

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.

Pamela J. Lesniak

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>WEINER LESNIAK</u>	<u>629 PARSIPPANY ROAD</u>	1 2 3 <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>STATE OF N.J.</u>	<u>PARSIPPANY, N.J. 07054</u>	1 2 <u>3</u> 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"/>

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>629 PARSIPPANY RA., L.L.C.</u>	<u>WEINER LESNIAK</u>	1 2 3 <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>"</u>	<u>LAZAR LEVINE</u>	1 <u>2</u> 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>"</u>	<u>DEWBERGER GORDON</u>	1 2 3 <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>PARSIPPANY, N.J. 07059</u>	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B. DIVIDENDS

	Name	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	_____	_____	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"/>

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

	Name	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	FIRST BANK AMERICAN	NORTH BROAD STREET	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	SAVINGS ACCOUNTS	ELIZABETH, N.J.	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<del>25 SHILOH RD, LAKE HAVASUDA, AZ</del>	<del>25 SHILOH RD, LAKE HAVASUDA, AZ</del>	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"/>

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	2	3	4		
1)	_____	_____	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"/>

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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	2	3	4				P	N	G
1)	_____	_____	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

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)	_____	_____	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 and Nature of Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	MORTGAGE ON 270 & LAMAR BLVD DRIVE BRIDGE, N.C. WITH	o/o AURORA LOAN SERVICES 601 5th AVENUE	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	SOTHERY'S LEHMAN MORTGAGE SERVICES LLC	SCOTTSDALE, NE 69343	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
3)	MORTGAGE ON 25 CHESTNUT ROAD,	_____	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	LAKE HARMONY, PA. WITH WELLS FARGO HOME MORTGAGE, INC. ->	HOME CAMMUS PO BOX 5137 Des Moines IA.	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>

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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)	_____	_____	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)	WEINER LESNIAK, L.L.P.	629 PARSONS RD.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	629 PARSONS RD, L.L.C.	PARSONS, N.J. 07054	<input type="checkbox"/>	<input type="checkbox"/>
3)	KAIN-SEL INVESTMENTS, L.L.C.		<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)	CHAIRMAN	FIRST BANK AMERICANO NORTH BRAD STREET, ELIZABETH, N.J.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	TRUSTEE	NISO, 2 CENTRAL AVE, NEZUMIK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	PRESIDENT	DEMOCRATS FOR THE SOUL, INC. 629 PARSONS RD.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	PARTNER CHAIRMAN, PRESIDENT	WEINER LESNIAK, 629 PARSONS RD. PARSONS, NJ KAIN-SEL INVESTMENTS, L.L.C. 629 PARSONS RD., PARSONS NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>

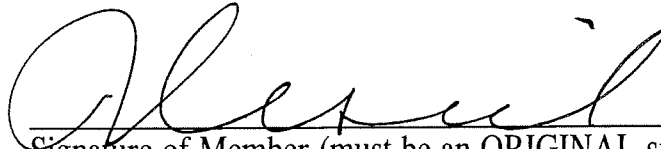
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

	Property Address	Description of Property	Self	Spouse	Child
1)	530 IRVINGTON AVENUE, ELIZABETH, NJ	1 <sup>0</sup> RESIDENCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	240 SEAWAN BEACH DRIVE, BRIDGE, NJ	2 <sup>0</sup> RESIDENCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	25 CHESTNUT RD, LAKE HARMONY, PA.	3 <sup>0</sup> RESIDENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

3/17/05  
Date

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

**RAYMOND J. LESNIAK**

Senator, 20th District (Union)  
530 Irvington Avenue  
Elizabeth, New Jersey 07208

973-403-1100  
973-503-9501 (fax)



April 5, 2005

Joint Committee on Ethical Standards  
State House Annex  
P. O. Box 068  
Trenton, NJ 08625-0068

Re: Financial Disclosure Statement for Calendar Year 2004

Gentlepeople:

This letter is an amendment to Section A. Real Estate for the above referenced Statement.

Add:

	<u>Property Address</u>	<u>Description of Property</u>
4.	1139 Kipling Road, Elizabeth, New Jersey	Mother's residence
5.	629 Parsippany Road, Parsippany, NJ	Office Building
6.	312-318 54 <sup>th</sup> Street, West New York, NJ	Housing Development

If you need anything further, please contact me.

Very truly yours,

RAYMOND J. LESNIAK

2005 APR -8 - 10:45

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NEW JERSEY SENATE

RAYMOND J. LESNIAK

SENATOR, DISTRICT 20 (UNION)  
985 STUYVESANT AVENUE  
UNION, NJ 07083  
TEL: 908-624-0880  
FAX: 908-624-0587

COMMITTEES:  
CHAIRMAN-ECONOMIC GROWTH,  
AGRICULTURE & TOURISM  
MEMBER OF: COMMERCE

May 13, 2005

Joint Committee on Ethical Standards  
State House Annex  
P. O. Box 068  
Trenton, NJ 08625-0068

U.S. HOUSE OF  
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2005 MAY 16 AM 10:23


Re: Financial Disclosure Statement for Calendar Year 2004

Gentlepeople:

This letter is an amendment to the above financial disclosure statement regarding my amendment by letter dated April 5, 2005 which incorrectly referred to Section A. Real Estate.

The correct reference is Section X. Real Estate.

Very truly yours,

  
RAYMOND J. LESNIAK  
Senator, 20<sup>th</sup> District