

# 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.

Kinda Stender  
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)	<u>SVO Inc.</u>	<u>31 Pine St. Suite 1</u>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)		<u>Rockaway NJ 07866</u>	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	<u>Breathe Fitness Studio</u>	<u>1055 Rt. 22 Mountainside NJ</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	<u>Medifit (JCC Central Jersey)</u>	<u>25 Hanover Pl. Florham Park NJ</u>	<input checked="" type="checkbox"/>			<input 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 Code				Self	Spouse	Child
			1	2	3	4			
1)	<del>_____</del>	_____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)	<del>_____</del>	_____	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	<del>_____</del>	_____	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	<del>_____</del>	_____	1	2	3	<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.

**B. DIVIDENDS**

Name	Address	Circle Amount Code	Self	Spouse	Child
1) Investors Savings Bank	Publicly Traded	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Fidelity Ira	North Ave. Cranford	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Union County Savings Bank	Pittsburgh Pa	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) PNC Bank	Publicly Traded	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Vanguard Group Money Mkt	Clark NJ	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Columbia Savings Bank					

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) Home Sale	154 Herbert Ave Fanwood	4	<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"/>

**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) NA		1	<input type="checkbox"/>	<input type="checkbox"/>
2)		1	<input type="checkbox"/>	<input type="checkbox"/>
3)		1	<input type="checkbox"/>	<input type="checkbox"/>
4)		1	<input type="checkbox"/>	<input type="checkbox"/>

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 SERVICE OF LEGISLATIVE SERVICES

**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) Lodging, cell phone, travel, food	Elo Linda Stender for Assm.	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2)	Po Box 146 Scotch Pls.	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P N G
3) Bus. Expenses	SVO Inc. 31 Pine St. Rockaway	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P N G
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.

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) State of NJ - Governor's Office 2 tickets to Football Games.	Trenton NJ	1 2 3 4 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"/>

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) Vacation House Mortgage.	HSBC.com	1 2 3 4 1 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Home mortgage.	GMAC finance	1 2 3 4 1 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	1 2 3 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) _____	_____	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"/>

OFFICE OF LEGISLATIVE SERVICES

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) SVO Inc	31 Pine St. Suite 1 <del>270 B Pt. 46 Rockaway NJ</del>	<input type="checkbox"/>	<input checked="" 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) Pres.	SVO Inc 31 Pine St. Suite 1 Rockaway NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) _____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Pres of Bd of Trustees.	Union Cty Arts Center Rahway NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Trustees Union Cty Dem-Comm.	65 King St. Hillside NJ	<input checked="" 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) 154 Herbert Ave.	Fanwood N.J. Home	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) 12 Pershing Ave	Manasquan - NJ Vacation Home	<input type="checkbox"/>	<input checked="" 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.

5/12/11  
Date

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

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