LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

form as necessary and staple all pages togethe Questions should be directed to Legislative C	atement, please carefully read the enclosed instrer. An original signature is required on page 4; a ounsel at (609) 292-4625. The completed disclards, 2 nd Floor, State House Annex, Room 210,	a facsimile, photocopy o	r stamp signature is not acce	entable
Eric Munoz, MD	CHECK APPROPRIATE HOUS	<u>,</u>	eneral Assembly	
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I. EARNED INCOME: List the nan royalties, commissions, profit share	ne, address and amount for each source of earned ring and fees.)	d income. (Earned inco	ne includes salaries, bonuse	rs,
Name	Address	Circle Amount Code	Self Spouse	Child
1) <u>University Physician Associates of NJ</u>	30 Bergen St., Ste 1205, Newark NJ 07107	1 2 3 4		[
2) Univ. of Med & Dent of NJ3) State of NJ Centralized Payroll	335 George St, 4 th Fl Lbty Plz New Brunswick, NJ 08903-2686 PO Box 207, Trenton, NJ 08625	1 2 3 4 1 2 3 4		[
II. UNEARNWS INCOME: List the dividends and income from invest.	name, address and amount for each source of ur ments, trusts, and estates.)	nearned income. (Unear	ned income includes rents,	
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Then an amount is requested, use the follow ore.	ving numerical code: 1=less than \$10,000; 2=\$10,	000-	\$24,9	99.9	9; 3=\$	25,000-\$4	9,999.	.99; 4=\$50,	000 or
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1) Ratzan Alters PA	200 So Biscayne Blvd., 54 th Fl, Miami, FL 33131-2383	①	2	3	4			
2) Louis Podel Esq	2401 Pennsylvania Ave., Su-1C44, Philadelphia, PA 19130		2 2 2 2	3	4	V		
3) Bramnick, Rodriguez, Mitterhof	1827 East Second St, Scotch Plains, NJ 07076	(1)	2	3	4			
4) Duffy, Duffy & Burdo	1370 Reckson Plaza, Uniondale, NY 11556	Ű	2	3	4	W		
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Name & Nature of Honorarium or Fee	Address	Co				Self	Spouse	Child
1) Hemelt and Foshee, LLC	717 W. 17 th Ave, Covington, LA 70433	(1)	2 2	3 3	4	¥		
2) <u>Iliff & Meredith, P.C.</u>	Patriots Plaza, Ste 201-203, 8055 Ritchie Highway, Pasadena, MD 21122		2	3	4	V		
3) The Unger Law Group, P.L	701 Peachtree Road, Orlando, FL 32804		2 2	3	4	V		
4) Zarwin, Baum, DeVito, Kaplin, Schaer,	1515 M 1 - 0 0 1 - 1200 PH 1 1 1 1 PH 101		2	3	4	T		
Toddy, P.C.	1515 Market Street, Suite 1200, Philadelphia, PA 1910	<u>)2</u>						
	PAID EXPENSES for TRAVEL, LODGING or S					· · · · · · · · · · · · · · · · · · ·	*	
for each source of reimburseme	ent or prepaid expense and circle whether the sour		prof cle	it (P)	, nonprofi	it (N), or gove	rnmental (G) entity.
	On: 21 d OJAYW LONZ	An	noun	ıt				
Name & Nature of Reimbursement or Prepaid Expens	Addréss Addréss	Со	de			Self	Spou	se Child
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2)	_ JAIVYSOIT	1	2	3	4			
3)		1	2	3	4			
4)		1	2	3	4			

B. DIVIDENDS		Cir	cle					
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		1	2 2	3 3	4			
3)		1	2 2	<i>3</i> 3	4 4			
4)		1	2	3	4			
C. INCOME from investment	s, trusts and estates (including capital gains).	Ciı	cle					
		An	noun	t				
Name	Address	Со	de			Self	Spouse	Chile
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		1	2	3	4			
		1	2	3	4			
4)		1	2	3	4			
spouse for personal appearanc	Address	An	ircle noun	t		Self	Canana	C1 '1 1
1) Capitelli & Wicker	701 Aurora Ave Su-A Metairie I A 70005	\mathcal{A}	ale o	2	1	Sen .	Spouse	
	701 Flatolia Five, Bit 71, Wettame, Br. 70005	111				[V]		Child
	299 Broadway 17 th FL NY NY 10007	K	2	3	1			
2 Wilkofsky Friedman Karel & Cum 3) The Cochran Firm D.C.	299 Broadway, 17 th Fl, NY, NY 10007 1100 New York Ave. NW, Su-340 West, Washington, DC.	R	2 2	3	4			
3) The Cochran Firm- D.C. 4) Salenger & Sack, LLP	701 Aurora Ave, Su-A, Metairie, LA 70005 299 Broadway, 17 th Fl, NY, NY 10007 1100 New York Ave., NW, Su-340 West, Washington, DC 3300 Fiske Blvd., Rockledge, FL 32955		2 2 2	3 3 3	4 4 4			
3) The Cochran Firm- D.C. 4) Salenger & Sack, LLP VIII. REIMBURSEMENTS or PRE for each source of reimbursem Name & Nature of Reimbursement or Prepaid Expense 1)	EPAID EXPENSES for TRAVEL, LODGING or SUltent or prepaid expense and circle whether the source 內:건 〇 从W LOOZ	BSIS is a Cir	TEN profi rcle noun de 2 2	ICE: t (P)	List to nonp	he name, addres rofit (N), or gov Self	ss, nature and ernmental (C	l amount G) entity. Child
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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

Name	Then an amount is requested, use the face.	following numerical code: 1=less than \$10,000; 2=	\$10,000-5	\$24,9	999.9	9; 3=\$25	,000-\$49,999	.99; 4=\$50,0	000 or
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IX. 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. Circle			1	2					
X. 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. Circle Amount Name & Nature of Reimbursement or Prepaid Expense Address Code Self Spouse Child	spouse for personal appeara Name & Nature of Honorarium or Fee 1) Mednick Associates, LLC 2 Jacobs & Goodman, PA	Address 79 Llewellyn Drive, New Canaan, CT 06840 890 S. R. 434 North	(Ar	Circle nour	e nt 3	4 4	Self	Spouse	Child
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LIABILITIES: List the name and address of each creditor for you or your spouse and the nature and amount of each liability except 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 secur personal motor vehicle or household furniture or appliances; or (d) revolving charge accounts. Circle Amount Name & Nature of Liability Address Code Self Spouse 12 3 4 12 3 4 12 3 4 12 3 4 12 3 4 12 3 4 13 2 3 4 14 2 3 4 15 2 3 4 16 2 3 4 17 2 3 4 18 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name & Nature of Gift	Address		Self	Spouse	Ch
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OFFICES, TRUSTEESHIPS, OR DIRE association, partnership or business and	ECTORSHIPS: List the title of each position held by the name and address of the entity in which the position	you or your spouse in ar	ny firm, con	rpora
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Position Held	Name & Address of Entity	Self	Spouse	
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REAL ESTATE: Provide the address as held an interest. Property Address		rsey in which you, your s	pouse, or n	
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neid an interest.	Description of Property	rsey in which you, your s Self	pouse, or n Spouse □	Ci
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