



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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	MFS Investments	500 Boylston Street, Boston, MA 02116	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	American Funds	PO Box 2280, Norfolk, VA 23511	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Name	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	TD Bank	490 Mantua Avenue, Woodbury, NJ 08096	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

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**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	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"/>	<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"/>

**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 indicate whether source is a profit (P), nonprofit (N), or governmental (G) entity.

	Name & Nature of Reimbursement or Prepaid Expense	Address	Amount Code				Self	Spouse	Child	Check Source				
			1	2	3	4				P	N	G		
1)	NONE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	<u>Please see attached (reimbursed)</u>	<u></u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>NJ Alliance for Action, Walter Rand Award, plaque</u>	<u>PO Box 6438, Fieldcrest Ave, Raritan Plaza II, Edison, NJ 08818</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>Calvary Community Development Corp, plaque *</u>	<u>P.O. Box 68, Pedricktown, NJ 08067</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>*Government Leader Community Builders Award</u>	<u></u>	<input type="checkbox"/>	<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	Amount Code				Self	Spouse
			1	2	3	4		
1)	<u>National City Mortgage</u>	<u>7001 Lincoln Drive, Suite 201, Marlton, NJ 08053</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	<u>TD Bank</u>	<u>490 Mantua Avenue, Woodbury, NJ 08096</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	<u>Capital One</u>	<u>PO Box 71083, Charlotte, NCC 28272-1083</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Amount Code				Self	Spouse
			1	2	3	4		
1)	<u>NONE</u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)	Broad Street Development	35 W. Broad Street, Paulsboro, NJ 08066	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	WD Properties	35 W. Broad Street, Paulsboro, NJ 08066	<input checked="" 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)	President	Broad Street Development, 35 W. Broad Street, Paulsboro, NJ 08066	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Vice President, Treasurer	WD Properties, 35 W. Broad Street, Paulsboro, NJ 08066	<input checked="" 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)	36 W. Broad Street, Paulsboro, NJ 08066	Residence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	651 Delaware Street, Paulsboro, NJ 08066	Rental property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	110 W. Broad Street, Paulsboro, NJ 08066	Rental property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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.

5/10/12  
Date

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

CALENDAR YEAR 2011  
BENEFIT PASSING - ALPHABETICAL BY RECIPIENT

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DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT
9/13/2011	ANDREW HENDRY, EXECUTIVE DIRECTOR - SENATE MAJORITY OFFICE*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	44.94
5/23/2011	ASSEMBLYMAN ALEX DECROCE*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	58.00
12/6/2011	ASSEMBLYMAN DANIEL R. BENSON	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
5/23/2011	ASSEMBLYMAN DECLAN J. O'SCANLON, JR.*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	58.00
4/29/2011	ASSEMBLYMAN JOHN DIMAIO	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ RIGHT TO LIFE	110.00
1/28/2011	ASSEMBLYMAN JOHN F. AMODEO*	F	DUBLINER, INC., WASHINGTON, DC	ALTRIA CLIENT SERVICES INC & ITS AFFILIATES - AMENDMENT	23.17
10/13/2011	ASSEMBLYMAN JOHN J. BURZICHELLI*	F	NINO GERVAISI'S, PAULSBORO, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	38.87
12/6/2011	ASSEMBLYMAN JOHN S. WISNIEWSKI*	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
5/23/2011	ASSEMBLYMAN JON M. BRAMNICK*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	58.00
12/6/2011	ASSEMBLYMAN PATRICK J. DIEGNAN JR.*	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
9/23/2011	ASSEMBLYMAN UPENDRA J. CHIVUKULA*	T	ELIZABETHTOWN GAS, BERKELEY HEIGHTS, NJ	ELIZABETHTOWN GAS	65.00
12/6/2011	ASSEMBLYMAN UPENDRA J. CHIVUKULA*	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
10/13/2011	ASSEMBLYWOMAN CELESTE M. RILEY*	F	NINO GERVAISI'S, PAULSBORO, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	38.87
12/6/2011	ASSEMBLYWOMAN CONNIE WAGNER	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
9/7/2011	ASSEMBLYWOMAN SHEILA Y. OLIVER	F	CHARLESTON GRILL, CHARLESTON, SC	COVANTA ENERGY CORP - AMENDMENT	53.74
9/20/2011	DAVID JENKINS, CHIEF OF STAFF FOR ASSEMBLYMAN CRYAN*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	58.07
9/13/2011	GENE LEPORE, SR. RESEARCH ASSOCIATE - SENATE MAJORITY OFFICE*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	44.94
5/17/2011	GEORGE LEBLANC - STAFF, SENATE DEMOCRATIC OFFICE	E	NEW JERSEY PRESS FOUNDATION, WEST TRENTON, NJ	KATZ GOVT AFFAIRS LLC	139.00

\*Benefit was reimbursed by recipient.

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

This summary data reflects the information as reported on the Annual Lobbying reports covering calendar year 2011, received as of 5:00 p.m. on March 1, 2012.