

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.

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 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
00)	RUTGERS, THE STATE UNIVERSITY	65 DAVIDSON RD RM 317 PISCATAWAY	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0)	MWW ACQUISITION CORP	1 MEADOWLANDS PLE 6 PL EAST RUTHERFORD	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1)	STATE OF NEW JERSEY	P.O. BOX 207, TRENTON, NJ 08625	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	RANGAM CONSULTANTS, INC	1124 RT. 202 STE B13 RANTAN	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	COMCAST ABB OPTIONEE PAYROLL	1500 MARKET ST. 25 <sup>TH</sup> FL PHILADELPHIA	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	WEST WINDSOR PLAINSBORO	505 VILLAGE RD WEST PO BOX 505 PRINCETON NJ	1 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5)	RUTGERS, THE STATE UNIVERSITY	65 DAVIDSON RD. RM 317 PISCATAWAY NJ	1 2 3 4	<input type="checkbox"/>	<input checked="" 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)	NONE		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)		SERVICES	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)		LEGISLATIVE	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)		OFFICE OF	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) <u>AT&amp;T WIRELESS</u>	<u>PUBLICLY TRADED SECURITIES</u>	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>FIDELITY ROLLOVER IRA PORTFOLIO</u>	<u>" " "</u>	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>AGERE/AVAYA/LORENT/NER</u>	<u>" " "</u>	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>EQUITABLE/AXA ADVISORS</u>	<u>" " "</u>	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) <u>WASHINGTON MUTUAL BANK</u>	<u>CHATSWORTH, CA</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>AFFINITY FCU</u>	<u>BASKING RIDGE, NJ</u>	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) <u>NONE</u>	_____	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"/>

OFFICE OF LEGISLATIVE SERVICES  
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**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) <u>(NJ STATE CHAMBER OF COMMERCE)</u>	<u>216 WEST STATE ST. TRENTON, NJ</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P (N) G
2) <u>WASHINGTON TRIP</u>	<u>1400 16TH ST. STE 600, WASHINGTON, DC</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P (N) G
3) <u>(CTIA THE WIRELESS ASSOC)</u>	<u>ORLANDO FL TRIP</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4) <u>NJ CABLE TELECOMMUNICATIONS ASSOC. - WORLD AFFAIRS COUNCIL</u>	<u>124 W STATE ST. TRENTON, NJ</u>	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) AT&T-NJPRESS ASSOC. EVENT	AT&T 192 W STATE ST TRENTON, NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) ELIZABETH TOWN GAS -	300 CONNELL DR, SUITE 3000	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) EL CASTELLOS RESTAURANT	BERKELEY HEIGHTS, NJ	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 & Nature of Liability	Address	Circle Amount				Self	Spouse
		Code					
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 & Nature of Forgiven Liability	Address	Circle Amount				Self	Spouse
		Code					
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"/>

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>SAS INSTITUTE</u>	<u>PISCATAWAY, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>ANTARCTICA GROUP</u>	<u>NEW YORK, NY</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>SECHHEALTH</u>	<u>NEW YORK, NY</u>	<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 & Address of Entity	Self	Spouse
1) <u>NJN COMMUNITY ADVISORY Bd</u>	<u>TRENTON, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>RANGAM CONSULTANTS, INC</u>	<u>SOMERSET, NJ</u>	<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) <u>NONE OTHER THAN HOME</u>	<u>SOMERSET, NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>CLOVER LEAF MEMORIAL</u>	<u>WOODBIDGE, NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>MAUSOLEUM</u>	_____	<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. 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.

2008 MAY 14 A 9 52

5/13/08

Date



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

LEGISLATIVE SERVICES  
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OFFICE OF  
LEGISLATIVE  
SERVICES



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NEW JERSEY GENERAL ASSEMBLY

UPENDRA J. CHIVUKULA  
ASSEMBLYMAN 17TH DISTRICT

888 EASTON AVENUE, SUITE 3  
SOMERSET, NEW JERSEY 08873

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COMMITTEES

TELECOMMUNICATIONS AND  
UTILITIES, CHAIRMAN  
APPROPRIATIONS

COMMISSIONS

NJ SCIENCE AND TECHNOLOGY  
ASIAN AMERICAN FOUNDATION

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

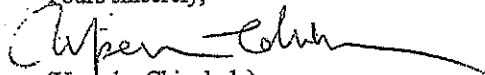
Nature & Liability

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)