

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.

Joseph R. Malone III
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 - \$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.)

			Circle Amount Code			
Name	Address			Self	Spouse	Child
1) <u>Somerset Co., Board of Ed.</u>	<u>No. Bridge St., Bridgewater NJ</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) <u>NJ General Assembly</u>	<u>Trenton, NJ</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) <u>Philadelphia Board of Ed.</u>	<u>21st & Parkway, Phila. PA</u>	1 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4) <u>Bordentown Sewerage Authority</u>	<u>954 Farnsworth, Bordentown NJ</u>	1 2 3 4	<input checked="" 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

			Circle Amount Code			
Property Address	Tenant Name			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"/>	

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) _____	_____	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>Bank of America</u>	<u>Rt. 130, Bordentown NJ</u>	<input checked="" type="radio"/> 1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>Sterling Bank</u>	<u>Farnsworth Ave., Bordentown NJ</u>	<input checked="" type="radio"/> 1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>Bank of America</u>	<u>Rt. 130, Bordentown NJ</u>	<input checked="" type="radio"/> 1 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>AIG Valic</u>	<u>Allen Pky., Houston TX</u>	1 <input checked="" type="radio"/> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) <u>ING Direct - CONTINUED -</u>	<u>Locust Ave., Des Moines IA</u>	<input checked="" type="radio"/> 1 2 3 4	<input type="checkbox"/>	<input checked="" 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) _____	_____	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.

B. DIVIDENDS

	Name	Address	Circle Amount				Self	Spouse	Child
			Code						
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				Self	Spouse	Child
			Code						
6) 1)	TIAA-Crefff	730 3rd. Ave., NY NY	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) 2)	Pacific Life	Pasedena, CA	1	2	3	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8) 3)	Kemper Investors	2500 Westfield Dr., Elgin IL	1	2	3	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9) 4)	Ryan Beck	18 Columbia, Florham Park NJ	1	2	3	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10)	American Portfolios	PO Box 2560, Norfolk VA	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

-CONTINUED-

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				Self	Spouse
			Code					
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				Self	Spouse	Child	Circle P, N or G		
			Code							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.

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) Dryfus	Boston, MA	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Putnam	Providence, RI	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) MFS Investment	Boston, MA	① 2 3 4	<input type="checkbox"/>	<input checked="" 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) NJ General Assembly	Trenton, NJ	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N ①G
2) Philadelphia Board of Ed.	21st & Parkway, Phila PA	① 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P N ①G
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 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) _____	_____	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) <u>Bank of America - Mortgage</u>	<u>Rt. 130, Bordentown NJ</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.

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)	_____	_____	<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"/>

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)	506 Farnsworth Ave., Bordentown NJ	Residence	<input checked="" type="checkbox"/>	<input checked="" 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. 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.

May 14, 2008
Date

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



NEW JERSEY GENERAL ASSEMBLY

STATE OF NEW JERSEY
JOSEPH R. MALONE III
REPUBLICAN BUDGET OFFICER
ASSEMBLYMAN, 30TH DISTRICT
311 FARNSWORTH AVENUE
BORDENTOWN, NJ 08505
(609) 298-6250
FAX (609) 298-6359
E-MAIL: Asmmalone@njleg.org

COMMITTEES
MEMBER, BUDGET
MEMBER, EDUCATION
MEMBER, JOINT BUDGET
OVERSIGHT COMMITTEE
MEMBER, JOINT COMMITTEE
ON THE PUBLIC SCHOOLS

May 23, 2008

Marci Levin Hochman
OLS, Legislative Counsel
145 W. State St.
State House Annex, Rm. 210
Trenton, NJ 08625

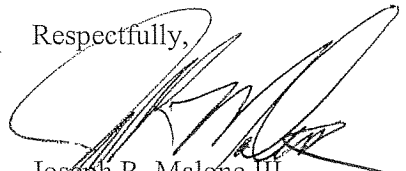
Dear Ms. Hochman:

Attached please find an update to my Legislators Financial Disclosure Statement for calendar year 2007.

Please have the form amended to reflect this change.

Thank you for your assistance in this matter.

Respectfully,



Joseph R. Malone III
Assemblyman, 30th District

RECEIVED
LEGISLATIVE COUNSEL
MAY 23 2008

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) _____	_____	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) _____	_____	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"/>

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"/>

OFFICE OF LEGISLATIVE SERVICES
JUN - 9 A.M.

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) CHEMISTRY COUNCIL OF NJ	150 W. STATE ST., TRENTON NJ	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P <input checked="" type="radio"/> 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

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"/>

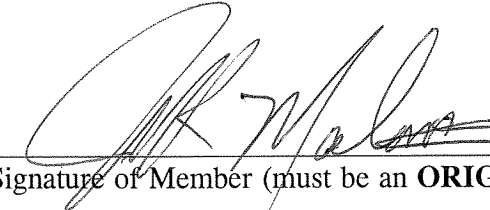
NEW JERSEY
 OFFICE OF
 STATE
 ELECTORAL
 ADMINISTRATION
 100 N. 2ND ST., 9TH FLOOR
 PHILADELPHIA, PA 19106

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)	_____	_____	<input 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. 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.

May 13, 2008
Date


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

DATE	RECIPIENT	BENEFIT 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, NORMANDY 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.