

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.

JOSEPH CUMAN

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>County of Union, Sheriff's Office</u> | <u>ELIZABETH, N.J.</u> | 1 2 3 <u>4</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) <u>N.J. General Assembly</u> | <u>PRINCETON, N.J.</u> | 1 2 <u>3</u> 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) <u>CAMCO TIRE</u> | <u>WOODBRIDGE, N.J.</u> | 1 <u>2</u> 3 4 | <input checked="" 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>N/A</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 Code | Self | Spouse | Child |
|-------------------------------|----------------------------|--------------------|-------------------------------------|--------------------------|--------------------------|
| 1) <u>MENICK LYNN</u> | <u>FLORENCE PARK, N.J.</u> | 1 2 <u>3</u> 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) <u>Northwestern Mutual</u> | <u>CLIFTON, N.J.</u> | 1 <u>2</u> 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) <u>Knights of Columbus</u> | <u>FRENCHTOWN, CT.</u> | <u>2</u> 3 4 | <input checked="" 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) _____ | _____ | 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 Code | Self | Spouse | Child |
|--|--|--------------------|--------------------------|--------------------------|--------------------------|
| 1) <u>Four Bunge, Uccity, N.J. (65#)</u> | <u>Diamond's Assistant, Uccity, N.J.</u> | <u>2</u> 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"/> |

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>N.J. State Dem. Co. for</u> | <u>196 STATE ST.</u> | <u>2</u> 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P <u>N</u> G |
| 2) <u>Two Complex, Phoenix Arizona</u> | <u>Tulstou, N.J.</u> | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P N G |
| 3) <u>Orlando, Fla.</u> | _____ | 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) | 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) | NONE | | <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"/> | |

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 | | <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"/> | |

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 OFFICE OF LEGISLATIVE SERVICES

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>Cape's South</u> | <u>660 Mullins Ave, Metuchen, NJ</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) | <u>Amelco Tire</u> | <u>Rt. 9, Woodbridge, NJ</u> | <input checked="" 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>Only Irish Civic Groups,</u> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | <u>NO FINANCIAL REMUNERATION</u> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | <u>Cape's Assoc. of Standard Bred,</u> | <u>24 First St, South Orange, NJ</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4) | <u>Vice-President, Beer Bonu,</u> | <u>West Orange, NJ</u> | <input checked="" 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>846 Liberty Ave, Union, NJ</u> | <u>Home</u> | <input checked="" 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"/> |

OFFICE OF
 LEGISLATIVE
 SERVICES
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I certify that the above information is correct and complete to the best of my knowledge.

4/10/06
Date

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

ASSEMBLYMAN JOSEPH CRYAN

Election Fund of Joseph Cryan
P.O. Box 2245
Union, NJ 07083
Michael Cohan, Treasurer
(908) 686-3952



Chair, New Jersey Democratic State Party
Deputy Majority Leader
Chair, Assembly Human Services
Vice Chair, Assembly Appropriations Committee
Member Assembly Budget Committee

August 15, 2006

Mr. Albert Porroni, Legislative Counsel
State House Annex – Room 210
PO Box 068
Trenton, NJ 08625-0068

Re: Disclosure form

Please accept this memo as an addendum to my 2005 financial disclosure form. This addendum adds a total of \$1260.01 to my disclosures, all benefits from Prudential Insurance Company. All but \$466.32 are related to the PGA Golf Championship held at Baltustrol Country Club in Springfield, New Jersey in August 2005.

I have been in discussions with Prudential to determine the value of their corporate host tent, and have listed this accordingly.

| Ticket | Tent | total |
|----------|-----------------|------------|
| \$63.60 | 0 | \$63.60 |
| \$190.80 | 0 | \$190.80 |
| \$190.80 | 0 | \$190.80 |
| \$95.40 | \$71.49 | \$166.89* |
| \$95.40 | \$61.20 | \$181.60** |
| | \$25.00 (a hat) | \$25.00 |

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STATE HOUSE

- *This indicates the only day I attended tournament, the other benefits were given to others. No one can recall whether a hat was given away, and this was only added to be cautious.
- ** My son, who resides with me, attended this event.

In addition, I have been informed about two events that I attended that I have learned were paid for by Prudential. Both were for dinner, one had a value of \$350.00 and the other was valued at \$116.32. The value of all these items total \$1260.01. I have reimbursed Prudential the entire value.

Regards,

Joseph Cryan