

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

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, 2008 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.

PETER J. BEONDI
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 2007. 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	2	3	4			
1)	STATE OF NEW JERSEY	P.O. BOX 207, TRENTON, NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	DUTCHTOWN NURSERY	361 SUNSET RD, SKILLMAN, NJ	1	2	3	4	<input checked="" 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"/>

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)	<u>NONE</u>		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"/>	

OFFICE OF LEGISLATIVE SERVICES APR - 11 2008

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>BOSTON MYERS SQUIBB</u>	<u>PUBLICLY TRADED SECURITIES</u>	1 <input checked="" type="radio"/> 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>ACCESS WORLDWIDE INTELLIGENCE</u>	<u>" " "</u>	<input checked="" type="radio"/> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>COMMUNICATION INTELLIGENCE CORP</u>	<u>" " "</u>	<input checked="" type="radio"/> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>CENTEX BANK CORP</u>	<u>" " "</u>	<input checked="" type="radio"/> 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>PROVIDENT BANK</u>	<u>P.O. BOX 117, 830 BEGEN LINE AVE, JERSEY CITY</u>	<input checked="" type="radio"/> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>BANK OF AMERICA</u>	<u>P.O. BOX 672084, DALLAS, TEXAS</u>	<input checked="" type="radio"/> 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"/>

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"/>

1:00 PM - 5:15 PM
 OFFICE 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) <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

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)	NONE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)	<u>NONE</u>	_____	<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)	<u>NONE</u>	_____	<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"/>

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>12 STAGE COACH WAY, HILLSBOROUGH N.J.</u>	<u>PRIMARY RESIDENCE</u>	<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"/>

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.

4-2-2008
Date

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

OFFICE OF LEGISLATIVE SERVICES APR - 11 AM '08

ATTACHMENT

Section II, Part B: Dividends

<u>Name</u>	<u>Address</u>	<u>Amount Code</u>	<u>Self</u>	<u>Spouse</u>
5) Lucent Technologies	Publicly Traded Security	1	X	X
6) Sedona Corporation	Publicly Traded Security	1	X	X
7) Van Kampen Select Growth	Publicly Traded Security	1	X	X
8) Zimmer Holding	Publicly Traded Security	1	X	X



NEW JERSEY GENERAL ASSEMBLY

PETER J. BIONDI
ASSEMBLYMAN, 16TH DISTRICT
1 EAST HIGH STREET
SOMERVILLE, NJ 08876
(908) 252-0800
FAX (908) 252-0568
e-mail: AsmBiondi@njleg.org

CONFERENCE LEADER
COMMITTEES
REGULATED PROFESSIONS AND
INDEPENDENT AUTHORITIES
LEGISLATIVE SERVICES COMMISSION

April 28, 2008

Office of Legislative Services
Legislative Council's Office
Room 210
State House Annex
Trenton, NJ 08625

2008 APR 29 12 41:01
OFFICE OF
LEGISLATIVE
SERVICES

Attention: Marci Hochman

Marci,

I wish to amend my Financial Disclosure Statement to include a \$170.00 Benefit Passing from the NJ Business & Industry Association. This was reimbursed by me. Please amend my report to include this transaction, with an asterisk, as it appears on the calendar year 2007 benefit passing report.

Thank you for your assistance.

Sincerely,

Peter J. Biondi

PJB/rit



CALENDAR YEAR 2007
BENEFIT PASSING - ALPHABETICAL BY RECIPIENT

DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT
12/19/2007	AMODEO, JOHN P*	G	WILLIAM SCHOPPY INC, LEXWOOD, NJ	NJ EDUCATION ASSN - AMENDMENT	32.64
2/1/2007	ARISOL, BETH*	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	150.00
2/1/2007	BARNES, THURMAN	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	35.00
2/1/2007	BECK, JENNIFER & GUEST*	F	CAPITAL GRILLE, WASHINGTON, DC	BASSANO, C LOUIS - AMENDMENT	170.00
12/11/2007	BIGNARD, PETER J*	F	SHERATON AT WOODBRIDGE PLACE, ISELIN, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	170.00
2/1/2007	BOGUCHWAL, JONATHAN	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	75.00
12/11/2007	BRANNICK, JON M*	F	SHORT HILLS HILTON HOTEL, SUMMIT, NJ	ELIZABETHTOWN GAS - AMENDMENT	75.00
10/10/2007	BUCCO, ANTHONY JR*	F	OLDE YORK COUNTRY CLUB, COLUMBUS, NJ	CHEMISTRY COUNCIL OF NJ	65.80
9/25/2007	BUONO, BARBARA*	F	IL CASTELLOS RESTAURANT, WOODBRIDGE, NJ	ELIZABETHTOWN GAS - AMENDMENT	60.00
2/1/2007	BURLEY, DANA	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	35.00
5/16/2007	BERLIEY, DANA	F	NJ PRESS ASSN, WEST TRENTON, NJ	PUBLIC STRATEGIES IMPACT LLC	125.00
2/1/2007	CARABALLO, WILFREDO	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	150.00
2/2/2007	CARABALLO, WILFREDO	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	166.02
2/2/2007	CARABALLO, WILFREDO	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE	170.00
2/2/2007	CARABALLO, WILFREDO	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	110.00
3/7/2007	CARABALLO, WILFREDO	F	BARU RESTAURANT, SAN JUAN, PUERTO RICO	AKHEUSER BUSCH COS INC - AMENDMENT	33.45
8/20/2007	CASHA, DEBRA	L	TROPICANA HOTEL, ATLANTIC CITY, NJ	NJ COUNCIL OF COUNTY VOCATIONAL-TECHNICAL SCHOOLS	210.00
2/1/2007	CASTNER JR, WILLIAM J	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	150.00

*Benefit was reimbursed by recipient.

E = Entertainment F = Food and Beverage G = Gift H = Honoraria T = Travel L = Lodging O = Other

This summary data reflects the information as reported on the Annual Lobbying reports covering calendar year 2007, received as of 5:00 p.m. on February 27, 2008.



NEW JERSEY GENERAL ASSEMBLY

PETER J. BIONDI
ASSEMBLYMAN, 16TH DISTRICT
1 EAST HIGH STREET
SOMERVILLE, NJ 08876
(908) 252-0800
FAX (908) 252-0568
e-mail: AsmBiondi@njleg.org

CONFERENCE LEADER
COMMITTEES
REGULATED PROFESSIONS AND
INDEPENDENT AUTHORITIES
LEGISLATIVE SERVICES COMMISSION

February 9, 2009

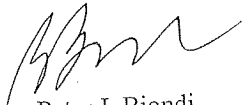
Marci Levin Hochman, Assistant Legislative Counsel
Room 210, State House Annex
Trenton, NJ 08876

OFFICE OF
LEGISLATIVE
SERVICES
2009 FEB 11 A 10:33

Marci,

I would appreciate your amending my 2008 filed for 2007 report to check the spouse box in place of self next to Dutch Town Nursery. Thank you for your assistance.

Sincerely,


Peter J. Biondi

PJB/rit