

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.

Louis D. Greenwald

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 | | | | Self | Spouse | Child |
|----|----------------------------------|--|---------------|----------|---|----------|-------------------------------------|--------------------------|--------------------------|
| | | | Code | 1 | 2 | 3 | | | |
| 1) | <u>Remington & Vernell</u> | <u>237 Kings Highway East Wallingford</u> | 1 | 2 | 3 | <u>4</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | <u>Specialty Personnel, Inc.</u> | <u>1081 Willow Brook Rd. Wallingford, CT</u> | 1 | <u>2</u> | 3 | 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | <u>Louis D. Greenwald, esq.</u> | <u>2 Shelburne Ct. Wallingford, CT</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"/> |

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 | | | | Self | Spouse | Child |
|----|------------------|-------------|---------------|---|---|---|--------------------------|--------------------------|--------------------------|
| | | | Code | 1 | 2 | 3 | | | |
| 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>See Attached</u> | <u></u> | 1 2 3 4 | <input 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"/> |

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

| | Name | Address | Circle Amount Code | Self | Spouse | Child |
|----|---------------------|---------|--------------------|--------------------------|--------------------------|--------------------------|
| 1) | <u>See Attached</u> | <u></u> | 1 2 3 4 | <input 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"/> |

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> | <u></u> | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | <u></u> | <u></u> | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | <u></u> | <u></u> | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | <u></u> | <u></u> | 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>Remuneration of Virginia K. (work related)</u> | <u>See Above</u> | <u>1</u> 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>P</u> N G |
| 2) | <u>EDD Lewis A. Grossmild</u> | <u>2340-15 St 70 Chevy Chase</u> | <u>1</u> 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>P</u> <u>N</u> G |
| 3) | <u>(Pub. Expenses)</u> | <u></u> | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P N G |
| 4) | <u></u> | <u></u> | 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 | | | | 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) | GMAC Mortgage on Home | 2 Shelburne Ct Voorhees | 1 | 2 | 3 | 4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) | Wachovia Bank (Home Equity) | same | 1 | 2 | 3 | 4 | <input checked="" type="checkbox"/> | <input checked="" 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"/> |

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) | N/A | | <input 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.

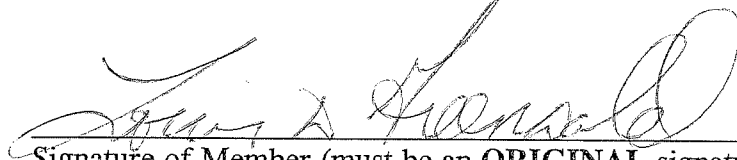
| | Position Held | Name & Address of Entity | Self | Spouse |
|----|---------------|--------------------------|--------------------------|--------------------------|
| 1) | N/A | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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) | 2 Shelburne Ct Voorhees | Primary Residence | <input checked="" type="checkbox"/> | <input checked="" 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"/> |

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

5/4/06
Date


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

Louis D. Greenwald
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For Calendar Year 2005

Capital Gains

| INVESTMENT COMPANY | ADDRESS | FUND NAME | SYMBOL | SELF | SPOUSE | JOINT | CHILD | INCOME |
|------------------------------|---|--|----------------------------------|-------------|---------------|------------------|--------------|---------------|
| Aim Investments | 11 Greenway Plaza, Suite 800 Houston, TX 77046 800-347-1919 | Moderate Allocation Class A | AMKAX | X | | | | 1 |
| American Funds | 5300 Robin Hood Road Norfolk, VA 23513-2407 800-421-0180 | Washington Mut Investors F New Perspective Class A EuroPacific Growth F | WSHFX ANWPX AEGFX | | | X X X | | 1 |
| Franklin Templeton Investors | 1 Franklin Parkway San Mateo, CA 94403 800-632-2350 | Templeton Foreign Class A | TEMFx | | | X | | 1 |
| Heartland Advisors | 789 N. Water Street, Suite 500 Milwaukee, WI 53202 800-432-7856 | Heartland Value Heartland Value Plus Fund | HRTVX | | | X | | 1 |
| Lord Abbett Funds | 90 Hudson Street Jersey City, NJ 07302-3973 800-821-5129 | Mid-Cap Value A | LAVLX | | | X | | 1 |
| MFS Fund Distributors | 500 Boylston Street Boston, MA 02116 800-343-2829 | Intl New Discovery A | MIDAX | | | X | | 1 |
| Principal Mutual Funds | 711 High Street Des Moines, IA 50392-2080 800-247-4123 | Mid-Cap A Large Cap Blend Class A Small Cap A Diversified Int'l Class A | PEMGX PLRAX PRSAX PRWLX | | | X X X X | | 1 |
| Royce Funds | PO Box 219012 Kansas City, MO 64121-6012 800-841-1180 | Low-Priced Stock Fund | RYLPX | | | X | | 1 |
| INVESTMENT COMPANY | ADDRESS | FUND NAME | SYMBOL | SELF | SPOUSE | JOINT | CHILD | INCOME |
| Van Kampen Investments | Harborside Financial Center Plaza Two, 2nd Floor Jersey City, NJ 07311-3977 800-421-4666 | Comstock Class A | ACSTX | | | X | | 1 |

