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.

BOB SMITH
PRINT NAME

CHECK APPROPRIATE HOUSE: ☒ Senate ☐ General Assembly

2011 APR 28 A
OFFICE OF LEGISLATIVE SERVICES

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)	BOB SMITH AND ASSOCIATES	216 B-1 STELTON RD PISCATAWAY NJ 08854	1 2 3 [✓ 4]	☒	☒	☐
2)			1 2 3 4	☐	☐	☐
3)			1 2 3 4	☐	☐	☐
4)	SEE ATTACHED STATEMENT		1 2 3 4	☐	☐	☐

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)	NONE		1 2 3 4	☐	☐	☐
2)			1 2 3 4	☐	☐	☐
3)			1 2 3 4	☐	☐	☐
4)			1 2 3 4	☐	☐	☐

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)	SEE ATTACHED STATEMENT	ALL NYSE/NASDAQ LISTED SECURITIES	1 2 3 4	☒	☒	☐
2)			1 2 3 4	☐	☐	☐
3)			1 2 3 4	☐	☐	☐
4)			1 2 3 4	☐	☐	☐

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

	Name	Address	Circle Amount Code	Self	Spouse	Child
1)	SEE ATTACHED STATEMENT	ALL NYSE/NASDAQ LISTED SECURITIES	1 2 3 4	☒	☒	☐
2)			1 2 3 4	☐	☐	☐
3)			1 2 3 4	☐	☐	☐
4)			1 2 3 4	☐	☐	☐

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)	NONE		1 2 3 4	☐	☐
2)			1 2 3 4	☐	☐
3)			1 2 3 4	☐	☐
4)			1 2 3 4	☐	☐

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)	OUT OF POCKET EXPENSES	ELECTION FUND OF BOB SMITH 830 SHIRLEY PARKWAY PISCATAWAY, NJ 08854	[✓ 1] 2 3 4	☒	☐	☐	P N [✓ G]
2)			1 2 3 4	☐	☐	☐	P N G
3)			1 2 3 4	☐	☐	☐	P N G
4)			1 2 3 4	☐	☐	☐	P N G

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 <u>from a named donor connected to the legislative process</u>.

	Name & Nature of Gift	Address	Circle Amount Code	Self	Spouse	Child
1)	NONE		1 2 3 4	☐	☐	☐
2)			1 2 3 4	☐	☐	☐
3)			1 2 3 4	☐	☐	☐
4)			1 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 <u>except</u> 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)	HOME MORTGAGE	WELLS FARGO	1 2 3 [✓ 4]	☒	☒
2)	-173 PERSHING BLVD, LAVALLETTE, NJ	P.O. BOX 14411, DE MOINES IA	1 2 3 4	☐	☐
3)	LAND MORTGAGE	JOSEPH J. REA P/S PLAN	1 2 3 [✓ 4]	☐	☒
4)	-30 STELTON RD, PISCATAWAY	225 WALTER STREET SOUTH PLAINFIELD NJ 07080	1 2 3 4	☐	☐

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)	NONE		1 2 3 4	☐	☐
2)			1 2 3 4	☐	☐
3)			1 2 3 4	☐	☐
4)			1 2 3 4	☐	☐

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)	BOB SMITH AND ASSOC.	216 B-1 STELTON RD	☒	☒
2)		PISCATAWAY NJ 08854	☐	☐
3)			☐	☐
4)	MEMAR LLC	830 SHIRLEY PARKWAY PISCATAWAY NJ	☒	☒

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)	REGISTERED AGENT	MEMAR LLC	☐	☒
2)		830 SHIRLEY PARKWAY PISCATAWAY N.J.	☐	☐
3)			☐	☐
4)			☐	☐

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)	830 SHIRLEY PKWY PISCATAWAY NJ	PRIMARY RESIDENCE	☒	☒	☐
2)	216 B-1 STELTON RD, PISCATAWAY NJ	LAW OFFICE	☒	☐	☐
3)	173 PERSHING BLVD, LAVALLETTE NJ	RESIDENCE	☒	☒	☐
4	30 STELTON RD, PISCATAWAY NJ	RAW LAND	☐	☒	☐

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.

