

# 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.

S. Gerald Cardinale

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.)

	Name	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	Dental office	2361 Lemoine AV Ft Lee NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Baro 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)		See schedule attached	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"/>

2005 MAY 12 A 9:53

SERVICES

2

No: 0063 P. 04 4 SENATOR GERALD CARDINALE Mar. 23. 2005 11:51AM

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)	Dreyfus Liquid Assets		① 2 3 4	<input checked="" 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"/>

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

	Name	Address	Circle Amount Code	Self	Spouse	Child
1)	Greenpoint Savings	N.Y.C.	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	O'Brien Federal Bank	Ft. Lee N.J.	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	Morgan Stanley Dean Witter		① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	458 West 12100 Edwin property sale + see addendum Dreyfus		1 2 3 ④	<input checked="" type="checkbox"/>	<input checked="" 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)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
2)	NONE		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"/>

**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)	Mid. Bankers Assoc		① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P ① N G
2)	Convention speaker		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3)	<del>Speaker</del>		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4)	<del>Speaker</del>		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G

OFFICE OF LEGISLATIVE SERVICES

No. 3069 P. 2/4

SENATOR GERALD CARDINALE

Mar. 28, 2005 11:52AM

2005 MAY 12 A 4:53

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)							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	None						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)							<input type="checkbox"/>	<input type="checkbox"/>
2)							<input type="checkbox"/>	<input type="checkbox"/>
3)	None						<input type="checkbox"/>	<input type="checkbox"/>
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)							<input type="checkbox"/>	<input type="checkbox"/>
2)							<input type="checkbox"/>	<input type="checkbox"/>
3)	None						<input type="checkbox"/>	<input type="checkbox"/>
4)							<input type="checkbox"/>	<input type="checkbox"/>

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LEGISLATIVE SERVICES

No. 3063 P: 2/4  
 SENATOR GEFALD CARDINALE  
 Mar. 23. 2005 11:53AM

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>Emerald Cove Villas</u>	<u>St Martin Fwi</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	<u>Sun Spa</u>	<u>N.Y.C.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3)			<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>

These produced no income in 2004

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)			<input type="checkbox"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>None</u>		<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>See list</u>		<input type="checkbox"/>	<input 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.

May 6 2005

Date

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

LEGISLATIVE SERVICES

RENTS

KAUFER LANE REALTY                      ½ Interest                      *all these are* Self and Spouse                      #  
Address: 100 Main Street, Fort Lee - 1667 Kaufer Lane - 1665 Kaufer Lane

Tenants 2004

1.	Frames of Mine	\$	4
2.	Anne Storozum	\$	1
3.	Mr. and Mrs. Bennett	\$	1
4.	Donald O'Prandy	\$	1
5.	Vincent Pollina	\$	1
6.	Rousseau	\$	1

2361/2357 Lemoine Avenue, Fort Lee, New Jersey                      Self and Spouse

1.	M. Asudulayes	\$	2
2.	Batula Patel	\$	1
3.	Sword Real Estate	\$	2
4.	Mark Dannenfelser	\$	1
5.	Dr. A Wertenthal	\$	3
6.	Dr. D. Chung	\$	3
7.	<del>Richard Solomon</del> in unrec. 03	\$	
8.	Horizon Lock and Key	\$	2
9.	Riggs	\$	2
10.	Geminder	\$	1
11.	Jeil Service	\$	1
12.	Julie Lee	\$	1

2005 MAY 12 A 9:5  
LETTER OF  
RELATIVE  
EXEMPTIONS

	200 Winston Drive, Cliffside Park, NJ		Self and Spouse	2
1.	Gross/ Shapiro	\$		
	458 West Street, Fort Lee, NJ		Self and Spouse	4
1.	Poodle Chateau	\$	4	
	2160 Edwin Avenue, Fort Lee, NJ		Self and Spouse	2
1.	D'Arrango	\$	2	
	94/98 Main Street, Fort Lee, NJ		1/3 Interest	
1.	Gannett Outdoor Adv.		Self	1

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ALPHACON Tenants @ 2357 Storage

