

**LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004**

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, 2005 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.

GERALD B. GREEN

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 2004. 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)	State of New Jersey	Trenton NJ	1 2 ③ 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Jerry Green Enterprises	1460 Prospect Ave, Plainfield, NJ	1 2 3 ④	<input checked="" 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"/>

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)	see attached list		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"/>

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>none</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"/>

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

	Name	Address	Circle Amount Code				Self	Spouse	Child
1)	<u>Valley National Bank</u>	<u>Roselle Park, NJ</u>	①	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>Unity Bank</u>	<u>Scotts Plains, NJ</u>	①	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>Fleet Bank</u>	<u>Westfield, NJ</u>	①	2	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"/>

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 checked="" 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>NJ Business &amp; Industry</u>	<u>100 West State St. Trenton, NJ 08602</u>	①	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	Ⓝ	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)	<u>none</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"/>

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 and Nature of Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	<u>Fleet Bank</u>	_____	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	<u>Winsty Bank</u>	_____	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	<u>Chase Bank</u>	_____	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	<u>Valley National Bank</u>	_____	1	2	3	4	<input checked="" 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 and Nature of Forgiven Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	<u>none</u>	_____	1	2	3	4	<input checked="" 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)	Jerry Green Enterprises	1460 Prospect Ave.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)		Blairfield, NJ 07003	<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 and Address of Entity	Self	Spouse
1)	President - Gerald Green	Jerry Green Enterprises	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)		1460 Prospect Ave.	<input type="checkbox"/>	<input type="checkbox"/>
3)		Blairfield, NJ 07003	<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>


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 STATE OF NEW JERSEY  
 LEGISLATIVE SERVICES

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)	1460 Prospect Ave Blairfield, NJ	residence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	1150-1154 E. St. George Ave, Linden, NJ	rental property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	118-120 E. 2nd Ave. Roselle, NJ	" "	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	1040 Livingston St, Roselle, NJ	" "	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

4/25/2005  
Date

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

JERRY GREEN  
1460 PROSPECT AVENUE  
PLAINFIELD, NJ 07060  
908-757-7292

**REAL ESTATE**

2004 RENTAL PROPERTY

RE: 1150-1154 E. ST. GEORGE AVENUE, LINDEN, NJ

TENANTS:

1150 JENNIFER TAYLOR  
1150 MRS. GREGORY  
1150 NEW BEGINNINGS BEAUTY SHOP  
1152 MONTEY'S UNISEX SHOP  
1154 MRS. FLEMING  
1154 INT. RECORD & BEAUTY STORE

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RE: 118-120 E. 2ND. AVENUE, ROSELLE, NJ

TENANTS:

GORDAN'S CARIBBEAN RESTAURANT  
TOM JOSEPH  
JOANNE ALEXANDER  
WYLLEM DAMUS  
NANCY ADAMS  
SAN LUCAS DELI & GROCERY STORE

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RE: 1040 RIVINGTON ST., ROSELLE, NJ

TENANTS:

TAMIKA & RYAN MADISON

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SERVICES

DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	LOBBYIST OR LEGISLATIVE AGENT PROVIDER	AMOUNT \$
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X 6/8/2004	GREEN, JERRY	F	SHERATON WOODBRIDGE PLACE, ISELIN, NJ	NJ BUSINESS & INDUSTRY ASSN	65.00
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\*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 18, 2005, and represents information as reported to the Commission on the annual lobbyist or legislative agent reports.

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 LEGISLATIVE  
 FILES