

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.

RAYMOND 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 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 - \$4,999.99; 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 RD., PARSIPPANY NJ</u> | 1 2 3 <u>4</u>     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) <u>FIRST BANKAMERICANO</u> | <u>N. BROAD ST., ERIE, NJ 07059</u>      | <u>1</u> 2 3 4     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) <u>KAIN-SEL</u>            | <u>" "</u>                               | 1 2 3 <u>4</u>     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) <u>MA 11/13/08</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>629 PARSIPPANY RD.</u>     | <u>WEINER LESNIAK</u>            | 1 2 3 <u>4</u>     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) <u>PARSIPPANY, N.J. 07059</u> | <u>LAZAR, LEVINE &amp; FELIX</u> | 1 <u>2</u> 3 4     | <input checked="" 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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en 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) _____ | _____   | 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) <u>FIRST BANCAAMERICANO</u> | <u>N. BROAD ST., COB., N.J.</u> | 1 <u>(2)</u> 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"/> |

**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            | <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>See attached</u>                            | _____   | <u>(1)</u> 2 3 4   | <input checked="" type="checkbox"/> | <input 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            |

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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 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) <u>Jon Corzine - PRIVATE</u>        | <u>STATE HOUSE, TRENTON</u> | <u>(1)</u> 2 3 4   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) <u>TET TO RU WOMEN'S ASSISTANCE</u> |                             | 1 2 3 4            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) <u>gift to S. Cawthon (2) and</u>   |                             | 1 2 3 4            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) <u>Cleveland (1)</u>                |                             | 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 Code | Self                                | Spouse                   |
|--|---------------------------------|--------------------|-------------------------------------|--------------------------|
| 1) <u>MORTGAGE ON <sup>30</sup>RESIDENCE</u> | <u>AURORA LOAN SERVICES</u>     | 1 2 3 <u>(4)</u>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) <u>240 SQUAN BEACH DRIVE,</u>             | <u>10350 PARK MEADOWS DRIVE</u> | 1 2 3 4            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3) <u>MANTOLOKING, N.J.</u>                  | <u>LITTLETON, CO 80124</u>      | 1 2 3 4            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4) <u>629 PARSONS RD</u>                     | <u>UNITY BANK</u>               | 1 2 3 <u>(4)</u>   | <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) _____                            | _____   | 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) <u>Weiner Lesniak, L.L.C</u>      | <u>629 PARSIPPANY RD.,</u>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) <u>KAINSEL, L.L.C</u>             | <u>PARSIPPANY, NJ 07059</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) <u>629 PARSIPPANY RD., L.L.C.</u> | <u>"</u>                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4) _____                             | <u>"</u>                    | <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>VICE-CHAIRMAN</u>                  | <u>FIRST BANCOMERICA, N. BRADST., Elizabeth, NJ.</u>       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) <del>Partner</del> <u>Partner</u>     | <u>Weiner Lesniak, 629 Parsippany Rd., Parsippany, NJ.</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) <del>President</del> <u>President</u> | <u>Democrats for the Soul, 530 Hewitt Ave., NJ.</u>        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4) <del>KAINSEL, L. President</del>      | <u>KAINSEL, 629 Parsippany Rd., Parsippany, NJ</u>         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

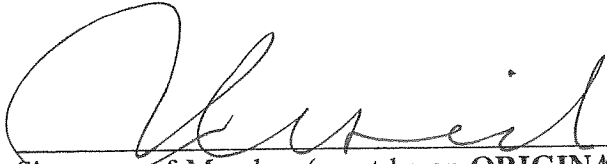
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X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

| Property Address                                  | Description of Property  | Self                                | Spouse                   | Child                    |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 1) <u>530 IRVINGTON AVENUE, Elizabeth, NJ.</u>    | <u>Primary residence</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) <u>246 SOUTH BEACH DRIVE, 07204</u>            | <u>Summer home</u>       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) <u>MANULOKING, N.J.</u>                        | _____                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) <u>629 Parsippany Rd., Parsippany NJ 07059</u> | <u>OFFICE BUILDING</u>   | <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. 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.

