

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.

JOHN F. AMODEO
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>STATE OF NEW JERSEY</u>	<u>STATE OF NEW JERSEY, TRENTON</u>	1	2	<u>3</u>	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>OPERATING ENG. PENSION FUND</u>	<u>65 Springfield Ave, Springfield, N.J.</u>	1	<u>2</u>	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>DORAN ENGINEERING</u>	<u>840 MAIN ST. PLEASANTVILLE NJ 08232</u>	<u>1</u>	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>MARGATE BD. OF EDUCATION</u>	<u>810.3 WINCHESTER AVE, MARGATE, N.J 08402</u>	1	2	3	<u>4</u>	<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)	_____	_____	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"/>	<input type="checkbox"/>

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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) <u>JANNEY MONTGOMERY SCOTT</u>	<u>23 SO. WASHINGTON AVE, MARGATE N.J.</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>UBS FINANCIAL SERVICES</u>	<u>1337 TILTON ROAD, NORTHFIELD NJ</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" 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"/>

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>JANNEY MONTGOMERY SCOTT</u>	<u>23 SO. WASHINGTON AVE, MARGATE N.J.</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>UBS FINANCIAL SERVICES</u>	<u>1337 TILTON ROAD, NORTHFIELD, NJ 08225</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>MET LIFE INSURANCE CO.</u>	<u>PO BOX 10366, DES MOINES, IA 50306-0366</u>	① 2 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) _____	_____	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"/>

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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) _____	_____	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

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) PHILADELPHIA PHILLIES TICKETS	ATLANTIC CITY ELECTRIC	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) _____	_____	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"/>

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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"/>

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) _____	_____	<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"/>

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) _____	_____	<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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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>8213 AMHERST AVE. MARGATE</u>	<u>SINGLE FAMILY DWELLING BLOCK 510.03 LOT 8.01</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>EDGMAR CIRCLE, MARGATE</u>	<u>LOT WITH 2 CAR GARAGE BLOCK 510.03 LOT 8.02</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>EDGMAR CIRCLE, MARGATE</u>	<u>LOT WITH 2 CAR GARAGE BLOCK 510.03 LOT 59</u>	<input checked="" type="checkbox"/>	<input checked="" 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.

4-18-2011
Date

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



NEW JERSEY GENERAL ASSEMBLY

JOHN F. AMODEO
ASSISTANT REPUBLICAN WHIP
ASSEMBLYMAN, 2ND DISTRICT
1801 ZION ROAD, SUITE 1
NORTHFIELD, NJ 08225
TEL: (609) 677-8266
FAX: (609) 677-8858

COMMITTEES
AGRICULTURE AND
NATURAL RESOURCES
TRANSPORTATION,
PUBLIC WORKS
AND INDEPENDENT
AUTHORITIES
AsmAmodeo@njleg.org

April 21, 2011

Albert Porroni
Secretary and Counsel
Joint Committee on Ethical Standard
P.O. Box 068
Trenton, NJ 08625

Dear Mr. Porroni:

Enclosed is my Financial Disclosure Statement for Calendar Year 2010 (FDS) with which I wish to include a clarification to be included with my FDS.

Though I have listed a gift received from Atlantic City Electric (ACE) in Section V of the FDS, I wish to note that I have disputed this gift with ACE. I specifically declined to accept the ticket as a gift and paid the price given to me by ACE (a copy of the check is enclosed). As it turns out, ACE did not accurately convey to me the value of the event. I subsequently paid for the full value (a copy of that check is also enclosed).

I understand I had the opportunity to reimburse ACE within 90 days of the event. However, I believed my initial check was sufficient and had no reason to check ELEC's Benefits to Legislators Reported by Lobbyists and Government Affairs Agents Report until now. Accordingly, I questioned ACE about their oversight. I have included their letter clarifying the matter.

I appreciate the courtesy of including my letter and enclosures with my FDS.

Sincerely,

JOHN F. AMODEO
Assemblyman, District 2

JFA:ts

Enclosures

2PM APR 21 A 9:50
OFFICE OF
LEGISLATIVE
SERVICES



A PHI Company

Pleasantville Operations
2542 Fire Road
Egg Harbor Township, NJ 08234

April 21, 2011

Mr. Albert Porroni
Secretary & Counsel
Joint Committee on Ethical Standard
P.O. Box 068
Trenton, New Jersey 08625

Dear Mr. Porroni:

This correspondence is in response to an event sponsored by Atlantic City Electric that was subsequently included on the Financial Disclosure Statement for Assemblyman John Amodeo.

The initial amount provided to Mr. Amodeo by Atlantic City Electric for the event in question was inaccurate. When advised of the incorrect amount by Mr. Amodeo, Atlantic City Electric then provided the correct cost of the event with payment being received from Mr. Amodeo the next day.

If any additional information is needed by your office please feel free to contact me directly.

Sincerely,

Kenneth J. Mosca
Public Affairs Manager

OFFICE OF
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151
APR 27 A 9 51

2542 Fire Road
Egg Harbor Township, NJ 08234
(609) 645-4802
(609) 645-4781
ken.mosca@atlanticcityelectric.com

Brenda Flaherty

From: Megan Chance
Sent: Thursday, April 21, 2011 1:55 PM
To: Brenda Flaherty
Subject: Check

JOHN F. AMODEO
LUANN P. AMODEO

1147

8215 AMHERST AVENUE
MARGATE, NJ 08402

SEP 24 2010 8-19-10

PAY TO THE ORDER OF ATLANTIC CITY ELECTRIC \$ 42.00

FORTY - TWO

DOLLARS

OCEAN CITY HOME BANK

1777 New Road
Lakewood, NJ 08221
www.ocheb.com

John F. Amodeo

MEMO TICKET PHILLES

NOTE: The member has authorized counsel to redact the bank routing number, account number and home telephone number from the front of this check. Also, with the member's authorization, counsel has redacted the copy of the back of the check.

James G. Willson
Assistant Counsel

Megan Chance
Operations Specialist
Ocean City Home Bank
609-927-7722 ext. 3231

APR 27 9 50

OFFICE OF
LEGISLATIVE
SERVICES

JOHN F. AMODEO
LUANN P. AMODEO

1237

NOTE: The member has authorized counsel to redact the bank routing number, the account number and home telephone number from the front of this check.

8213 AMHERST AVENUE
MARGATE, NJ 08402

DATE 4-1-2011

PAY TO THE ORDER OF ATLANTIC CITY ELECTRIC \$ 200.00

TWO HUNDRED DOLLARS

OCEAN CITY HOME BANK
1777 New Road
Linwood, NJ 08221
www.ochohome.com

John F. Amodeo

James G. Willson
Assistant Counsel

MEMO BENEFIT REIMBURSEMENT

2011 APR 27 A 9 50

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