

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.

ROBERT E. LITTELL
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 Code				Self	Spouse	Child
1)	<u>BROZER & LITTELL, LLC</u>	<u>PO BOX 527, LEBANON</u>	1	2	3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/>	<input checked="" 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"/>	

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>47 CHURCH ST FRANKLIN</u>	<u>PRECISION PRO PONE</u>	1	2	3	<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>49 CHURCH ST. FRANKLIN</u>	<u>LITTELL FOR SENOTE</u>	1	<input checked="" type="checkbox"/> 2	3	4	<input checked="" type="checkbox"/>	<input checked="" 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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B. DIVIDENDS *N/A*

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) <i>LITTELL GOS SERVICE INC</i>	<i>61 PORTO AVE, SPORTEA</i>	1 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <i>SOLE OF PROPERTY</i>	_____	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. *N/A*

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. *N/A*

Name & Nature of Reimbursement or Prepaid Expense	Address	Circle Amount Code	Self	Spouse	Child	Circle P, N or 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) <u>COMMERCIAL TRAIN TRIP</u>	<u>1 LEGAL PLOZM</u>	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>SILLS RUMMIS</u>	<u>NEWARK</u>	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>LAKEWOOD BOWIC - HOME MORTGAGE</u>	<u>ROUTE 23, FRANKLIN</u>	1 2 3 ④	<input checked="" type="checkbox"/>	<input checked="" 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.

N/A

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"/>

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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
6) BROZER & LITTELL	PO BOX 527, LEBANON		<input checked="" type="checkbox"/>
1) LITTELL'S APPLIANCE	61 SPARTA AVE, SPARTA 07871	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) LITTELL REALTY CORP	49 CHURCH ST. FRANKLIN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) LITTELL FARMS, INC	PO BOX 328, FRANKLIN 07416	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) LITTELL HOMESTEAD, INC	PO BOX 328, FRANKLIN 07416	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5) EDISON ANTIQUES	49 CHURCH ST. FRANKLIN, 07416		<input checked="" 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
6) BD TRUSTEES	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1) CHAIRMAN - ADVISORY BD.	CENTENARY COLLEGE, BRICKTOWN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) BD MEMBER	ST. CLARE'S HOSPITAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) BD MEMBER	NJNA - PRINCETON	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) BD MEMBER	RUTGERS U - BUSINESS SCHOOL NEWARK	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) BD MEMBER	AMERICAN HOSPITAL ASSN, WASHINGTON DC.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	GINNIE'S HOUSE, NEWTON 07860		<input checked="" type="checkbox"/>

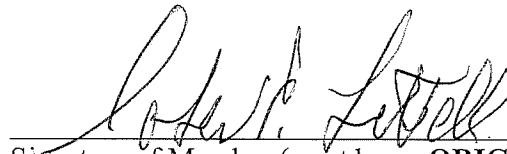
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

Property Address	Description of Property	Self	Spouse	Child
1) 15 JENKINS RD, FRANKLIN 07416	RESIDENCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) 17 1/2 WHITE LAKE RD., SPARTA 07871	FORM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) 47 1/2 CHURCH ST. FRANKLIN 07416	RENTAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) 61 SPARTA AVE, SPARTA NJ 07871	BUSINESS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

5/11/06

Date



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

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