

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.

Wilfredo Caraballo

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.)

1)	Name	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
	<u>Seton Hall U. School of Law</u>	<u>Newark Center, N.J. 07102</u>	1	2	3	④	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>N.J. Legislature</u>	<u>Trenton, New Jersey 08608</u>	1	2	③	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Grice, Pates + DeFilippo</u>	<u>81 Northfield Ave, West Orange, N.J.</u>	1	②	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>L'Occitane at Short Hills Mall</u>	<u>Milburn, New Jersey</u>	①	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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**

1)	Property Address	Tenant Name	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE OF LEGISLATIVE SERVICES

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	2	3	4			
1)	_____	_____	<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"/>	

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

	Name	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	_____	_____	<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"/>	

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	Child	P, N, or G
			1	2	3	4				
1)	_____	_____	<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"/>	
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"/>	

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	2	3	4				P	N	G
* 1)	Election Fund of Wilfredo Carraballo	21 Kingman Road, So. Orange 07107	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N	G	
2)	N.J. State Chamber of Commerce	216 W. State St., Trenton 08608	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input checked="" type="checkbox"/>	G	
* 3)	Martin Bontempo Matarese Bartlett + Gluckslaw	212 W. State St., Trenton 08608	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N	G	
4)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N	G	

* ASPIRA Congressional Golf Educational Conference in Puerto Rico
 ** Trip to Corporate Headquarters of First Energy Corp in Akron, Ohio - The money was reimbursed to MBS/ Gluckslaw

MAY 19 10 51 AM '10
 OFFICE OF LEGISLATIVE SERVICES

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)	Convent Federal Credit Union Personal Loan	425 W. 144th St. NYC 10031	①	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Washington Mutual Mortgage	P.O. Box 91006, Seattle, Wash. 98111	1	2	3	④	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3)	Sallie Mae Son's Student Loan	P.O. Box 9500, Wilkes-Barre, PA. 18708	1	2	③	4	<input checked="" 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"/>

SERVICES
 LE RELATIVE
 05 03 02

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 and Address of Entity	Self	Spouse
1)	Trustee	Robert Treat Academy 443 Clifton Ave, DWK, N.J.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Board of Directors	North Ward Center 346 Mt. Prospect Ave, DWK, N.J.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	Board of Directors	Caucus New Jersey 75 Midland Ave, Montclair, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	Board of Directors	Robert Wood Johnson Women's Wellness Board 1 Robert Wood Johnson Plaza, New Brunswick, N.J.	<input type="checkbox"/>	<input checked="" 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)	37 Greenwood Lake St., DWK 07104	Condominium	<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.

Continued on next page

2005 MAY 16 P 12:40

Date

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

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.

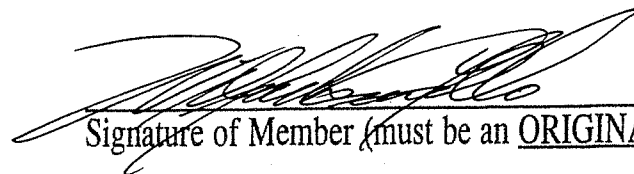
	Position Held	Name and Address of Entity	Self	Spouse
1)	_____	Robert Frost Academy 443 Clifton Ave, DuK, N.J.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	_____	North Ward Center 346 Ashbopet Ave, Newark, N.J.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	Advisory Board Member	Rutgers School of Nursing, New Brunswick, N.J.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	Commissioner	N.J. Motion Picture and Television Commission 153 Halset St. Newark, N.J.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	President	Tiffany Park Condo Assoc., 37 Greenwood Lake St. N.J.		<input checked="" 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)	37 Greenwood Lake St, DuK 07104	Condominium	<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.

5/13/05
Date


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

01:71 cl 9:11:00 AM
MAY 18 2005
OFFICE OF
STATE CLERK