

McHose  
P1  
5/15/06

**LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005**

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, 2006 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.

Alison Littell McHose  
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 2005. 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				Self	Spouse	Child
		Code						
1) <u>State of New Jersey - member General Assembly Trenton NJ 08625</u>		1	2	<u>3</u>	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>US ARMY - DEAS 8899 E. 56th St. Indianapolis IN 46249</u>		1	2	<u>3</u>	4	<input type="checkbox"/>	<input checked="" 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				Self	Spouse	Child
		Code						
1) _____ <u>N/A</u>	_____					<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"/>

OFFICE OF LEGISLATIVE SERVICES  
 MAY 15 P 1:43

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. 5/15/06

**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"/>

*N/A*

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

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"/>

*N/A*

**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"/>

*N/A*

**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>Riker, Danzig, Scherer, Hyland &amp; Peretti</u>	<u>Trenton NJ</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P</u> N G
2) <u>(See attachment)</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) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G

2006 MAY 15 P 1:44

OFFICE OF LEGISLATIVE SERVICES

McHose  
p3  
5/15/06

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DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT
1/27/2005	MCCHOSE, ALLISON*	F	SAM & HARRYS, WASHINGTON, DC	RIKER DANZIG SCHERER HYLAND & PERRETTI LLP - AMENDMENT 02/16/06	80.00
1/27/2005	MCKEON, JOHN	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ - AMENDMENT 02/21/06	85.00
1/28/2005	MCKEON, JOHN	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	105.00
1/28/2005	MCKEON, JOHN	T	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	166.03
1/28/2005	MCKEON, JOHN	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	110.00
1/27/2005	MCMANIMON, MAURA K*	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC - AMENDMENT 02/17/06	125.00
4/20/2005	MERKT, RICHARD A	F	HILTON EAST BRUNSWICK, EAST BRUNSWICK, NJ	COMMERCE & INDUSTRY ASSN OF NJ	41.00
1/27/2005	MESSINGER, MARY	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	26.00
4/5/2005	MESSINGER, MARY	F	DIAMONDS RIVERSIDE, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT 02/21/06	65.00
1/27/2005	MUNDZ, ERIC	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ - AMENDMENT 02/21/06	85.00
8/1/2005	OCOMNOR, PATRICK*	F	DA NOI RESTAURANT, BAYONNE, NJ	NJ BUSINESS & INDUSTRY ASSN	38.00
1/28/2005	OLIVER, SHEILA Y	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	110.00
1/28/2005	OLIVER, SHEILA Y	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	103.00
1/28/2005	OLIVER, SHEILA Y	T	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	166.03
5/18/2005	OLIVER, SHEILA Y	F	NJ PRESS ASSN, WEST TRENTON, NJ	AT&T - AMENDMENT 02/14/06	115.00
11/16/2005	PADILLA, OCTAVIO*	F	GIRASOLE RESTAURANT, ATLANTIC CITY, NJ	PUBLIC STRATEGIES IMPACT LLC	110.82
1/27/2005	PANTER, MICHAEL J*	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC - AMENDMENT 02/17/06	125.00
6/8/2005	PATNAUDE, SUZANNE*	F	MARRIOTT SEAVIEW, ABSECON, NJ	NJ UTILITIES ASSN	242.00

\*Benefit was reimbursed by recipient.

E = Entertainment; F = Food and Beverage; G = Gifts; H = Honoraria; L = Loans; O = Other; and T = Travel and Lodging

This summary includes reports received as of 5:00 PM on Friday, February 17, 2006, and represents information as reported to the Commission on the annual lobbyist or legislative agent reports.

2006 MAY 15 P 1:43

OFFICE OF  
LEGISLATIVE  
SERVICES

*MaHose*  
*P 4*  
*5/15/06*

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) _____ <i>N/A</i> _____	_____	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 & Nature of Liability	Address	Circle Amount Code	Self	Spouse
1) <i>USAA Savings Bank - Home Mortgage</i> <del><i>Bank of America Credit Service - NOW</i></del>	_____	1 2 3 ④	<input checked="" 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"/>

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) _____ <i>N/A</i> _____	_____	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"/>

2006 MAY 15 P 1:43

OFFICE OF LEGISLATIVE SERVICES

McHose  
p 5  
5/15/06

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) _____	_____	<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) _____	_____	<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"/>

2006 MAY 15 P 1:45  
OFFICE OF LEGISLATIVE SERVICES

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) 11 Shawnee Trail Sparta NJ 07871	primary residence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	<input type="checkbox"/>	<input 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.

5/15/06  
Date

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