

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

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, 2007 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.

Joseph Coniglio

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 2006. 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>PO BOX 207 TRENTON NJ 08625</u>	1 2 <input checked="" type="radio"/> 3 <input checked="" type="radio"/> 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>A&A INDUSTRIAL</u>	<u>5 GARDNER RD FAIRFIELD NJ 07004</u>	1 <input checked="" type="radio"/> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>COUNTY OF BERGEN</u>	<u>ONE BERGEN COUNTY PLAZA HACKENSACK NJ 07601</u>	1 2 3 <input checked="" type="radio"/> 4	<input type="checkbox"/>	<input checked="" 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>NONE</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"/>

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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.

B. DIVIDENDS / INTEREST

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>NS RESOURCES</u>	<u>COMPUTER SHARE</u> <u>250 ROYAL ST CANTON, MA 02021</u>	<u>(1)</u> 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>COLUMBIA BANK</u>	<u>19-01 RT 208 N FAIRHAVEN, MS 07410</u>	<u>(1)</u> 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>JOHN HANCOCK LIFE</u>	<u>JOHN HANCOCK PL PO BOX 111 BOSTON MA 02117</u>	<u>(1)</u> 2 3 4	<input checked="" type="checkbox"/>	<input checked="" 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) <u>NONE</u>	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>PLUMBERS LOCAL</u>	<u>150 MAIN ST LODI NJ 07644</u>	1 <u>(2)</u> 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>DIVERSIFIED INVEST. ADY.</u>	<u>433 EDGEWOOD RD NE CEDAR RAPIDS IA</u>	1 2 <u>(3)</u> 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>VJC CONSULTANTS LLC</u>	<u>466 CEDAR LANE PARAMUS NJ 07652 52499</u>	1 2 3 <u>(4)</u>	<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	Child
1) <u>NONE</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"/>

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 001 MARY HAYDEN AVENUE
 HARTFORD, CT 06103

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>ATA INDUSTRIAL</u>	<u>5 GARDNER RD FAIRFIELD NJ 07004</u>	<u>(1)</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>(P)</u> N G
2) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4) _____	_____	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 in excess of \$250.

Name & Nature of Gift	Address	Circle Amount Code				Self	Spouse	Child
		1	2	3	4			
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 & Nature of Liability	Address	Circle Amount Code				Self	Spouse
		1	2	3	4		
1) CHASE BANK AUTO LOAN	WILMINGTON DE PO BOX 15700	①	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) CHASE VISA CARD	WILMINGTON DE PO BOX 15650	①	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) AMERICAN EXPRESS	NEWARK NJ BOX 1270	1	②	3	4	<input checked="" type="checkbox"/>	<input checked="" 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 Code				Self	Spouse
		1	2	3	4		
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"/>

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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>VSC CONSULTING LLC</u>	<u>466 CEDAR LANE PARAMUS NJ 07652</u>	<input checked="" type="checkbox"/>	<input checked="" 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) <u>MANAGER MANAGING MEMBER</u>	<u>466 CEDAR LANE PARAMUS NJ 07652</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>MEMBER</u>	<u>466 CEDAR LANE PARAMUS NJ 07652</u>	<input type="checkbox"/>	<input checked="" 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>466 CEDAR LANE PARAMUS NJ 07652</u>	<u>ONE FAMILY HOME</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) _____	<u>PRIMARY RESIDENCE</u>	<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.

5/9/07
Date

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

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NEW JERSEY SENATE

JOSEPH CONIGLIO
SENATOR, DISTRICT 38
205 ROBIN ROAD
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PARAMUS, NJ 07652
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(201) 576-9432 (fax)
email - senconiglio@njleg.org

COMMITTEES:
STATE GOVERNMENT, CHAIRMAN
LABOR
BUDGET & APPROPRIATIONS

May 14, 2007

Joint Legislative Committee of Ethical Standards
2nd Floor
State House Annex
Room 210
PO Box 068
Trenton, NJ 08625

To whom it may concern:

Please accept the following revision to my 2006 Legislative Financial Disclosure Statement for Calendar Year 2006.

As in the previous years, I have correctly filed my income earned from my consulting company VJC Consulting as EARNED INCOME.

In the 2006 disclosure, I inadvertently assigned this as UNEARNED INCOME under the heading as Income. ((II part C))

Please accept this letter to correct that mistake and place VJC Consulting as EARNED INCOME with Amount Code #4.

Sincerely,

Joseph Coniglio
Senator
District 38

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