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Dividends

| <u>INVESTMENT COMPANY</u> | <u>ADDRESS</u> | <u>FUND NAME</u> | <u>SYMBOL</u> | <u>SELF</u> | <u>SPOUSE</u> | <u>JOINT</u> | <u>CHILD</u> | <u>INCOME</u> |
|-------------------------------|---|---|-------------------------|-------------|---------------|--------------|--------------|---------------|
| Aim Investments | 11 Greenway Plaza, Ste 800 Houston, TX 77046 (800) 347-1919 | Moderate Allocation Class A | AMKAX | X | | | | 1 |
| Alliance Bernstein Funds | 8000 IH 10 West, 4th Floor San Antonio, TX 78230 (888) 324-5057 | CBF Aggressive Growth CBF Aggressive Growth Capital Reserve Fund | 1611 1610 ACRXX | | | | X X | 1 |
| American Funds | 5300 Robin Hood Road Norfolk, VA 23513-2407 (800) 421-0180 | EuroPacific Growth F Washington Mut Investors F New Perspective Class A | AEGFX WSHFX ANWPX | | | X X | | 1 |
| Franklin Templeton Investment | 1 Franklin Parkway San Mateo, CA 94403 (800) 632-2350 | Templeton Foreign Fund A | TEMTX | | | X | | 1 |
| Heartland Advisors | 789 N. Water Street, Ste 500 Milwaukee, WI 53202 (800) 432-7856 | Heartland Value | HRTVX | | | X | | 1 |
| Lord Abbett Funds | 90 Hudson Street Jersey City, NJ 07302-3973 (800) 821-5129 | Mid-Cap Value A | LAVLX | | | X | | 1 |
| MFS Funds | 500 Boylston Street Boston, MA 02116 (800) 343-2829 | Intl New Discovery A | MIDAX | | | X | | 1 |

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Dividends

| <u>INVESTMENT COMPANY</u> | <u>ADDRESS</u> | <u>FUND NAME</u> | <u>SYMBOL</u> | <u>SELF</u> | <u>SPOUSE</u> | <u>JOINT</u> | <u>CHILD</u> | <u>INCOME</u> |
|---------------------------|-----------------------------|---------------------------|---------------|-------------|---------------|--------------|--------------|---------------|
| Oppenheimer Funds | 10200 E Girard Ave, Bldg D | Main Street A | MSIGX | | | X | | 1 |
| | Denver, CO 80231 | | | | | | | |
| | (800) 255-2750 | | | | | | | |
| Principal Mutual Funds | 711 High Street | Mid-Cap A | PEMGX | | | X | | 1 |
| | Des Moines, IA 50392-2080 | Large Cap Blend Class A | PLRAX | | | X | | |
| | (800) 247-4123 | Small Cap Class A | PRSAX | | | X | | |
| | | Diversified Int'l Class A | PRWLX | | | X | | |
| Royce Funds | PO Box 219012 | Low-Priced Stock Fund | RYLPX | | | X | | 1 |
| | Kansas City, MO 64121-6012 | | | | | | | |
| | 800-841-1180 | | | | | | | |
| Van Kampen Investments | Harborside Financial Center | Comstock A | ACSTX | | | X | | 1 |
| | Plaza Two, 2nd Floor | | | | | | | |
| | Jersey City, NJ 07311-3977 | | | | | | | |
| | (800) 421-4666 | | | | | | | |

2005
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Interest

| INVESTMENT COMPANY | ADDRESS | FUND NAME | SYMBOL | SELF | SPOUSE | JOINT | CHILD | INCOME |
|----------------------------------|---|--|---------------|-------------|---------------|--------------|--------------|---------------|
| AIG American General | 205 East 10th Street Amarillo, TX 79101 (800) 424-4990 | Set Rate NQ SPDA Set Rate NQ SPDA | | X X | | | | 1 |
| Allianz Life Insurance Company | 5701 Golden Hills Drive Minneapolis, MN 55416 (800) 950-5872 | Classic Q IRA Classic Q IRA | | X X | | | | 1 |
| Fort Dearborn Life Insurance Co. | 12170 Abrams Road Dallas, TX 75243 (800) 778-2281 | Future Fortifier III NQ SPDA | | X | | | | 1 |
| Franklin Templeton Investors | 1 Franklin Parkway San Mateo, CA 94403 (800) 632-2350 | New Jersey Tax Free C | FNIIX | | | X | | 1 |
| Great American Life Insurance Co | PO Box 5420 Cincinnati, OH 45201-5420 (800) 854-3649 | Landmark NQ | | X | | | | 1 |
| John Hancock | Annuity Post-Issue Services PO Box 772 Boston, MA 02117 (800) 824-0335 | GPA Choice NQ GPA Choice NQ Med VUL+ | | X X X | | X | | 1 |
| MFS Fund Distributors | 500 Boylston Street Boston, MA 02116 (800) 343-2829 | Muni Lmtd-Maturity B | MTLBX | | | X | | 1 |

| INVESTMENT COMPANY | ADDRESS | FUND NAME | SYMBOL | SELF | SPOUSE | JOINT | CHILD | INCOME |
|------------------------------|---|-----------------------------------|---------------|-------------|---------------|--------------|--------------|---------------|
| Transamerica Insurance Group | 1100 Walnut Street, Suite 2300 Kansas City, MO 64016 (800) 821-9090 | Mach 6 NQ SPDA Mach 10 NQ SPDA | | X X | | | | 1 |