

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

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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) EXXON / MOBIL	PUBLICLY TRADED SECURITIES	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) NEW YORK COMMUNITY	"	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) PAM RAO	"	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) HUDSON COUNTY BANKCORP	"	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROVIDENT	"	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

C. INCOME from investments, trusts and estates (including capital gains).

Name	Address	Circle Amount Code	Self	Spouse	Child
1) TRAVELFR'S INSURANCE	HARTFORD	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) N/A		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"/>

2007 MAY 14 AM 11:00  
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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) ELECTION FUNDS OF DORIA	PO BOX 1063 BAYONNE	1 ② 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2) SEE ATTACHED SCHEDULE		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 \$
2/25/2006	DEKONINCK, JESSICA	F	HYATT REGENCY, NEW BRUNSWICK, NJ	NJ EDUCATION ASSN	40.00
12/4/2006	DENNIS, ROGER*	E	EAGLES, PHILADELPHIA, PA	AMERHEALTH HMO INC - AMENDMENT	80.00
2/2/2006	DESANDO, ROBERT	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ - AMENDMENT	90.00
3/2/2006	DESANDO, ROBERT	F	TRENTON MARRIOTT, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	40.00
10/23/2006	DESANDO, ROBERT*	F	DIAMONDS RIVERSIDE, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	80.00
5/26/2006	DIEGNAN JR, PATRICK J	F	ELIOS RESTAURANT, EDISON, NJ	NJ STATE FUNERAL DIRECTORS ASSN	25.00
9/26/2006	DIEGNAN JR, PATRICK J & WIFE*	F	METUCHEN INN, METUCHEN, NJ	ELIZABETHTOWN GAS - AMENDMENT	144.00
3/2/2006	DOHERTY, MICHAEL J	F	TRENTON MARRIOTT, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	40.00
4/26/2006	DOHERTY, MICHAEL J	F	HILTON EAST BRUNSWICK, EAST BRUNSWICK, NJ	NJ RIGHT TO LIFE	80.00
2/25/2006	DOOLAN, JAY	F	HYATT REGENCY, NEW BRUNSWICK, NJ	NJ EDUCATION ASSN	40.00
2/2/2006	DORIA, JOSEPH V*	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	125.00
2/2/2006	DORIA, JOSEPH V	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	171.75
2/2/2006	DORIA, JOSEPH V	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	110.00
4/20/2006	DORIA, JOSEPH V	F	AZUCAR, JERSEY CITY, NJ	NEWPORT ASSOCIATES DEVELOPMENT CO - AMENDMENT	73.13
12/12/2006	DUFFY, MARK	O	SHERATON AT WOODBRIDGE PLACE, ISELIN, NJ	NJ BUSINESS & INDUSTRY ASSN	160.00
2/2/2006	DUGAN JR, JAMES*	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	125.00
4/20/2006	DUGAN JR, JAMES	F	AZUCAR, JERSEY CITY, NJ	NEWPORT ASSOCIATES DEVELOPMENT CO - AMENDMENT	73.13
2/2/2006	EILERT, CHRISTOPHER	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	125.00
6/6/2006	ENGLAND, RICHARD P	E	EAGLE RIDGE GOLF COURSE, LAKEWOOD, NJ	PRINCETON PUBLIC AFFAIRS GROUP INC	82.00
2/25/2006	FAZZARI, KATHLEEN	F	HYATT REGENCY, NEW BRUNSWICK, NJ	NJ EDUCATION ASSN	40.00
3/2/2006	FERRERA, SHERRY	F	TRENTON MARRIOTT, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	40.00

\*Benefit was reimbursed by recipient.

E = Entertainment; F = Food and Beverage; G = Gifts; H = Honoraria; T = Travel; L = Lodging and O = Other;

This summary data reflects the information as reported on the Annual Lobbying reports covering calendar year 2006, received as of 5:00 p.m. on February 23, 2007. During calendar year 2006, costs associated with governmental process lobbying as well as grassroots lobbying became reportable. Therefore, 2006 is a baseline year for lobbying costs covering the expanded areas of lobbying.

2007 MAY 14 A 11:05

Page 6 of 19

OFFICE OF  
LEGISLATIVE  
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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				Self	Spouse	Child
			Code						
1)	N/A		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				Self	Spouse
			Code					
1)	PAMRADO SAVINGS MORTGAGE	27' RL ST + AVEC BAYONNE	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	PROVIDENT SAVINGS EQUITY LOAN	WESTSIDE AVE JERSEY CITY	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				Self	Spouse
			Code					
1)	N/A		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>PONTE 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>SIPETER'S COLLEGE 2641 KENNEDY BLVD JC.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>TRUSTEE</u>	<u>CUSACK HOME PAVONIA AVE J.C</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>BOARD MEMBER</u>	<u>HUDSON CRADLE KENNEDY BLVD, JC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

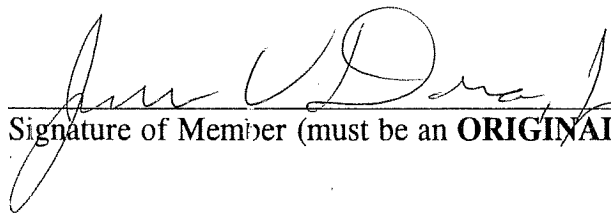
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

Property Address	Description of Property	Self	Spouse	Child
1) <u>121 WEST 34 STREET BAYONNE</u>	<u>HOME</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>137 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.

5/14/07

Date



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