

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.

No. 42/06

S. Gerald Cardinalo

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)	CARDINALO Dental Practice	2361 Lemoine av Ft Lee NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Doro of Demarest		1	2	3	4	<input 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"/>

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"/>

See attached list

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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

4
3
2
1

Name

Address

Circle
Amount
Code

Self

Spouse

Child

1) _____
 2) _____
 3) _____
 4) _____

See list

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"/>

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

Name

Address

Circle
Amount
Code

Self

Spouse

Child

1) _____
 2) _____
 3) _____
 4) _____

See list

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"/>

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

4
3
2
1

1) _____
 2) _____
 3) _____
 4) _____

NONE

1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
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

4
3
2
1

1) _____
 2) _____
 3) _____
 4) _____

NONE

1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N	G
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N	G
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N	G
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				Self	Spouse	Child
			Code						
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"/>

NONE

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				Self	Spouse
			Code					
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"/>

NONE

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				Self	Spouse
			Code					
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"/>

NONE

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SERVICES
STATE

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) Sun Spa	2160 Bedford N.Y.C.	<input checked="" 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) Managing Partner	Kaufman Realty	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) " "	Kaufman Realty	<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) 2357/61 Lemoine Ave Ft Lee	Offices and apts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) 200 Winston Dr Cliffside Park	Condo apt.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) 306 Hardenburgh Ave Demarest	Residence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) 98 Main St - 1667 Kaufman - 1665 Kaufman Ft Lee	Commercial prop	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51-53 Main 94 Main - 1640 Kaufman Ft Lee	Vacant land	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
49 - Main St 1636 " "				

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.

April 30 2008
Date


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

STATE OF NEW JERSEY
TREASURER
JAMES M. COOPER
1000 WEST WASHINGTON ST
TREASURY BLDG
TREASURY DIVISION
TREASURY DEPARTMENT

RENTS

236/07 Lemoine Ft Lee

- all Self or Spouse

Sword RE (2)
 Dr John Kim (3)
 Dr Jimmy Kim (3)
 Jy Kim (2)
 Dr David Chung (3)
 Dr A Wauthenthal (3)
 Jeil Services (2)
 Jason Gamanda (2)
 m asculales (2)
 G Pavilova (2)
 F. Martini (2)
 John Del Valle (2)
 M Melab (2)
 Ft Lee Mini Storage (2)
 A. Di Bona (1)

98 Main St Ft Lee

Frances of Mine (4) self.

1667 ~~Kaufman Lane~~ Ft Lee ANNE Starogum (1) "

1665 Kaufman Lane Ft Lee Emma Escobar (2) self.

Petry & Savaria (2) self.

D Oprandy (1) self.

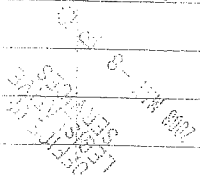
96 Main St. Ft Lee Infinity Super (1) "

200 Winston Dr Cliffside PK Aragon (3) self or spouse.

49 oyster Pond Rd. Emerald Cove Villas (4) self or spouse.

St Martin FW,

apr 30 2008 of Harold Condit



Dividends

American Express	①	Spouse.
Bank of N.Y.	①	"
Duke Energy	①	"
First Energy	①	"
Entel	①	"
J.P. Morgan Chase	①	"
Time Warner	①	"
Global adv. fund	①	"

allstate corp	①	self & Spouse.
J.P. Morgan Chase	①	" "
Materials	①	" "
pep sico	①	" "
Royal Gold	①	" "

Interest - all self & Spouse.

Dreyfus.	①
North fork Bank.	①
Bank of America	①
Morgan Stanley	①
First Fed Bank.	①
Wash Mutual	①
mercantile BK of Mich	①
Western BK of P.R.	①
Bank Hapoalim N.Y.	①
RBBY Bank Neth. Antilles	①

April 30 2008 A. K. L. L. L.