

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.

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 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	2	3	4			
1) ROMA BANK	ROBBINSVILLE, NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) MERCADIER GROUP PC	HAMILTON, NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) MERCADIER GROUP PC	"	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) NJ DIVISION OF PENSIONS (SEE ATTACHMENT)	TRENTON, NJ	1	2	3	4	<input type="checkbox"/>	<input checked="" 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	2	3	4			
1) NONE		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"/>

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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) <u>BANK OF AMERICA</u>	<u>PUBLICLY TRADED</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>BANK OF AMERICA</u>	<u>"</u>	1 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>HOPWELL VALLEY COMM. BANK</u>	<u>HOPWELL, NJ</u>	1 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>ALTRIA GROUP</u> (SEE ATTACHMENT)	<u>PUBLICLY TRADED</u>	1 2 3 4	<input 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) <u>ROMA BANK - INTEREST</u>	<u>ROSSINSVILLE, NJ</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>ROMA FINANCIAL CORP. - INTEREST</u>	<u>"</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>MERCADIER GROUP - INTEREST</u>	<u>HAMILTON, NJ</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>AICPA - INTEREST</u> (SEE ATTACHMENT)	<u>NEW YORK, NY</u>	1 2 3 4	<input checked="" 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 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>NONE</u>		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P 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

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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 Code				Self	Spouse	Child
			1	2	3	4			
1)	None		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)	ROMA BANK - MORTGAGE	ROBBIASVILLE, NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Code				Self	Spouse
			1	2	3	4		
1)	None		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>MUNG</u>		<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) <u>PRESIDENT, DIRECTOR</u>	<u>ROMA FINANCIAL CORP - ROBINSVILLE, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>" "</u>	<u>ROMA BANK - " "</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>PRESIDENT</u>	<u>ROMA COMMUNITY FOUNDATION " "</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>" , DIRECTOR</u> <u>(SEE ATTACHMENT)</u>	<u>ROMA CAPITAL INVESTMENT CORP. " "</u>	<input checked="" 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>10 CARDIFF LN, - HAMILTON, NJ</u>	<u>PRIMARY RESIDENCE</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>20 RYORSON LN - LONG BEACH TWP, NJ</u>	<u>VACATION HOME</u>	<input checked="" type="checkbox"/>	<input checked="" 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.

MAY 5, 2007
5/5/07
Date

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

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LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT

2007 MAY CALENDAR YEAR - 2006

ATTACHMENT - 1 of 2

PETER A. INVERGO

I EARNED INCOME	CODE	
5) SQUARE D PENSION PLAN PALLATINO, IL	2	SELF
6) SOCIAL SECURITY -	2	SELF
7) SOCIAL SECURITY -	1	SPOUSE
II B - DIVIDENDS		
5) JOHNSON & JOHNSON PUBLICLY TRADED	1	SPOUSE
6) GENERAL MOTORS " "	1	SPOUSE
7) BANK OF AMERICA " "	2	SELF/SPOUSE
8) WACHOVIA " "	1	SELF/SPOUSE
9) PRUDENTIAL FINANCIAL " "	1	SELF
C - INCOME - (INTEREST)		
5) KNIGHTS OF COLUMBUS NEW HAVEN, CT	1	SELF
6) CSMM FINANCE PRINCETON, NJ	1	SELF
7) MERRILL LYNCH " "	1	SELF/SPOUSE
8) NORTHWESTERN MUTUAL MILWAUKEE, WI	1	SELF
9) WACHOVIA SECURITIES GLEN ALLEN, VA	1	SPOUSE
10) HAMILTON TWP - GO HAMILTON, NJ	1	SPOUSE
11) LITTLE EGGS HARBOR - GO LITTLE EGGS HARBOR, NJ	1	SPOUSE
12) MOUNT LAUREL - GO MOUNT LAUREL, NJ	1	SPOUSE
13) N.J. HOUSING AUTH. - TRENTON, NJ	1	SPOUSE
14) OCEAN COUNTY - GO OCEAN COUNTY, NJ	1	SPOUSE
15) OCEAN GATE - GO OCEAN GATE, NJ	1	SPOUSE
16) SPOTSWOOD BORO - GO SPOTSWOOD, NJ	1	SPOUSE

[Signature]

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT

CALENDAR YEAR - 2006

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PETER A. INVERSO

II C - INCOME - CAPITAL GAINS CODE

17) HEALTH INFORMATION SRVS. PRINCETON, NJ 2 SELF

IX OFFICES, TRUSTEESHIPS, DIRECTORSHIPS

5) CHAIRMAN - BD. OF TRUSTEES SELF

RWJ UNIVERSITY HOSPITAL AT HAMILTON
HAMILTON, NJ

6) TRUSTEE - PROJECT FREEDOM SELF

WASHINGTON TWP., NJ

7) TRUSTEE - ST. LAWRENCE REHAB CENTER SPONSOR

LAWRENCEVILLE, NJ

8) TRUSTEE - RIDGE UNIVERSITY SELF

LAWRENCEVILLE, NJ

9) TRUSTEE - KINGSBRIDGE SELF

TRENTON, NJ

10) VICE-PRESIDENT - (ROMA BANK SUBSIDIARY) SELF

GENERAL ABSTRACT + TITLE AGENCY
HAMILTON, NJ

pm