

**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.

PETER A. INVERSO  
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)	<u>ROMA BANK - WAGES</u>	<u>TRENTON, NJ</u>	1 2 3 <input checked="" type="radio"/> 4	<input checked="" type="radio"/>	•	•
2)	<u>MERCADIERO GROUP, PC (EQUITY P/O)</u>	<u>HAMILTON, NJ</u>	1 <input checked="" type="radio"/> 2 3 4	<input checked="" type="radio"/>	•	•
3)	<u>MERCADIERO GROUP, PC -</u>	<u>HAMILTON, NJ</u>	<input checked="" type="radio"/> 1 2 3 4	<input checked="" type="radio"/>	•	•
4)	<u>NJ DIVISION OF PENSIONS</u>	<u>TRENTON, NJ</u>	<input checked="" type="radio"/> 1 2 3 4	•	<input checked="" type="radio"/>	•

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>NONE</u>	_____	1 2 3 4	•	•	•
2)	_____	_____	1 2 3 4	•	•	•
3)	_____	_____	1 2 3 4	•	•	•
4)	_____	_____	1 2 3 4	•	•	•

OFFICE OF  
 LEGISLATIVE  
 COUNSEL  
 205 N. 16th St. A-10-30  
 TRENTON, NJ 08646

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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)	SQUARED SALARIED PENSION PLAN	BALLOTING, ILL	1 2 3 4	<input checked="" type="radio"/>	•	•
2)	SOCIAL SECURITY		1 2 3 4	<input checked="" type="radio"/>	•	•
3)	SOCIAL SECURITY	-	1 2 3 4	•	<input checked="" type="radio"/>	•
4)			1 2 3 4	•	•	•

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)	NONE		1 2 3 4	•	•	•
2)			1 2 3 4	•	•	•
3)			1 2 3 4	•	•	•
4)			1 2 3 4	•	•	•

2005 MAY 16 AM 10:30  
 LEGISLATIVE COUNSEL  
 ETHICAL STANDARDS

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>BANK OF AMERICA/FLEET BANK</u>	<u>PUBLICLY TRADED</u>	1 2 <b>3</b> 4	<input type="radio"/>	<input type="radio"/>	•
2) <u>WACHOVIA BANK</u>	<u>✓</u>	<input type="radio"/> 1 2 3 4	<input type="radio"/>	<input type="radio"/>	•
3) <u>BANK OF AMERICA/FLEET BANK</u>	<u>✓</u>	<input type="radio"/> 1 2 3 4	•	<input type="radio"/>	•
4) <u>DANSON + JOHNSON</u>	<u>✓</u>	<input type="radio"/> 1 2 3 4	•	<input type="radio"/>	•

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>MERCADIERO GROUP - INTEREST</u>	<u>HAMILTON, NJ</u>	<input type="radio"/> 1 2 3 4	<input type="radio"/>	•	•
2) <u>MERRILL LYNCH - INTEREST</u>	<u>NEW YORK, NY</u>	<input type="radio"/> 1 2 3 4	<input type="radio"/>	<input type="radio"/>	•
3) <u>BANK OF AMERICA - CAPITAL GAIN</u>	<u>PUBLICLY TRADED</u>	1 2 3 <b>4</b>	<input type="radio"/>	<input type="radio"/>	•
4) <u>ROMA BANK - INTEREST</u>	<u>TRENTON, NJ</u>	<input type="radio"/> 1 2 3 4	<input type="radio"/>	<input type="radio"/>	•

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	•	•
2) _____	_____	1 2 3 4	•	•
3) _____	_____	1 2 3 4	•	•
4) _____	_____	1 2 3 4	•	•

2015 MAR 16 A 10:00 OFFICE OF LEGISLATIVE SERVICES

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>ROMA BANK - BUSINESS TRAVEL</u>	<u>TRENTON, NJ</u>	<input type="radio"/> 1 2 3 4	<input type="radio"/>	•	•	<input type="radio"/> P N G
2) _____	_____	1 2 3 4	•	•	•	P N G
3) _____	_____	1 2 3 4	•	•	•	P N G
4) _____	_____	1 2 3 4	•	•	•	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.

