

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2010

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NOTE: Before completing this Disclosure Statement, please carefully read the enclosed instructions. If additional space is needed, please duplicate this form as necessary and staple all pages together. An original signature is required on page 4; a facsimile, photocopy or stamp signature is not acceptable. Questions should be directed to Legislative Counsel at (609) 292-4625. The completed disclosure form is due May 15, 2011 and should be sent to: Joint Legislative Committee on Ethical Standards, 2nd Floor, State House Annex, Room 210, PO Box 068, Trenton, New Jersey 08625-0068.

MARY PAT ANGELO
PRINT NAME

CHECK APPROPRIATE HOUSE: Senate General Assembly

Provide the following information for yourself, your spouse and minor children (unless otherwise indicated) for calendar year 2010. Please note that a minor child is a child under the age of 18. For each entry, check the box of the appropriate recipient. When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000 - \$24,999.99; 3=\$25,000 - \$49,999.99; 4=\$50,000 or more.

I. EARNED INCOME: List the name, address and amount for each source of earned income. (Earned income includes salaries, bonuses, royalties, commissions, profit sharing and fees.)

	Name of Employer	Address of Employer	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	Monmouth County	PO Box 1255, Freehold, NJ	1	2	3	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	PREVENTION FIRST	1405 Hwy 35, Ocean NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	INTERNATIONAL CRIMES AG. CLERK	WASHINGTON DC	1	2	3	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	OCEAN TWP Bd of Ed	OCEAN, NJ	1	2	3	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

II. UNEARNED INCOME: List the name, address and amount for each source of unearned income. (Unearned income includes rents, dividends and income from investments, trusts and estates.)

A. RENTS

	Property Address	Tenant Name	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	<u>N/A</u>	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)		_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)		_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)		_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

V. GIFTS: List the name, address, nature and amount for each source of gift to you, your spouse or minor child from a named donor connected to the legislative process.

	Name & Nature of Gift	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	<u>NA</u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VI. LIABILITIES: List the name and address of each creditor for you or your spouse and the nature and amount of each liability except for liabilities which are: (a) less than \$15,000 and owed to a relative; (b) less than \$3,000 and owed to any other person; (c) loans secured by a personal motor vehicle or household furniture or appliances; or (d) revolving charge accounts.

	Name & Nature of Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	<u>TD BANK Mortgage</u>	<u>W. PARK AVE, OCEAN</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

APR 11 11:00 AM
 LEGISLATIVE SERVICES

VII. FORGIVEN LIABILITIES: List the name and address of each former creditor for you or your spouse and the nature and amount of each forgiven liability which would have been required to be reported pursuant to VI above had it not been forgiven.

	Name & Nature of Forgiven Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	<u>NA</u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VIII. BUSINESS ORGANIZATIONS: List the name and address of all business organizations in which you or your spouse held an interest.

	Name	Address	Self	Spouse
1)	MOBC Board Member	WALL, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	ASBY PART CHAIRMAN - Bd member	A.P.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>

IX. OFFICES, TRUSTEESHIPS, OR DIRECTORSHIPS: List the title of each position held by you or your spouse in any firm, corporation, association, partnership or business and the name and address of the entity in which the position was held.

	Position Held	Name & Address of Entity	Self	Spouse
1)	N/A		<input type="checkbox"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>

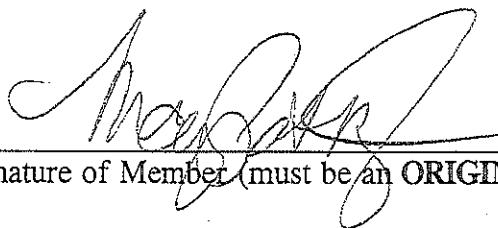
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

	Property Address	Description of Property	Self	Spouse	Child
1)	54 Cold Indian Springs, Ocean, NJ	HOME	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above information is correct and complete to the best of my knowledge. In addition to this statement, you have a continuing obligation to report any termination or assumption of public employment of yourself or your spouse within 30 days, which report shall be an addendum to this statement.

