

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.

UPENDRA J. CHIVUKULA

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) | STATE OF NEW JERSEY | 150 WEST STATE STREET, TRENTON, NJ | 1 2 ③ 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | TOWNSHIP OF FRANKLIN | 475 DEMOTT LN. SOMERSET NJ | ① 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | RUTGERS, THE STATE UNIVERSITY | COLLEGE AVE, NEW BRUNSWICK, NJ | ① 2 3 4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4) | WEST WINNSBORO-PLAINSBORO SCHOOL | 10 SOUTHFIELD RD. PRINCETON, NJ | 1 2 3 ④ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5) | HIRANI CONSULTING | 47 MINEOLA BLVD, MINEOLA NY | ① | <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

| | Property Address | Tenant Name | Circle Amount Code | Self | Spouse | Child |
|----|-------------------|--|--------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1) | 188 F BELLAIRE DR | PENN ESTATES KAREN BELL & BRIAN STROUP | 1 ② 3 4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) | STROODS TWP, PA | | 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 Code | Self | Spouse | Child |
|----|------------------------------------|----------------------------|--------------------|-------------------------------------|--------------------------|--------------------------|
| 1) | AT&T | Publicly Traded Securities | ① 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | COMCAST CORP. | " " | ① 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | EQUITABLE | " " | ① 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | FIDELITY ROLLOVER IRA/PORTFOLIO | " " | ① 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) | AGERE SYS. / AVAYA Inc / LUENT INC | " " | ① 2 3 4 | <input checked="" 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) | WASHINGTON MUTUAL | BANK, CHATSWORTH, CA 91313 | ① 2 3 4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) | AFFINITY FCU | BASKING RIDGE, NJ | ① 2 3 4 | <input checked="" 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"/> |

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) | NONE | | 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 Code | Self | Spouse | Child | Circle P, N, or G |
|----|---|------------------------------------|--------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------|
| 1) | TUITION REIMBURSEMENT | WESTWINDSOR PLAINSBORO School | ① 2 3 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | P N G |
| 2) | TRAVEL REIMBURSEMENT | WASHINGTON CHAMBER OF COMMERCE | ① 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P N G |
| 3) | TRAVEL REIMBURSEMENT - SACRED HEART | TRENTON, NJ | ① 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P N G |
| 4) | TRAVEL REIMBURSEMENT | MOLECULAR CORP, SOMERSET, NJ | ① 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P N G |
| 5) | LEAGUE OF MUNICIPALITIES, ATLANTIC CITY, NJ | TOWNSHIP OF FRANKLIN, SOMERSET, NJ | ① 2 3 4 | <input checked="" 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 in excess of \$250.

| | Name & Nature of Gift | Address | Circle Amount Code | Self | Spouse | Child |
|----|-----------------------|---------|--------------------|--------------------------|--------------------------|--------------------------|
| 1) | NONE | | 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) | NONE | | 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"/> |

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) | NONE | | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | BANK OF AMERICA | GETZVILLE, NY 14068 | 1 2 3 4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) | AMERITU FUL | BASKING RIDGE, NJ | 1 2 3 4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4) | | | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> |

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 STATE OF NEW YORK
 DEPARTMENT OF TAXATION AND FINANCE

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) | SAS INSTITUTE | PISCATAWAY, NJ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) | ANTARCTICA GROUP | NEW YORK, NY | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) | TECHHEALTH | NEW YORK, NY | <input checked="" 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) | NJN COMMUNITY ADV. BOARD | TRENTON, NJ | <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"/> |

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) | NONE OTHER THAN HOME | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | CLOVER LEAF MEMORIAL | MAUSOLEUM, WOODBRIDGE NJ | <input checked="" 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.

5/5/05
Date

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

RECORDED
5/10/05
3:00 PM

OFFICE OF
LEGISLATIVE
SERVICES



2013 MAR 17 A 10:42
NEW JERSEY GENERAL ASSEMBLY

UPENDRA J. CHIVUKULA
ASSEMBLYMAN 17TH DISTRICT

888 EASTON AVENUE, SUITE 3
SOMERSET, NEW JERSEY 08873

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COMMISSIONS

NJ SCIENCE AND TECHNOLOGY

ASIAN AMERICAN FOUNDATION

COMMITTEES

TELECOMMUNICATIONS AND

UTILITIES, CHAIRMAN

APPROPRIATIONS

February 25, 2013

Dear Ms. Hochman,

Re: Legislator's Personal Financial Disclosure Statement Amendments

I am requesting the following amendments to Section VI – Liabilities in my Personal Financial Disclosure Statement for calendar years 2002 through 2011:

Note: Amount Code number is 4 for Self and Spouse

For Years 2002, 2003, 2004, 2005, and 2006

Nature & Liability

Address

- Home Mortgage - Affinity FCU 73 Mountain Blvd., Basking Ridge, NJ 07920
- Rental Home - Wells Fargo P.O. Box 10335, Des Moines, Iowa 50306

For Years 2007, 2008, and 2009

Nature & Liability

Address

- Home Mortgage - Affinity FCU 73 Mountain Blvd., Basking Ridge, NJ 07920

For Years 2010, and 2011

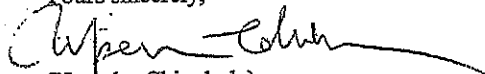
Nature & Liability

Address

- Home Mortgage - Affinity FCU 73 Mountain Blvd., Basking Ridge, NJ 07920
- Rental Home - Wells Fargo P.O. Box 14411, Des Moines, Iowa 50306

If you have any questions, please do not hesitate to contact me.

Yours sincerely,


(Upendra Chivukula)