B. DIVIDENDS

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>GENERAL MOTORS</u>	<u>PUBLICLY TRADED</u>	<input checked="" type="radio"/> 2 3 4	•	<input checked="" type="radio"/>	•
2) <u>ALTRIA GROUP</u>	<u>✓</u>	<input checked="" type="radio"/> 2 3 4	•	<input checked="" type="radio"/>	•
3) <u>HOPWELL VALLEY COMMUNITY BANK</u> (P)	<u>HOPWELL, NJ</u>	<input checked="" type="radio"/> 2 3 4	•	<input checked="" type="radio"/>	•
4) _____	_____	1 2 3 4	•	•	•

(P) STOCK DIVIDEND

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>SALOM CO. NJ PCFA - INTEREST</u>	<u>SALOM COUNTY, NJ</u>	<input checked="" type="radio"/> 2 3 4	<input checked="" type="radio"/>	<input checked="" type="radio"/>	•
2) <u>AIG ANNUITY INS. CO. - INTEREST</u>	<u>AMARILLO, TX</u>	<input checked="" type="radio"/> 2 3 4	•	<input checked="" type="radio"/>	•
3) <u>KNIGHTS OF COLUMBUS - INTEREST</u>	<u>NEW HAVEN, CT</u>	<input checked="" type="radio"/> 2 3 4	<input checked="" type="radio"/>	•	•
4) <u>SPOTSWOOD BOE - INTEREST</u>	<u>SPOTSWOOD, NJ</u>	<input checked="" type="radio"/> 2 3 4	<input checked="" type="radio"/>	<input checked="" type="radio"/>	•
<u>OCEAN CITY GO - INTEREST</u>	<u>OCEAN CITY, NJ</u>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	•
<u>LITTLE EGG HARBOR - GO - INTEREST</u>	<u>LITTLE EGG HARBOR, NJ</u>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	•

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) _____	_____	1 2 3 4	•	•
2) _____	_____	1 2 3 4	•	•
3) _____	_____	1 2 3 4	•	•
4) _____	_____	1 2 3 4	•	•

2005 MAR 16 A 10:30  
STATE OF CONNECTICUT  
CLERK OF SUPERIOR COURT

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) _____	_____	1 2 3 4	•	•	•	P N G
2) _____	_____	1 2 3 4	•	•	•	P N G
3) _____	_____	1 2 3 4	•	•	•	P N G
4) _____	_____	1 2 3 4	•	•	•	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	•	•	•
2)	_____	_____	1	2	3	4	•	•	•
3)	_____	_____	1	2	3	4	•	•	•
4)	_____	_____	1	2	3	4	•	•	•

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>ROMA BANK - MORTGAGE</u>	<u>TRENTON, NJ</u>	1	2	3	4	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2)	_____	_____	1	2	3	4	•	•
3)	_____	_____	1	2	3	4	•	•
4)	_____	_____	1	2	3	4	•	•

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	•	•
2)	_____	_____	1	2	3	4	•	•
3)	_____	_____	1	2	3	4	•	•
4)	_____	_____	1	2	3	4	•	•

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 OFFICE OF  
 LEGISLATIVE  
 SERVICES

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>NONE</u>	_____	•	•
2)	_____	_____	•	•
3)	_____	_____	•	•
4)	_____	_____	•	•

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)	<u>PRESIDENT + DIRECTOR</u>	<u>RUMA BANK - TRENTON, NJ</u>	<input checked="" type="radio"/>	•
2)	<u>DIRECTOR / TRUSTEE</u>	<u>ROBERT WOOD UNIV. HOSPITAL IN HAMILTON</u>	<input checked="" type="radio"/>	•
3)	<u>TRUSTEE</u>	<u>PROJECT FREEDOM, WASHINGTON TWP., NJ</u>	<input checked="" type="radio"/>	•
4)	<u>BD - OF GOVERNORS</u>	<u>NJ LEAGUE OF COMMUNITY BANKERS, CRANFORD, NJ</u>	<input checked="" type="radio"/>	•

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>10 CARDIFF LN - HAMILTON, NJ</u>	<u>PRIMARY RESIDENCE</u>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	•
2)	<u>20 RYERSON LN - LONG BEACH TWP., NJ</u>	<u>VACATION HOME</u>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	•
3)	_____	_____	•	•	•
4)	_____	_____	•	•	•

2005 MAR 16 A 10:30  
 OFFICE OF  
 LEGISLATIVE  
 CLERKS

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

5/8/05  
Date

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

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>NONE</u>	_____	•	•
2)	_____	_____	•	•
3)	_____	_____	•	•
4)	_____	_____	•	•

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)	<u>DIRECTOR</u>	<u>ST. LAWRENCE ROTARY CENTER LAWRENCE, NJ</u>	•	•
2)	<u>DIRECTOR</u>	<u>RIDERS BRIDGE - TRENTON, NJ</u>	•	•
3)	<u>TRUSTEE</u>	<u>RIDER UNIVERSITY - LAWRENCE TWP, NJ</u>	•	•
4)	_____	_____	•	•

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)	_____	_____	•	•	•
3)	_____	_____	•	•	•
4)	_____	_____	•	•	•

2005 MAR 16 A 10:30  
 CLERK OF SUPERIOR COURT  
 CAMDEN, NJ

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

5/8/05  
Date

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