

**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.

HENRY P. McNAMARA  
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)	STATE OF NEW JERSEY	TRENTON, NJ	1 2 <b>3</b> 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	THE WRITE OCCASION INC	WYCKOFF, NJ	1 <b>2</b> 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	TRACEY & THOMAS LLC	WYCKOFF, NJ	<b>1</b> 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"/>

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)	* SEE ATTACHED LISTING		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"/>

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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) *SEE ATTACHED LISTING		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) WYCKOFF INN LTD	179 Godwin Ave, Wyckoff NJ	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) WYCKOFF PROPERTIES LP	" " " " "	1 ② 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) CURFE OCCASION, INC	633 Wyckoff Ave, Wyckoff NJ	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
	NONE	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
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
	NONE	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.

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	2	3	4			
	<u>NONE</u>								
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	2	3	4		
1)	<u>HUDSON UNIV BANK - mortgage</u>	<u>629 WYCKOFF Ave, WYCKOFF NJ</u>	1	2	3	<u>4</u>	<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	2	3	4		
	<u>NONE</u>							
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
<u>NONE</u>			
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
<u>NONE</u>			
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"/>

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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>*SEE ATTACHED LISTING</u>	_____	<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.

4/12/06  
Date

*Henry S. M. Jones*  
Signature of Member (must be an ORIGINAL signature, not a facsimile, stamp or photocopy)

**SENATOR HENRY P. McNAMARA**  
**Financial Disclosure Statement for 2005**  
**Schedule of Rents Received**

<u>Property Address</u>	<u>Tenant Name</u>	<u>Code</u>	<u>Received Income</u>			<u>Held Interest</u>		
			<u>Self</u>	<u>Spouse</u>	<u>Child</u>	<u>Self</u>	<u>Spouse</u>	<u>Child</u>
617 Edwards Street Wyckoff, NJ	McNamara, Patrick	2	X	X		X	X	
393 Franklin Avenue Wyckoff, NJ	Aldo's Restaurant	4		X			X	
395 Franklin Avenue Wyckoff, NJ	Wyckoff Ford, Inc.	4	X			X		
397 Franklin Avenue Wyckoff, NJ	Pane & Vino Kim Nitka	3	X			X		
408 Franklin Avenue Wyckoff, NJ	Wyckoff Ford, Inc.	1	X			X		
629 Wyckoff Avenue Wyckoff, NJ	Vogue Nails L/Jardin	4	X		X	X		X
630 Wyckoff Avenue Wyckoff, NJ	Eurica Wyckoff Ford, Inc.	3	X	X		X	X	
633 Wyckoff Avenue Wyckoff, NJ	Tastefully Yours Aldo's for Men Shotmeyer Rusert The Write Occasion, Inc	3	X			X		
408 Highland Avenue Wyckoff, NJ	McNamara - Parahus	1	X			X		

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Name(s) shown on Form 1040.

HENRY P. AND JOAN MCNAMARA

**Schedule B – Interest and Ordinary Dividends**

**Part I Interest**

(See instructions for Form 1040, line 8a.)

**Note.** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address

	CODE	SELF	SPOUSE	CHILD
BOILING SPRINGS SAVINGS BK	1	X		
JOHN HANCOCK LIFE INS. CO.	1	X		
KEARNY FEDERAL SAVINGS BANK	1	X		
KEARNY FEDERAL SAVINGS BANK	1		X	
MERRILL LYNCH	1	X		
NEW YORK LIFE INSURANCE COMPANY	1		X	
PRUDENTIAL INSURANCE COMPANY	1	X		

2 Add the amounts on line 1  
 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.  
 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

**Note.** If line 4 is over \$1,500, you must complete Part III.

**Part II Ordinary Dividends**

(See instructions for Form 1040, line 9a.)

**Note.** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer

	CODE	SELF	SPOUSE	CHILD
ADP CLEARING & OUTSOURCING	1	X	X	
CITIGROUP INC	1		X	
FORD MOTOR COMPANY	1		X	
HUDSON UNITED BANCORP	1	X	X	
KEARNY FINANCIAL CORP	1	X		
KEARNY FINANCIAL CORP	1		X	
LAKELAND BANCORP INC	1	X	X	
MANULIFE FINANCIAL CORP	1	X	X	
MERRILL LYNCH	1	X		
NATIONAL FINANCIAL SVCS	1	X		
PRUDENTIAL FINANCIAL INC	1		X	
ST PAUL TRAVELERS COMPANIES INC	1		X	
STEWARDSHIP FINANCIAL CORP	1	X		
STEWARDSHIP FINANCIAL CORP	1	X	X	
VALLEY NATIONAL BANCORP	1	X		
VALLEY NATIONAL BANCORP	1		X	

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a.

**Note.** If line 6 is over \$1,500, you must complete Part III.

**Part III Foreign Accounts and Trusts**

(See instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends from a foreign account; or (b) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2005, did you have an interest in or a signature or other authority over a foreign country, such as a bank account, securities account, or other financial account for exceptions and filing requirements for Form TD F 90-22.1

b If 'Yes,' enter the name of the foreign country

8 During 2005, did you receive a distribution from, or were you the grantor of, or transferor of, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions

**BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.**

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