

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2010



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.

Robert Schroeder

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				Self	Spouse	Child
			Code						
1)	API	74 Prospect Pl. Hudson NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	ACQUISITIONS CONSULTING	74 Prospect Pl. Hudson	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	RS CONSULTING	74 Prospect Pl. Hudson	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	TOWNSHIP OF WAB - Fire Dept	350 Hudson Supervisor NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input 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				Self	Spouse	Child
			Code						
1)	- see attached -	LEGISLATIVE SERVICES	1	2	3	4	<input checked="" 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"/>	<input type="checkbox"/>

R.S. CONSULTANTS REAL ESTATE PORTFOLIO - L.L.C. TENANT LISTING

LLC / SPACE/LOCATION	BUSINESS/TENANT NAME	TOWN/STATE/ZIP CODE
89 BROADWAY L.L.C.		
89 BROADWAY	Global Apparel, Inc.	Park Ridge, NJ 07656
561 BROADWAY L.L.C.		
561 BROADWAY	Vacant Land	Westwood, NJ 07675
99 ROLAND L.L.C.		
99 ROLAND	Tomas Carino	Park Ridge, NJ 07656
99 ROLAND - REAR	Edward Rumley	
74 PROSPECT PLACE L.L.C.		
74 PROSPECT	API, Inc.	Hillsdale, NJ 07642
539 PIERMONT AVENUE L.L.C.		
539 PIERMONT	API, Inc.	Hillsdale, NJ 07642
583 BROADWAY L.L.C.		
583 BROADWAY	Daniel Reyes	Westwood, NJ 07675
583 BROADWAY	Fabian Montes	
583 BROADWAY	The Hertz Corporation	
583 BROADWAY	Frank's Personal Service	
459 BROADWAY L.L.C.		
459 BROADWAY	All Parts Auto Supplies, Inc.	Westwood, NJ 07675
459 BROADWAY	Deluxe Nails, Inc.	
459 BROADWAY	Marie! Mejia	
459 BROADWAY	Brad Pfeifer	
100 WEST STREET L.L.C.		
101 WEST STREET	Clifford J. Hartex & Hartex, Inc.	Hillsdale, NJ 07642
101 WEST STREET	Richard M. Hodgman	
101 WEST STREET	RGS Investments, L.L.C.	
101 WEST STREET	The Arzeno Institute, Inc.	
101 WEST STREET	Christopher J. Lantelme	
101 WEST STREET	Hercules Global Response, L.L.C.	
101 WEST STREET	Laurie Cornell	
101 WEST STREET	Project Impact	
101 WEST STREET	International Ship Management & Agency Services, Inc.	
101 WEST STREET	Hitachi Home Electronics, Inc.	

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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.

B. DIVIDENDS

Name	Address	Circle Amount Code	Self	Spouse	Child
1) _____	_____	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) <u>Princeton Community Bank</u>	<u>Westwood NJ</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>Fidelity Investments</u>	<u>Princeton NJ</u>	<u>2</u> 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>Lincoln Trust</u>	<u>Fort Wayne Indiana</u>	<u>2</u> 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>Windsor</u>	<u>Valley Forge PA</u>	<u>2</u> 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	1 2 3 4	<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.

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

Name & Nature of Reimbursement or Prepaid Expense	Address	Circle Amount Code	Self	Spouse	Child	Circle P, N or G
1) <u>None</u>	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G

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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)	NONE						<input type="checkbox"/>	<input 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"/>

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)	SEE ATTACHED					4	<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"/>

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						<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"/>

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Robert Schroeder Financial Disclosure Form

Section VI - LIABILITIES

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Oritani Bank, Township of Washington, NJ
Valley National Bank, Wayne, NJ
Kearney Federal Savings, Fairfield, NJ
Ocean First, Toms River, NJ
Bank of America, Hillsdale, NJ
TD Bank, Township of Washington, NJ
PNC Bank, Westwood, NJ
Atlantic Stewardship Bank, Westwood, NJ

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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)	ACU Points	74 Laurel Pl Housdne, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	APZ	74 Prospect Pl Housdne NJ	<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.

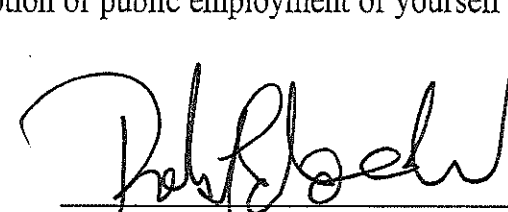
	Position Held	Name & Address of Entity	Self	Spouse
1)	MEMBER BOARD	LakeLand Bank Park Ridge NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	MEMBER BOARD	Innocente Hunter Academy, Twp of Wash	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<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)	SEE ATTACHED		<input type="checkbox"/>	<input 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.

May 12 2011
Date


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

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Robert Schroeder Financial Disclosure Form – Calendar Yr. 2010

Section X – REAL ESTATE

2448 Cleveland Avenue
Township of Washington, NJ
self/spouse

2306 Ocean Avenue
Lavallette, NJ
self/spouse

1620 Northbay Avenue
Toms River, NJ
self

74 Prospect Place
Hillsdale, NJ
self

459 Broadway
Westwood, NJ
self

99 Roland Street
Park Ridge, NJ
self

89 Broadway
Park Ridge, NJ
self

583 Broadway
Westwood, NJ
self

561 Broadway
Westwood, NJ
self

101 West Street
Hillsdale, NJ
Self

538 Piermont
Hillsdale, NJ

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