

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2010

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, 2011 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 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 2010. Please note that a minor child is a child under the age of 18. 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 of Employer | Address of Employer | Circle Amount Code | Self | Spouse | Child |
|------------------------------|--|---|-------------------------------------|--------------------------|--------------------------|
| | | | | | |
| 1) <u>WEINER LESNIAK</u> | <u>629 PARSIPPANY RD, PARSIPPANY, N.J. 07054</u> | 1 2 3 <input checked="" type="checkbox"/> 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) <u>STATE OF NJ (Govt)</u> | <u>STATE HOUSE, TRENTON, NJ 08625</u> | 1 2 <input checked="" type="checkbox"/> 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 Code | Self | Spouse | Child |
|---|-----------------------|---|-------------------------------------|--------------------------|--------------------------|
| | | | | | |
| 1) <u>629 PARSIPPANY ROAD, PARSIPPANY, NJ 07054</u> | <u>WEINER LESNIAK</u> | 1 2 3 <input checked="" type="checkbox"/> 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"/> |

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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>KAINSEL, L.L.C.</u> | <u>629 PARSIPPANY RD., PARSIPPANY, NJ 07054</u> | 1 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) <u>GREENUP BY DESIGN</u> | <u>99 CHURCH ST., NEW BRUNSWICK, NJ 08901</u> | 1 2 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"/> |

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

| Name | Address | Circle Amount Code | Self | Spouse | Child |
|---------------------------|--------------------------------------|--------------------|-------------------------------------|--------------------------|--------------------------|
| 1) <u>BANK OF AMERICA</u> | <u>1930 MORRIS AVENUE, UNION, NJ</u> | 1 2 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"/> |

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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) <u>PRINCETON PUBLIC AFFAIRS</u> | <u>160 WEST STATE STREET, TRUNTON, NJ</u> | 1 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P N G |
| 2) <u>DINNER (2)</u> | <u>08600</u> | 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) <u>ELIZABETH TOWN GAS, DINNER</u> | <u>300 CORNHILL RD., BEDFORD HEIGHTS, NJ 07922</u> | 1 2 3 4 | <input checked="" 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 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>none</u> | | | | | |
| 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 Code | Self | Spouse |
|--|-----------------------------|--------------------|-------------------------------------|--------------------------|
| | | | | |
| 1) <u>BANK OF AMERICA, MORTGAGE</u> | <u>P.O. BOX 5170</u> | | | |
| 2) <u>SHORE HOME, 298 SQUAN</u> | <u>SUN VALLEY, CA 93062</u> | 1 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) <u>BEACH DRIVE, MANHATTAN, N.Y.</u> | _____ | 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 Code | Self | Spouse |
|-------------------------------------|---------|--------------------|--------------------------|--------------------------|
| | | | | |
| 1) <u>none</u> | | | | |
| 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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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>WENHO LESN INC</u> | <u>629 PARSIPPANY RD, PARSIPPANY, NJ 07054</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) <u>629 PARSIPPANY RD, PARSIPPANY LLC</u> | <u>629 PARSIPPANY RD, PARSIPPANY, NJ 07054</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) <u>HAINSEL, LLC</u> | <u>629 PARSIPPANY RD, PARSIPPANY, NJ 07054</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4) <u>RESNER BY DESIGN</u> | <u>99 CHURCH ST., NEW BRUNSWICK, NJ</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>PARTNER</u> | <u>WENHO LESN INC, 629 PARSIPPANY RD, PARSIPPANY NJ</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) <u>PARTNER</u> | <u>629 PARSIPPANY RD, LLC</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) <u>OWNER</u> | <u>HAINSEL, 629 PARSIPPANY RD, PARSIPPANY NJ</u> | <input checked="" 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.

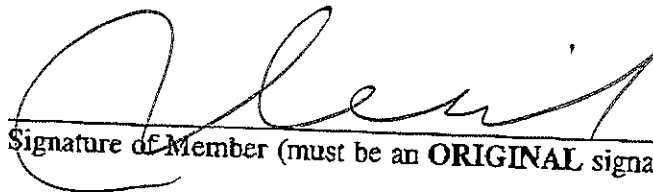
| Property Address | Description of Property | Self | Spouse | Child |
|---|----------------------------|-------------------------------------|--------------------------|--------------------------|
| 1) <u>530 IRVINGTON HUB BLVD., NJ 07208</u> | <u>PLANNED LIFE</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) <u>288 CHERRY SQUARE BEACH RD,</u> | <u>SHORE HOME</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) <u>MANA WOKING, NJ</u> | <u>BUSINESS LOCATION</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) <u>629 PARSIPPANY RD, PARSIPPANY NJ</u> | <u>Commercial Building</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5) ATTACHED

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.

5-13-2011

Date



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

Name of Raymond J. Lesniak:

Interest in 629 Parsippany Road, LLC which owns real estate at 629 Parsippany Road,
Parsippany, NJ

Interest in 54th Street Properties which owned real estate at 312-318 54th Street, West New
York, New Jersey – interest in company was sold during 2010

Name of Kain-Sel Investments LLC

Interest in Rahway Arch Properties which owns real estate at Salt Meadow, Carteret, New
Jersey

Interest in Renaissance at Rahway which owns real estate at 255 East Grand Avenue,
Rahway, New Jersey – interest in company sold during 2010

Interest in Riverpark at Harrison I Urban Renewal LLC which owns real estate at 200 Dey
Street, 20 Sussex Street and 201-215 First Street, Harrison, NJ

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