stating the name of the creditor to whom the liability was owed. Liabilities include, but are not limited to, notes, accounts payable, past due taxes, mortgages or liens, and loans on life insurance.

The following liabilities need not be reported: less than $10,000 owed to a relative; less than $1,000 owed to any other person; loans secured by a personal motor vehicle, household furniture or appliances where the loan did not exceed the purchase price of the item and the outstanding balance did not exceed $10,000 as of the close of the preceding calendar year; and revolving charge accounts where the outstanding liability did not exceed $10,000 as of the close of the preceding calendar year. Indicate not applicable with "N/A" or "None."

Description (Type of obligation and nature of security, if any)	Creditor	Value Class	Check if Forgiven in Past 12 Months	Obligation of : (check) Public Officer:	Spouse / Civil Union Partner/ Domestic Partner:	Dependent Children:
Mortgage	Lincoln Park Savings & Loan	E	n/a	x	joint	n/a

VALUE CLASS
A = greater than $1,000 but not more than $5,000
B = greater than $5,000 but not more than $25,000
C = greater than $25,000 but not more than $50,000
D = greater than $50,000 but not more than $100,000
E = greater than $100,000 but not more than $250,000
F = greater than $250,000 but not more than $500,000
G = greater than $500,000

SCHEDULE A - STOCKS AND BONDS HELD

List the type of securities owned by you, your spouse/civil union partner, your domestic partner or your dependent children; list the name of the company, mutual fund, holding company or government agency issuing the stocks and bonds. If your ownership interest exists through a mutual fund or holding company, you need not list the individual stocks so owned; you must, however, list the mutual fund or holding company. If your ownership interest exists through a beneficial interest in a trust, list the stocks and bonds so owned if you have such knowledge; otherwise list the name of the trustee. Do not indicate dollar value.

Indicate not applicable with "N/A" or "None."

		Held by:(check)			
Type of Security (Stock or Bond)	Name of Issuing Company, Mutual Fund, Holding Company or Government Agency	Public Officer:	Spouse/ Civil Union Partner/ Domestic Partner:	Dependent Children:	Percentage Ownership*
Mutual Fund	Fidelity Investments	x	x	x	n/a
Mutual Fund	Hennessey Funds	x	n/a	n/a	n/a
Mutual Fund	Hussman Funds	n/a	n/a	x	n/a
Savings Bonds	United States of America	x	joint	x	n/a

*Individuals who own more than 10% of the total stock of any company must disclose the percentage of ownership.

SCHEDULE B - INTERESTS IN CONTRACTS WITH GOVERNMENT INSTRUMENTALITIES

List below any direct or indirect interest, whether vested or contingent, held by you, your spouse/civil union partner, your domestic partner or dependent children, in any contract made or executed by a government instrumentality - (State, County, Municipality or other public agency in New Jersey). Indicate not applicable with "N/A" or "None."

Government Instrumentality	Description of Interest and Nature of Contract	Public Officer:	Spouse/ Civil Union Partner/ Domestic Partner:	Dependent Children:
UMDNJ	Contract to be on Vendor List	x	n/a	n/a

SCHEDULE C - NEW JERSEY REAL ESTATE INTERESTS

1. List all of your New Jersey real estate holdings and those of your spouse/civil union partner or domestic partner and dependent children. New Jersey real estate holdings must include the county, and current use of any real property in which any direct, indirect, vested or contingent interest is held by you, your spouse/civil union partner or domestic partner or dependent children, along with the names of all individuals or entities who share a direct or indirect interest therein.

Indicate not applicable with "N/A" or "None."

County	Individuals or Entities Sharing Interest	Current Use*	Acquisition Date	Held by: (check) Public Employee:	Spouse/ Civil Union Partner/ Domestic Partner:	Dependent Children:
Morris	Spouse	Residential	4/92	x	joint	n/a

*Specify if commercial, industrial, residential, rental, farm or vacant.

2. Do any of the individuals who are listed above as sharing a real estate interest with the public officer, spouse/civil union partner, domestic partner or dependent children of the public officer work for the same State agency as the public officer? If so, identify the individuals.

Supervisor / Subordinate Relationship? Yes ☐ No ☑

Name:

3. List the name of any government instrumentality that is a tenant in 1. above and any government instrumentality that has before it an application, complaint or proceeding directly affecting any real property listed above.

County	Government Instrumentality Tenant	Government Instrumentality with Proceeding Pending
n/a		

SCHEDULE D - INTEREST IN CLOSELY HELD CORPORATIONS OR SIMILAR BUSINESS ENTITIES

If you, your spouse/civil union partner or your domestic partner have any interest in any closely held corporation, partnership, sole proprietorship, or similar business entity, please provide the requested information for each business entity. "Interest" means ANY ownership or control of ANY profits or assets of such business entity. Indicate not applicable with "N/A" or "None."

Interest Held By: ☑ Public Officer ☐ Spouse / Civil Union Partner ☐ Domestic Partner

BUSINESS NAME: Technoforce LLC

ADDRESS: 4 Knollwood Terrace HOME ADDRESS

CITY: Randolph STATE: NJ

General description of business activity of entity:

Permanent Placement and Consulting

Duties and responsibilities of your State position:

Adjudicating disputes regarding access to government records.

BUSINESS NAME: Procurement Initiatives LLC

ADDRESS: 4 Knollwood Terrace HOME ADDRESS

CITY: Randolph STATE: NJ

General description of business activity of entity:

Consulting

BUSINESS NAME: Women's Center for Entrepreneurship Corp.

ADDRESS: 311 Main Street 2nd Floor

CITY: Chatham STATE: NJ

General description of business activity of entity:

Business Counseling and Micro Loans

SCHEDULE E - CAPITAL GAINS

Indicate not applicable with "N/A" or "None".

Item Sold	Description (e.g., real property, stock name)	Date Acquired	Date Sold	Name of Purchaser If Known	Gain Received By: (check)		
					Public Officer:	Spouse/ Civil Union Partner/ Domestic Partner:	Dependent Children:
n/a							

Are you filing electronically? ☑ Yes ☐ No

ATTESTATION

I hereby certify that I have read the foregoing statement and any addendum pages attached hereto and to the best of my knowledge and belief, they are true, correct and complete. I further certify that I have not and will not transfer any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest therein. I understand that I am subject to penalties for perjury.

Enter your full name: Robin Berg Tabakin

This Financial Disclosure Statement was prepared by (check one):

☑ Public Officer

☐ Spouse / Civil Union Partner

☐ Domestic Partner

☐ Other (Please identify) _____

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Interest Held By: ☐ Public Officer ☑ Spouse ☐ Domestic Partner

BUSINESS NAME: Fein, Such, Kahn & Shepard

ADDRESS: 7 Century Drive

CITY: Parsippany STATE: NJ

General description of business activity of entity:

Attorneys at Law

Duties and responsibilities of your State position:

Adjudicating disputes regarding access to government records.

BUSINESS NAME:

ADDRESS:

CITY: STATE:

General description of business activity of entity:

BUSINESS NAME:

ADDRESS:

CITY: STATE:

General description of business activity of entity: