

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

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, 2006 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.

LARRY CHATZIDAKIS

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 2005. 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)	<u>State of NJ</u>	<u>Trenton, NJ</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>Eckhart House Assoc</u>	<u>Cherry Hill, NJ</u>	1 2 3 4	<input checked="" 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"/>

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)	<u>NA</u>	_____	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"/>

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				Self	Spouse	Child
			Code						
1)	N/A		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"/>

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

	Name	Address	Circle Amount				Self	Spouse	Child
			Code						
1)	N/A		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"/>

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				Self	Spouse
			Code					
1)	N/A		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"/>

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				Self	Spouse	Child	Circle		
			Code							P, N or G		
1)			1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N	G
2)			1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N	G
3)	SEE ATTACHED		1	2	3	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	N	G
4)	SHEET		1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N	G

DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT \$
4/16/2005	CHATZIDAKIS, LARRY	F	BORGATA HOTEL CASINO & SPA, ATLANTIC CITY, NJ	PRINCETON PUBLIC AFFAIRS GROUP INC	150.00
4/16/2005	CHATZIDAKIS, RANDY	F	BORGATA HOTEL CASINO & SPA, ATLANTIC CITY, NJ	PRINCETON PUBLIC AFFAIRS GROUP INC	150.00
1/28/2005	CHIAPPONE, ANTHONY	T	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	166.03
1/28/2005	CHIAPPONE, ANTHONY	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	105.00
1/28/2005	CHIAPPONE, ANTHONY	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	110.00
1/27/2005	CHIVUKULA, UPENDRA J	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	26.00
4/20/2005	CHIVUKULA, UPENDRA J	F	HILTON EAST BRUNSWICK, EAST BRUNSWICK, NJ	COMMERCE & INDUSTRY ASSN OF NJ	41.00
5/18/2005	CHIVUKULA, UPENDRA J	F	NJ PRESS ASSN, WEST TRENTON, NJ	AT&T - AMENDMENT 02/14/06	115.00
1/27/2005	CLARK, JACKIE	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ - AMENDMENT 02/21/06	85.00
11/16/2005	COHEN, JESSICA*	F	GIRASOLE RESTAURANT, ATLANTIC CITY, NJ	PUBLIC STRATEGIES IMPACT LLC	110.82
2/22/2005	COHEN, NEIL M	F	DIBONETOS RESTAURANT, UNION, NJ	INDEPENDENT INSURANCE AGENTS & BROKERS OF NJ INC	67.50
9/1/2005	COHEN, NEIL M	F	BARELLIS RESTAURANT, SEACAUCUS, NJ	AMERICAN INTERNATIONAL GROUP INC	50.00
1/28/2005	CONAWAY, HERB	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	105.00
1/28/2005	CONAWAY, HERB	T	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	166.03
1/28/2005	CONAWAY, HERB	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	110.00
7/28/2005	CONIGLIO, JOSEPH	F	GALLOWAY NATIONAL GOLF CLUB, GALLOWAY, NJ	PRINCETON PUBLIC AFFAIRS GROUP INC	29.58
7/28/2005	CONIGLIO, JOSEPH	E	GALLOWAY NATIONAL GOLF CLUB, GALLOWAY, NJ	PRINCETON PUBLIC AFFAIRS GROUP INC	81.25
8/23/2005	CONIGLIO, JOSEPH	E	NORTH JERSEY COUNTRY CLUB, WAYNE, NJ	PRINCETON PUBLIC AFFAIRS GROUP INC	61.35
1/27/2005	CONNERS, JACK*	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC - AMENDMENT 02/17/06	125.00

*Benefit was reimbursed by recipient.

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

This summary includes reports received as of 5:00 PM on Friday, February 17, 2006, and represents information as reported to the Commission on the annual lobbyist or legislative agent reports.

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)	N/A		<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"/>	

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 Code				Self	Spouse
			1	2	3	4		
1)	SALLIE MAE	WILKES BARRE, PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2)	AMERIQUEST MORT	LOS ANGELES CA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3)			<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"/>	

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 Code				Self	Spouse
			1	2	3	4		
1)	N/A		<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)			<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"/>	

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)	NA		<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 & Address of Entity	Self	Spouse
1)	NA		<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"/>

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)	412 STOKES RD MTLAERL	Town house	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	42 STOKES RD MTLAERL	Town house	<input type="checkbox"/>	<input checked="" 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.

5-05-06

Date

Lucy Choy. Jhu

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