

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 V. DOKIA, JR
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>BAYONNE BD OF EDUCATION</u>	<u>28 STREET + AVE A BAYONNE</u>	1 2 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2) <u>CITY OF BAYONNE</u>	<u>630 AVE C BAYONNE</u>	1 2 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3) <u>STATE OF NEW JERSEY</u>	<u>TRENTON</u>	1 2 <input checked="" type="checkbox"/> 3 4 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4) <u>RUTGERS UNIVERSITY</u>	<u>NEW BRUNSWICK</u>	<input checked="" type="checkbox"/> 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) _____	_____	1 2 3 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	1 2 3 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) <u>133 WEST 26 STREET</u>	<u>MR + MRS HERNANDEZ</u>	<input checked="" type="checkbox"/> 1 2 3 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"/>	

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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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>EXXON / MOBIL</u>	<u>PUBLICLY TRADED SECURITIES</u>	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>NEW YORK COMMUNITY</u>	<u>"</u>	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>PAMRAP</u>	<u>"</u>	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>HUDSON COUNTY BANKCORP</u>	<u>"</u>	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>PROVIDENT</u>	<u>"</u>	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) <u>TRAVELERS INSURANCE</u>	<u>HARTFORD</u>	1 ② 3 4	<input checked="" 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
1) <u>N/A</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"/>

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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>ELECTION FUNDS OF DORIA</u>	<u>PO BOX 1063 BAYONNE</u>	1 ② 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2) <u>SEE ATTACHED SCHEDULE</u>	_____	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

DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT \$
1/28/2005	DIGAETANO, PAUL	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	105.00
1/28/2005	DIGAETANO, PAUL	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	110.00
4/20/2005	DIGAETANO, PAUL	F	HILTON EAST BRUNSWICK, EAST BRUNSWICK, NJ	COMMERCE & INDUSTRY ASSN OF NJ	41.00
4/14/2005	DOHERTY, MICHAEL J	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ RIGHT TO LIFE	65.00
4/20/2005	DOHERTY, MICHAEL J	F	HILTON EAST BRUNSWICK, EAST BRUNSWICK, NJ	COMMERCE & INDUSTRY ASSN OF NJ	41.00
1/27/2005	DORIA JR, JOSEPH V	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC - AMENDMENT 02/17/06	125.00
1/28/2005	DORIA JR, JOSEPH V	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	110.00
1/28/2005	DORIA JR, JOSEPH V	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	105.00
1/28/2005	DORIA JR, JOSEPH V	T	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	166.03
6/3/2005	DORIA JR, JOSEPH V	F	SOMERSET MARRIOTT, SOMERSET, NJ	NJ BUSINESS & INDUSTRY ASSN	65.00
9/14/2005	DORIA JR, JOSEPH V	F	DA NOI RESTAURANT, BAYONNE, NJ	NJ BUSINESS & INDUSTRY ASSN	40.49
1/27/2005	DUFFY, MARK	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ - AMENDMENT 02/21/06	85.00
1/28/2005	DUFFY, MARK	T	NJ STATE CHAMBER OF COMMERCE, TRENTON, NJ	PRINCETON PUBLIC AFFAIRS GROUP INC	340.00
12/13/2005	DUFFY, MARK	F	SHERATON AT WOODBRIDGE PLACE, ISELIN, NJ	NJ BUSINESS & INDUSTRY ASSN	70.00
9/14/2005	DUGAN, JAMES	F	DA NOI RESTAURANT, BAYONNE, NJ	NJ BUSINESS & INDUSTRY ASSN	40.49
1/28/2005	EAGLER, PETER C	T	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	166.03
1/28/2005	EAGLER, PETER C	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	105.00
1/28/2005	EAGLER, PETER C	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	110.00

*Benefit was reimbursed by recipient.

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.

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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.

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) <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"/>

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) <u>PAMRAPD SAVINGS MORTGAGE</u>	<u>27' RA ST + AVEC BAYONNE</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>PROVIDENT SAVINGS EQUITY LOAN</u>	<u>WESTSIDE AVE JERSEY CITY</u>	1 2 3 4	<input checked="" 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 Code	Self	Spouse
1) <u>N/A</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"/>

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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>PONJE VISTA</u>	<u>121 WEST 34 ST. BAYONNE</u>	<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"/>

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>TRUSTEE</u>	<u>ST. PETER'S COLLEGE 2641 KEN BLVD JC</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>TRUSTEE</u>	<u>LIBERTY HEALTH CARE GRAND ST, J.C</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>TRUSTEE</u>	<u>CUSACK HOME PAUNIND AVE JC</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>HUDSON CRADLE</u> <u>BOARD MEMBER</u>	<u>KENNEDY BLVD. JC</u>	<input type="checkbox"/>	<input checked="" 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>121 WEST 34 STREET BAYONNE</u>	<u>HOME</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>133 WEST 26 STREET BAYONNE</u>	<u>PARENTS + SISTERS HOME</u>	<input checked="" 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.

5/10/06
Date

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

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