W Self & spouse

ACCESS DIRECT

ALPHA PUB. & PRINTING (MR. CUPAC)

JoANNA BACALLAO

BETTER BUS. SOLUTIONS (N. CARTER)

DeLISI, DR. JOHN

FAVARO, GLORIA

FERROMET STEEL (STEVEN GREENBERG)

FRANKEL, JEFFREY

FREY, MARSHALL

GEORGE, BERNARD

GLAZER, GERALD

LEWITTIN, LAWRENCE

LION METALS (RICHARD BLUM)

PARKER, SIMON

L. H. RADIOLOGISTS (MR. ROTHMAN)

RICHARDS, MICHAEL

SAYAG, ELIE

SUSSMAN, AL & LYNDA

VALENZA, JAMES

VERZICH, Z.

WALMSLEY, EDNA

TOTAL: ~~310,000~~ for entire list is #2

OFFICE OF  
LEGISLATIVE  
SERVICES

2005 MAY 12 A 9:54

is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other  
 tion may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Payer	1a. Date of Sale	1b. Cusip No.	2. Stocks, Bonds, Etc. (Gross Proceeds Less Commissions and Option Premiums)	4. Federal Income Tax Withheld	5. No. Of Shares Exchanged	6. Classes of Stock Exchanged	7. Description	8
<b>MORGAN STANLEY DW INC.</b>								
	12/23/04	110122108					BRISTOL MYERS SQUIBB CO	
	12/23/04	191216100					COCA COLA CO	
	12/02/04	356879206					FREESCALE SEMICONDUCTOR CL. B	
	12/23/04	458140100					INTEL CORP	
	02/02/04	584050102					MEDCO HEALTH SOLUTIONS INC	
	12/23/04	589331107					MERCK & CO	
	01/02/04	609566H01					MONMOUTH IMPT. BE 5250 *12AU01	
	07/01/04	64579E6A8					NJ HLTH CARE BE 6200 *05JL01	
	12/23/04	654902204					NOKIA CP ADR	
	12/23/04	670008101					NOVELLUS SYSTEM	
	12/23/04	866810104					SUN MICROSYSTEMS INC	
	12/23/04	882508104					TEXAS INSTRUMENTS	
	01/12/04	935105FY2					WARREN CO. QI A BE 5300 *10JL12	
	01/25/04	645794439					UNIT IMIT MUNI INSD NJ SR 17 S	
<b>Total</b>				0.00	0.00			

*all these are self savings  
 total income entered  
 is ①*

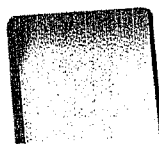
There is no reportable information for Boxes 3, 8, 9, 10, and 11; these Boxes are therefore not shown above.

2005 MAY 12 A 9 54  
 LEGISLATIVE  
 SERVICES  
 OFFICE OF



all self & spouse  
total income from  
entire list (1)

Payer  
Stanley DW Inc.  
V. NJ MUNICIPALS A  
V. NJ MUNICIPALS B  
MIDDLESEX UTIL BE 5375 M15S  
MUNMOUTH IMPT BE 5250 M12A  
J. HLTH CARE BE 5250 M28  
J. HLTH CARE BE 6200 M05  
J. HLTH CARE BE 6200 M05  
JS TRK AUTH REF 6750 09  
JS TRANSN-A BE 5000 M15  
JS TRANSN-A BE 5000 M15  
JS TRANSN-A BE 5000 M15  
OMS RIVER BOE BE 5000 M22  
OMS RIVER BOE BE 5700 M13  
NIT IMIT MUNI INSD NJ SR  
WARREN CO GI A BE 5500 M10  
WINSLOW TWP GO BE 5600 M14  
Subtotal  
(EXEMPT SECURITIES TRT A  
Subtotal  
FIVE ASSETS TAX FREE TRUST  
Subtotal  
STATE MUNI TRUST -NJ



2005 MAY 12 A 9:54  
DEPT OF REVENUE  
SERVICES

Vacant Land 51/53 Main Street, Fort Lee, NJ

| 640 Kaufer Lane

2005 MAY 12 A 9:51

DEPT OF  
LEGISLATIVE  
SERVICES