

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

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, 2005 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.

JOSEPH AZZOLINA, SR.

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 2004. 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	Address	Circle Amount Code	Self	Spouse	Child
1) <u>FOOD CIRCUS SUPER MARKETS, INC.</u>	<u>PO BOX 278, MIDDLETOWN, NJ 07748</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>FOOD CIRCUS SUPER MARKETS, INC.</u>	<u>PO BOX 278, MIDDLETOWN, NJ 07748</u>	1 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>STATE OF NJ CENTRALIZED PAYROLL</u>	<u>PO BOX 207, TRENTON, NJ 08625</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>SEE ATTACHED</u>		1 2 3 4	<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) <u>8 GOLDEN EYE LANE, PT. MON, NJ 07758</u>	<u>VARIOUS</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>16375 COLLINS AVE., MIA BCH, FL 33160</u>	<u>VARIOUS</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"/>

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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>MET LIFE</u>	<u>PO BOX 4412, SO HACKENSACK, NJ</u>	<input checked="" type="radio"/> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>MORGAN STANLEY</u>	<u>75 VARRICK ST, NEW YORK, NY</u>	<input checked="" type="radio"/> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>SEE ATTACHED</u>	<u>SEE ATTACHED</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>SEE ATTACHED</u>	<u>SEE ATTACHED</u>	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>SEE ATTACHED</u>	<u>SEE ATTACHED</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>SEE ATTACHED</u>	<u>SEE ATTACHED</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>SEE ATTACHED</u>	<u>SEE ATTACHED</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>SEE ATTACHED</u>	<u>SEE ATTACHED</u>	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>SEE ATTACHED</u>	<u>SEE ATTACHED</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>SEE ATTACHED</u>	<u>SEE ATTACHED</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>SEE ATTACHED</u>	<u>SEE ATTACHED</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>SEE ATTACHED</u>	<u>SEE ATTACHED</u>	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>SEE ATTACHED</u>	<u>SEE ATTACHED</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2)	<u>SEE ATTACHED</u>	<u>SEE ATTACHED</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3)	<u>SEE ATTACHED</u>	<u>SEE ATTACHED</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4)	<u>SEE ATTACHED</u>	<u>SEE ATTACHED</u>	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 in excess of \$250.

	Name & Nature of Gift	Address	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"/>

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 and Nature of Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	WACHOVIA MORTGAGE	6 BORDEN RD, MIDDLETOWN, NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	CITI MORTGAGE	16375 COLLINS AVE, MIAMI, FL	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 and Nature of Forgiven Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
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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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>FOOD CIRCUS SUPER MARKETS, INC.</u>	<u>PO BOX 278, MIDDLETOWN, NJ 07748</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	<u>CIRCUS LIQUORS, INC.</u>	<u>PO BOX 278, MIDDLETOWN, NJ 07748</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	<u>BAYSHORE PRESS, INC. T/A THE COURIER</u>	<u>PO BOX 399, MIDDLETOWN, NJ 07748</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	<u>MIDDLETOWN TRAVEL AGENCY, INC.</u>	<u>PO BOX 278, MIDDLETOWN, NJ 07748</u>	<input checked="" 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 and Address of Entity	Self	Spouse
1)	<u>BOARD OF DIRECTORS</u>	<u>FOODTOWN, INC. 215 BLAIR ROAD, AVENEL, NJ 07001</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	<u>TRUSTEE</u>	<u>AZZOLINA FAMILY TRUST, 6 BORDEN RD. MIDDLETOWN, NJ 07748</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	<u>EXECUTOR</u>	<u>THE ESTATE OF ANGELINA AZZOLINA</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	<u>SEE ATTACHED</u>	<u>6 BORDEN ROAD, MIDDLETOWN, NJ 07748</u>	<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>6 BORDEN ROAD, MIDDLETOWN, NJ 07748</u>	<u>HOUSE</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	<u>8 GOLDEN EYE LANE, PORT MONMOUTH, NJ 07758</u>	<u>CONDO</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>717 OCEAN AVE. UNIT 214 LONG BCH, NJ 07740</u>	<u>CONDO</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	<u>16375 COLLINS AVE, MIA BCH. FL 33160</u>	<u>CONDO</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I certify that the above information is correct and complete to the best of my knowledge.

May 16, 05

Date

Joseph Azzolina

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

JOSEPH AZZOLINA

EARNED INCOME PART I

<u>NAME</u>	<u>ADDRESS</u>	<u>CODE</u>
Defense Finance and Accounting Service US Military Retirement Pay	PO Box 7130, London KY 40742-7130	2 SELF
Merrill Lynch as Custodian	1700 Merrill Lynch Drive, MSC 0702, Pennington, NJ 08534-4128	2 SELF
Frontier Trust C/O Basis Retirement Services	200 Dryden Road, Dresher, PA 19025	2 SELF

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Dividends, Part II B

Name	Address	Code	Self	Recipient Spouse	Child
1.) New Jersey Resources	P.O. BOX 4412, S.HACKENSACK, NJ 07600	1	X	X	
2.) Prudential Financial	P.O. BOX 43033, PROVIDENT, RI 02940-3033	4	X		
3.) Wachovia	432A Route 205 North, Bedminster, NJ 07921	1	X		

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UNEARNED INCOME PART II C

<u>NAME</u>	<u>ADDRESS</u>	<u>CODE</u>
CIRCUS LIQUORS, INC.	P.O. BOX 278, MIDDLETOWN, NJ 07748	4 SELF
DEFENSE FINANCE AND ACCOUNTING SERVICE US MILITARY RETIREMENT PAY	P.O. BOX 7130, LONDON, KY	1 SELF
FOOD CIRCUS SUPER MARKETS	P.O. BOX 278, MIDDLETOWN, NJ 07748	4 JOINT
EMC CORP MASS		3 SELF
MERRILL LYNCH	77 BROAD STREET, RED BANK, NJ	2 JOINT
PRINCIPAL LIFE INSURANCE	711 HIGH STREET, DES MOINES, IA	2 SELF
TWO RIVER COMMUNITY BANK	1250 HIGHWAY 35 SOUTH, MIDDLETOWN, NJ	1 SELF
HEINOLD ASSET MANAGEMENT, INC.	440 S. LASALLE ST, CHICAGO, IL 60605	1 SELF

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Schedule IV Reimbursements in excess of \$100

Recipient

Description	Name of Payer	Address	Code	Self	Spouse	Child
1.) Hotel Washington, D.C	NJ State Chamber of Commerce	216 W. State Street, Trenton, NJ 08608	1	X		
2.) Meals Washington, D.C	NJ State Chamber of Commerce	217 W. State Street, Trenton, NJ 08608	1	X		
3.) Train New York, NY	NJ State Chamber of Commerce	218 W. State Street, Trenton, NJ 08608	1	X		

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OFFICES, TRUSTEESHIPS, OR DIRECTORSHIPS PART IX

<u>POSITION HELD</u>	<u>NAME AND ADDRESS OF ENTITY</u>	<u>CODE</u>
Uncompensated/Special Manager/Guarantor required by Bank Loan	* Mountain Hill, LLC * PO Box 278, Middletown, NJ 0774	Self
Uncompensated/Mananger/Guarantor required by Bank Loan	* Twin Lights Holding, LLC * PO Box 278, Middletown, NJ 0774	Self
Uncompensated President	* Food Properties, Inc. * PO Box 278, Middletown, NJ 0774	Self

* Entity is owned by the Azzolina /Scaduto Family Children

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