

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

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, 2008 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 2007. 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 New Jersey</u>	<u>Trenton NJ</u>	1 2 <u>(3)</u> 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>Jerry Green Enterprises</u>	<u>1460 Pisces Ave.</u>	1 2 <u>(3)</u> 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u></u>	<u>Plainfield NJ 07060</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u></u>	<u></u>	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>see attached list</u>	<u></u>	1 <u>(2)</u> 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u></u>	<u></u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u></u>	<u></u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u></u>	<u></u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

REAL ESTATE

2007 RENTAL PROPERTY

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

TENANTS:

1150 NONE
1150 NONE
1150 NEW BEGINNINGS BEAUTY SHOP
1152 NONE
1152 NONE
1154 NONE
1154 NONE

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

TENANTS:

GORDON'S CARIBBEAN RESTAURANT
TOM JOSEPH
JOANNE ALEXANDER
JERON GREEN
NANCY ADAMS
SAN LUCAS DELI & GROCERY STORE

RE: 1040 RIVINGTON ST., ROSELLE, NJ

TENANTS:

TAMIKA & RYAN MADISON

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>	<u>3</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>Unity Bank</u>	<u>Scotts Plains, NJ</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>Bank of America</u>	<u>Westfield, NJ</u>	<u>1</u> 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"/>

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>Louis C. Bassano</u>	<u>\$170.05 Dinner</u> <u>P.O. Box 194</u> <u>Kenilworth, NJ 07033</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input checked="" 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

DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT
2/2/2007	GILL, NIA H	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	166.02
2/2/2007	GILL, NIA H	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	110.00
2/1/2007	GOLDBERG, CARL J*	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	150.00
2/18/2007	GOLDBERG, CARL J*	O	INTERNATIONAL SPEEDWAY CORP/DAYTONA INTL SPEEDWAY, DAYTONA BEACH, FL	380 DEVELOPMENT LLC - AMENDMENT	492.00
2/18/2007	GOLDBERG, CARL J*	E	INTERNATIONAL SPEEDWAY CORP/DAYTONA INTL SPEEDWAY, DAYTONA BEACH, FL	380 DEVELOPMENT LLC - AMENDMENT	660.00
2/18/2007	GOLDBERG, CARL J*	F	INTERNATIONAL SPEEDWAY CORP/DAYTONA INTL SPEEDWAY, DAYTONA BEACH, FL	380 DEVELOPMENT LLC - AMENDMENT	756.00
2/18/2007	GOLDBERG, CARL J*	O	INTERNATIONAL SPEEDWAY CORP/DAYTONA INTL SPEEDWAY, DAYTONA BEACH, FL	380 DEVELOPMENT LLC - AMENDMENT	219.00
4/21/2007	GOLDBERG, CARL J*	O	INTERNATIONAL SPEEDWAY CORP/PHOENIX INTL RACEWAY, DAYTONA BEACH, FL	380 DEVELOPMENT LLC - AMENDMENT	86.00
4/21/2007	GOLDBERG, CARL J*	F	INTERNATIONAL SPEEDWAY CORP/PHOENIX INTL RACEWAY, DAYTONA BEACH, FL	380 DEVELOPMENT LLC - AMENDMENT	145.00
4/21/2007	GOLDBERG, CARL J*	E	INTERNATIONAL SPEEDWAY CORP/PHOENIX INTL RACEWAY, DAYTONA BEACH, FL	380 DEVELOPMENT LLC - AMENDMENT	434.00
2/1/2007	GONZALEZ, JASON	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	150.00
5/23/2007	GONZALEZ, JASON*	F	DIAMONDS RIVERSIDE, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ	75.00
X 2/7/2007	GREEN, JERRY & WIFE	F	CAPITAL GRILLE, WASHINGTON, DC	BASSANO, C LOUIS - AMENDMENT	170.00
2/1/2007	GREENWALD, LOUIS D & WIFE*	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	300.00
2/1/2007	GREGG, GUY R*	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	35.00
4/20/2007	GREGG, GUY R	F	SHERATON AT WOODBRIDGE PL, ISELIN, NJ	NJ RIGHT TO LIFE	80.00
12/4/2007	GREGG, GUY R	F	SHORT HILLS HILTON HOTEL, SUMMIT, NJ	ELIZABETHTOWN GAS - AMENDMENT	35.00
2/1/2007	GUSCIORA, REED*	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	35.00

*Benefit was reimbursed by recipient.

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

This summary data reflects the information as reported on the Annual Lobbying reports covering calendar year 2007, received as of 5:00 p.m. on February 27, 2008.

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 to you, your spouse or minor child from a named donor connected to the legislative process.

	Name & Nature of Gift	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	<u>none</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"/>

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)	<u>Bank of America</u>	<u>Westfield, NJ</u>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
2)	<u>Unity Bank</u>	<u>Scotch Plains, NJ</u>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
3)	<u>Chase Bank</u>	<u>Iselin, NJ</u>			<input checked="" type="checkbox"/>		<input type="checkbox"/>	
4)	<u>Valley National Bank</u>	<u>Roselle, NJ</u>			<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 & Nature of Forgiven Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	<u>none</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"/>

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. Plainfield, NJ 07060	<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.

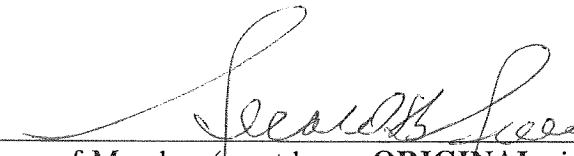
	Position Held	Name & Address of Entity	Self	Spouse
1)	President - Gerald Green	Jerry Green Enterprises 1460 Prospect Ave. Plainfield, NJ 07060	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>

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 Plainfield 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. In addition to this statement, you have a continuing obligation to report any termination or assumption of public employment of yourself or your spouse within 30 days, which report shall be an addendum to this statement.

5/14/2008
Date


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