

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2011

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) 847-3901. The completed disclosure form is due May 15, 2012 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.

Gerald Cardinali
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 2011. Please note that a minor child is a child under the age of 18. For each entry, mark 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 of Employer	Address of Employer	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	Self Employed Dentist	2361 Lemona Av Ft Lee NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	State of NJ		<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"/>
5)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2012 APR 19 A 11:59

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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	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"/>	<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"/>

See list

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)			<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"/>

See list

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

	Name	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	Emerald Cove Villas	49 Oyster Pond Rd St Martin FWI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

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)			<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)	NONE		<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"/>	

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)			<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"/>
3)	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"/>
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"/>

2017 APR 19 A 11:58

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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 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)	NONE	_____	<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"/>

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)	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"/>

2012 APR 19 A 11:53

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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)	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"/>

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)	Kaufer Main Realty	office 2361 Lemoine Ft Lee	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Kaufer Lane Realty	" " " "	<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)	Kaufer Main Realty	Managing Partner 100 Main St Ft Lee NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Kaufer Lane Realty	" " 98 " " " "	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	Emerald Cove Villas	" " St. Martin FWI	<input checked="" 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)	306 HARDEN BURGH AVE Demarest NJ	Private Residence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	2357/61 Lemoine Ave FT Lee NJ	Professional offices + Apartments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	200 Winston Drive Cliffside Park NJ	Condo Apt	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	98 Main St Ft Lee NJ	Commercial and Residential Rentals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	100 Main St FT Lee NJ	VACANT Land	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	51 " " "		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	53 " " "		<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. 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 17 2012
Date

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

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orig

Real Estate Tenants

2357/2361 Lemoine Av Ft Lee all self & Spouse

1. ABDELHOU AHAD, Rachid	2
2. CREPE de Paris	1
3. DR David Chung	3
4. DR Jimmy Kim	2
5. DR John Kim	2
6. DRS FAGAN & Dannenfelser	1
7. Jell Services	1
8. KOKKINOS, Thomas & Susan	2
9. KYOUNGMI, Jeon	2
10. Ramirez, mem	2
11. Sword. Real Estate	1

200 Winston Drive Cliffside Park.
ARAGON, E 3 - Self & Spouse

Karfer Lane Realty all self.

Frames of mine	4
Gonzales, A	2
Mateo, SUSAN	2
VILLANUEVA, Danielle	2

Dividends all self & Spouse

Allstate Corp	1
CISCO	1
JP morgan chase	1
PEPSICO	1
Royal Gold	1

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APR 19 11:59