

REPORT OF TERMINATION OR ASSUMPTION OF PUBLIC EMPLOYMENT

Pursuant to section 2:14 of the Legislative Code of Ethics, this completed report is required to be filed within 30 days of any termination or assumption of public employment by you, as a member of the Legislature, or your spouse. The completed report containing an original signature should be returned to:

Joint Legislative Committee on Ethical Standards
2nd Floor, State House Annex, Room 210
PO Box 068
Trenton, New Jersey 08625-0068

1. Member's Name: *Patrick J. Diegnan Jr.*

2. Member's House: Senate General Assembly

3. Reason for Filing:

- I assumed public employment. My spouse assumed public employment.
 I terminated public employment. My spouse terminated public employment.

4. Date of Assumption or Termination: *5/1/13*

5. Name of Public Entity: *Middlesex County*

6. Position Title: *Administrator*

6/24/13
DATE

[Handwritten Signature]
ORIGINAL SIGNATURE

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STATE HOUSE
COM. 2108

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Trenton, New Jersey 08625-0068

1. Member's Name: Patrick J. Diegnan, Jr.

2. Member's House: Senate General Assembly

3. Reason for Filing:

I assumed public employment.

My spouse assumed public employment.

I terminated public employment.

My spouse terminated public employment.

4. Date of Assumption or Termination: 1/1/13

5. Name of Public Entity: Middlesex County Joint Health Insurance Fund

6. Position Title: Fund Attorney

2/21/13

DATE


ORIGINAL SIGNATURE

Patrick J. Diegnan, Jr.

2013 FEB 22 P 1:16

OFFICE OF
LEGISLATIVE
SERVICES