5/12/08  
Date

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

| DATE       | RECIPIENT              | BENEFIT<br>TYPE | NAME AND ADDRESS OF PAYEE            | PROVIDER   | AMOUNT |
|------------|------------------------|-----------------|--------------------------------------|--|--------|
| 10/10/2007 | LANCE, LEONARD*        | F               | OLDE YORK COUNTRY CLUB, COLUMBUS, NJ | CHEMISTRY COUNCIL OF NJ                                | 65.00  |
| 2/1/2007   | LAPLACA, GINA          | F               | SAM & HARRYS, WASHINGTON, DC         | RIKER DANZIG SCHERER HYLAND & PERRETTI LLP - AMENDMENT | 80.00  |
| 2/1/2007   | LAPLACA, GINA          | F               | LORENZOS CAFÉ, TRENTON, NJ           | NJ BUSINESS & INDUSTRY ASSN - AMENDMENT                | 35.00  |
| 5/18/2007  | LAPLACA, GINA          | F               | NJ PRESS ASSN, WEST TRENTON, NJ      | AT&T - AMENDMENT                                       | 125.00 |
| 2/1/2007   | LAURENTI, SHAWN*       | F               | PALM RESTAURANT, WASHINGTON, DC      | CAPITAL PUBLIC AFFAIRS INC                             | 150.00 |
| 5/16/2007  | LEBLANC, GEORGE J      | E               | NJ PRESS SERVICE, WEST TRENTON, NJ   | KATZ GOVT AFFAIRS LLC                                  | 125.00 |
| 5/23/2007  | LEONARD, IAN*          | F               | DIAMONDS RIVERSIDE, TRENTON, NJ      | CHEMISTRY COUNCIL OF NJ                                | 75.00  |
| 4/25/2007  | LESNIAK, RAYMOND J*    | F               | RISTORANTE DA BENITO, UNION, NJ      | ELIZABETHTOWN GAS - AMENDMENT                          | 35.00  |
| 6/28/2007  | LESNIAK, RAYMOND J     | F               | LABRADOR LOUNGE, NOKM-ANDY BEACH, NJ | WAL-MART STORES INC                                    | 29.00  |
| 10/29/2007 | LESNIAK, RAYMOND J*    | F               | BENITOS RESTAURANT, UNION, NJ        | NJ ASSN OF HEALTH PLANS - AMENDMENT                    | 214.28 |
| 2/1/2007   | LUBERTO, MARIE A       | F               | LORENZOS CAFÉ, TRENTON, NJ           | NJ BUSINESS & INDUSTRY ASSN - AMENDMENT                | 35.00  |
| 10/16/2007 | MALONE III, JOSEPH R   | F               | OLDE YORK COUNTRY CLUB, COLUMBUS, NJ | CHEMISTRY COUNCIL OF NJ                                | 65.00  |
| 2/1/2007   | MANALE, YOSHI          | F               | LORENZOS CAFÉ, TRENTON, NJ           | NJ BUSINESS & INDUSTRY ASSN - AMENDMENT                | 35.00  |
| 5/2/2007   | MANZO, LOUIS M         | F               | PUCINIS RESTAURANT, JERSEY CITY, NJ  | NJ EDUCATION ASSN - AMENDMENT                          | 38.12  |
| 2/1/2007   | MATTHEWS, VINCE*       | F               | PALM RESTAURANT, WASHINGTON, DC      | CAPITAL PUBLIC AFFAIRS INC                             | 150.00 |
| 2/24/2007  | MCDONNELL, KATE        | F               | CROWNE PLAZA HOTEL, CHERRY HILL, NJ  | NJ EDUCATION ASSN - AMENDMENT                          | 42.00  |
| 5/23/2007  | MCDONNELL, KATE        | F               | DIAMONDS RIVERSIDE, TRENTON, NJ      | CHEMISTRY COUNCIL OF NJ                                | 75.00  |
| 2/1/2007   | MCGAHN, KELLY          | F               | PALM RESTAURANT, WASHINGTON, DC      | CAPITAL PUBLIC AFFAIRS INC                             | 150.00 |
| 2/7/2007   | MCHOSE, ALISON LITTELL | F               | CAPITAL GRILLE, WASHINGTON, DC       | BASSANO, C LOUIS - AMENDMENT                           | 85.00  |
| 2/1/2007   | MCKEON, JOHN F*        | F               | CAUCUS ROOM, WASHINGTON, DC          | CHEMISTRY COUNCIL OF NJ                                | 96.67  |
| 2/2/2007   | MCKEON, JOHN F         | T               | PSGR AMTRAK, NEW YORK, NY            | NJ STATE CHAMBER OF COMMERCE                           | 170.00 |

\*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.

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Financial Disclosure (Revised) (2007)  
Senator Raymond J. Lesniak

Interests of Real Estate Holdings held through entities in New Jersey:

Name of Raymond J. Lesniak:

- 629 Parsippany Road, LLC - 629 Parsippany Road, Parsippany,  
Morris County, New Jersey

- 54th Street Properties, LLC - 312-318 54th Street, West New  
York, Hudson County, New Jersey

Name of Kain-sel Investments, LLC:

New Jersey

- New Union Investment, LLC - Owns interest in Wanaque  
Associates Urban Renewal, LLC which owns Real Estate located at 63  
Forth Avenue, Wanaque, Passaic County New Jersey

- Riverpark at Harrison I Urban Renewal, LLC - Owns Real Estate  
located on First Avenue between Warren and Bergen Streets, Harrison,  
Hudson County

- Roseland Hillsborough, LLC - owns Real Estate, either directly  
or through another Limited Liability Company, located on Route 206 in  
Hillsborough, Somerset

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