

B. DIVIDENDS

1) 2) 3) 4)	Name	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. INCOME from investments, trusts and estates (including capital gains).

1) 2) 3) 4)	Name	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
	World Savings Bank	Westfield, NJ	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Enterprise Bank	Kenilworth, NJ	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wachovia Securities	Newark, NJ	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. HONORARIA and FEES: List the name, address, nature and amount for each source of honorarium or fee received by you or your spouse for personal appearances, speeches or writings.

1) 2) 3) 4)	Name & Nature of Honorarium or Fee	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
	NONE						<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

IV. REIMBURSEMENTS or PREPAID EXPENSES for TRAVEL, LODGING or SUBSISTENCE: List the name, address, nature and amount for each source of reimbursement or prepaid expense and circle whether the source is a profit (P), nonprofit (N), or governmental (G) entity.

1) 2) 3) 4)	Name & Nature of Reimbursement or Prepaid Expense	Address	Circle Amount Code				Self	Spouse	Child	Circle P, N or G		
			1	2	3	4				P	N	G
	NONE						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 in excess of \$250.

	Name & Nature of Gift	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	NONE								
2)									
3)									
4)									

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)	National City Mortgage - Home Mtg.	Clark, NJ				4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	Valley National Bank - Home Equity	Scotch Plains, NJ				4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3)							<input type="checkbox"/>	<input type="checkbox"/>
4)							<input type="checkbox"/>	<input type="checkbox"/>

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)	NONE							
2)								
3)								
4)								

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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) <u>Bramnick, Rodriquez, et. al, LLC</u>	<u>1831 E. 2ndsSt. Scotch Plains, NJ</u>	<input checked="" 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"/>

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) <u>General Partner</u>	<u>Bramnick, Rodriquez, et al, LLC</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) _____	<u>1831 E. 2nd st.</u>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	<u>Scotch Plains, NJ</u>	<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) <u>279 Watchung Fork, Westfield, NJ</u>	<u>Primary Residence</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>7110 Clinton Ave. Hoboken, NJ Apt 6C</u>	<u>Condo owned</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.

5/3/06
Date


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