4/26/11
Date

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

charlesSCHWAB

Form 1099
with Account Summary
Retain for your Records

Tax Year 2010

Date Prepared: February 7, 2011

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
211 MAIN STREET
SAN FRANCISCO, CA 94105
Federal ID Number: 94-1737782

Recipient's Name and Address

ROBERT G SMITH &
ELLEN T SMITH JT TEN
830 SHIRLEY PKWY
PISCATAWAY NJ 08854

CAPITAL GAINS
ALL CATEGORY I

Account Number: BK [redacted]

Taxpayer ID Number: [redacted]

Proceeds From Broker Transactions - 2010 **Form 1099-B**

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

7-Description	*1b-Cusip Number*	*5-No. of Shares Exchanged*	*6-Classes of Stock Exchanged**	*Quantity*	**	*1a-Sale Date*	*2-Gross Proceeds (Less Commissions and Option Premiums)*	*4-Federal Income Tax Withheld*
PALM INC	696643105			50.00	M	07/01/10	$ [redacted]	$ 0.00

Total Gross Proceeds from Broker Transactions (less commissions)	$	[redacted]
Total Federal Income Tax Withheld	$	0.00

Gross Proceeds from each of your security transactions are reported individually to the IRS.
Gross Proceeds in aggregate are not reported to the IRS and should not be so reported on your tax return.

*** CLASSES OF STOCK** C = Common P = Preferred O = Other
**** ACTIVITY CODES** C = Cash in lieu E = Exchange P = Principal S = Sale T = Tender
CV = Conversion M = Cash Merger MT = Maturity R = Redemption SS = Short Sale

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the I.R.S. determines that it has not been reported. If you should have any questions regarding information being reported on this form please call us at 1-800-435-4000.

charlesSCHWAB

Form 1099
with Account Summary
Retain for your Records

Tax Year 2010

Date Prepared: February 7, 2011

DIVIDENDS

ALL JOINTLY OWNED

Taxpayer ID Number: [redacted]
Account Number: BK[redacted]

DETAIL INFORMATION OF DIVIDENDS AND DISTRIBUTIONS

Description	*Cusip Number*	*Paid in 2010*	*Paid/Adjusted in 2011 for 2010*	*Amount*
Ordinary Dividends				
Non-Qualified Dividends				
PROLOGIS	743410102	$ 129.38	$ (129.38)	$ 0.00
Total Non-Qualified Dividends (Included in Box 1a)		$ 129.38	$ (129.38)	$ 0.00
Qualified Dividends				
A T & T INC NEW	00206R102	$ [redacted]	$ 0.00	$ [redacted]
ALTRIA GROUP INC	02209S103	[redacted]	0.00	[redacted]
AMERN EAGLE OUTFITRS NEW	02553E106	[redacted]	0.00	[redacted]
ASTRAZENECA PLC ADR F	046353108	[redacted]	0.00	[redacted]
CHESAPEAKE ENERGY CORP	165167107	[redacted]	0.00	[redacted]
CONOCOPHILLIPS	20825C104	[redacted]	0.00	[redacted]
GENERAL ELECTRIC COMPANY	369604103	[redacted]	0.00	[redacted]
HOME DEPOT INC	437076102	[redacted]	0.00	[redacted]
INGERSOLL RAND CL A NEWF	G47791101	[redacted]	[redacted]	[redacted]
JOHNSON & JOHNSON	478160104	[redacted]	0.00	[redacted]
JPMORGAN CHASE & CO	46625H100	[redacted]	0.00	[redacted]
KRAFT FOODS INC	50075N104	[redacted]	0.00	[redacted]
NOKIA CORP SPON ADR F	654902204	[redacted]	0.00	[redacted]
PFIZER INCORPORATED	717081103	[redacted]	0.00	[redacted]
PHILIP MORRIS INTL INC	718172109	[redacted]	0.00	[redacted]
SARA LEE CORP	803111103	[redacted]	0.00	[redacted]
UNITEDHEALTH GROUP INC	91324P102	[redacted]	0.00	[redacted]
Total Qualified Dividends (Box 1b and included in Box 1a)		$ [redacted]	$ ([redacted])	$ [redacted]
Total Ordinary Dividends (Box 1a) (Non-Qualified Dividends and Qualified Dividends)		$ [redacted]	$ ([redacted])	$ [redacted]

ALL ARE CATEGORY I

EARNED INCOME

The law firm of Bob Smith AND ASSOCIATES has a Profit Sharing Plan and a Defined Benefit Plan with Charles Schwab comprised of investments in publically traded securities. No DISTRIBUTION or INcome has even been taken by myself or my spouse.

If the Joint Committee requires the listing of individual investments please so advise.

Bob Smith

4/26/11