4-5-11

Date



Signature of Member (must be an ORIGINAL signature, not a facsimile, stamp or photocopy)



NEW JERSEY GENERAL ASSEMBLY

MARY PAT ANGELINI
ASSEMBLYWOMAN, 11TH DISTRICT
1955 HIGHWAY 34, BUILDING 2A
WALL, NJ 07719
TEL: (732) 974-1719
FAX: (732) 974-3615

COMMITTEES
ASSEMBLY HEALTH AND
SENIOR SERVICES

ASSEMBLY
HUMAN SERVICES

April 15, 2011


Ms. Marci Levin Hochman, Ethics Counsel
State House Annex
PO Box 068
Trenton, NJ 08625-0068

Dear Ms. Hochman:

Please be advised that I inadvertently neglected to include the attached benefit on my Calendar Year 2010 Financial Disclosure Statement. As such, I request that my 2010 Financial Disclosure Statement be amended to include a benefit in the amount of \$28.53 for food and beverage which was provided to me by Dilworth Paxon LLC on July 23, 2010.

Thank you for your attention to this matter and please feel free to contact me should you have any questions regarding this request.

Sincerely,


Mary Pat Angelini
Assemblywoman, 11th District

Enclosure

MPA/rs

2011 MAY - 2 A 10:42
SERVICE OF
LEGISLATIVE
SERVICES

**CALENDAR YEAR 2010
BENEFIT PASSING - ALPHABETICAL BY RECIPIENT**

2011 MAY - 2 A 10:13
 SERVICE
 AMOUNT

DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT
8/13/2010	ADELMAN, CORT	F	POUR HOUSE, WESTMONT, NJ	NJ HOSPITAL ASSN - AMENDMENT	42.17
10/18/2010	ALLEN, DIANE B	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	45.00
8/19/2010	AMODEO, JOHN F**	E	PHILLIES, PHILADELPHIA, PA	ATLANTIC CITY ELECTRIC - AMENDMENT	242.00
7/23/2010	ANGELINI, MARY PAT	F	MONMOUTH COUNTY PARK, OCEANPORT, NJ	DILWORTH PAXSON LLP	28.53
3/18/2010	AWAJOBI, RICHARD*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	54.65
10/18/2010	BECK, JENNIFER	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	45.00
6/8/2010	BRAMNICK, JON M	F	SHERATON MEADOWLANDS, EAST RUTHERFORD, NJ	COMMERCE & INDUSTRY ASSN OF NJ - AMENDMENT	75.58
6/8/2010	BUCCO, ANTHONY R	F	SHERATON MEADOWLANDS, EAST RUTHERFORD, NJ	COMMERCE & INDUSTRY ASSN OF NJ - AMENDMENT	75.58
5/4/2010	BUONO, BARBARA*	F	GALLAGHERS STEAK HOUSE, NEWARK, NJ	PUBLIC SERVICE ENTERPRISE GROUP (PSEG/PSE&G POWER/PSEG SERVICE CORP) - AMENDMENT 03/03/2011	71.00
11/22/2010	BUONO, BARBARA*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	65.00
3/18/2010	BURZICHELLI, JOHN J*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	54.65
12/7/2010	CALDERONE, PETER*	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
6/8/2010	CARDINALE, GERALD	F	SHERATON MEADOWLANDS, EAST RUTHERFORD, NJ	COMMERCE & INDUSTRY ASSN OF NJ - AMENDMENT	75.58
3/18/2010	CARUSO, WILLIAM	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	54.65
7/23/2010	CASAGRANDE, CAROLINE	F	MONMOUTH COUNTY PARK, OCEANPORT, NJ	DILWORTH PAXSON LLP	28.53
6/8/2010	CHIVUKULA, UPENDRA J	F	SHERATON MEADOWLANDS, EAST RUTHERFORD, NJ	COMMERCE & INDUSTRY ASSN OF NJ - AMENDMENT	75.58
12/7/2010	CHIVUKULA, UPENDRA J	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
12/7/2010	COUGHLIN, CRAIG J	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00

*Benefit was reimbursed by recipient. **Benefit was partially reimbursed by recipient.

E = Entertainment F = Food and Beverage G = Gifts H = Honoraria T = Travel L = Lodging O = Other

This summary data reflects the information as reported on the Annual Lobbying reports covering calendar year 2010, received as of 5:00 p.m. on March 2, 2011.