

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.

VINCE POLISTINA

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.)

	Name	Address	Circle Amount Code	Self	Spouse	Child
1)	<u>POLISTINA - ASSOCIATES, LLC</u>	<u>6684 WASHINGTON AVE. EHT, NJ 08234</u>	1 2 3 (4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	<u>EGG HARBOR TOWNSHIP MUA</u>	<u>3515 BANGAINTOWN RD. EHT, NJ 08234</u>	1 (2) 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>ATLANTIC COAST ALARM, INC.</u>	<u>5100 WARDING HIGHWAY MAYS LANDING, NJ 08330</u>	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"/>

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>6684 WASHINGTON AVE. EHT, NJ 08234</u>	<u>POLISTINA - ASSOCIATES, LLC</u>	1 2 (3) 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>168 N. MAIN ST. PLEASANTVILLE, NJ 08232</u>	<u>ATLANTIC COAST ALARM, INC.</u>	(1) 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	<u>129 LAHINCH CT. MIDDLETOWN, DE 19709</u>	<u>ATLANTIC COAST ALARM, INC.</u>	(1) 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	<u>180 WICKORY RD. WILKES-BARRE, PA 18702</u>	<u>ATLANTIC COAST ALARM, INC.</u>	(1) 2 3 4	<input type="checkbox"/>	<input checked="" 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) <u>CANERC RESOURCES TRUST</u>	<u>PUBLICLY TRADED SECURITIES</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>FONDING CANADIAN COAL</u>	<u>"</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>IMERGENT, INC.</u>	<u>"</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>NONOSTROM, INC.</u>	<u>"</u>	① 2 3 4	<input checked="" 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>BOANOWALK BANK</u>	<u>PO BOX 279 LINWOOD, NJ 08221</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>WACHOVIA BANK</u>	<u>RT. 9 LINWOOD, NJ 08221</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>FORCE MAIN, LLC SALE OF FINE NO. PROP.</u>	<u>15 SHONE RD. LINWOOD, NJ 08221</u>	1 2 3 ④	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>E-TRADE BANK</u>	<u>PO BOX 1542 MERRIFIELD, VA 22116</u>	① 2 3 4	<input checked="" 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) <u>NONE</u>	<u></u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
2) <u></u>	<u></u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
3) <u></u>	<u></u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
4) <u></u>	<u></u>	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) <u>NONE</u>	<u></u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2) <u></u>	<u></u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3) <u></u>	<u></u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4) <u></u>	<u></u>	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)	FOOT LOCKER	PUBLICLY TRADED SECURITIES	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2)	CORNING, INC.	"	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	STANDARD MOTION PRODUCTS	"	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"/>

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.

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	2	3	4			
SEE ATTACHED								
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) CHASE BANK LINE OF CREDIT	3540 BANGAINTOWN RD. EHT, NJ 08234	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) BOANDWALK BANK MORTGAGE ON RENTAL PROPERTY	6684 WASHINGTON AVE., EHT, NJ 08234	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) WACHOVIA BANK MORTGAGE	1801 S. OCEAN DR UNIT 506 HIGHLAND, FL 33019	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) BOANDWALK BANK LINE OF CREDIT	129 LAFFINCH CT. MIDDLETOWN, DE 19709	1	2	3	4	<input type="checkbox"/>	<input checked="" 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		
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
 100 SOUTH
 STATE ST.
 PHILADELPHIA, PA 19106

DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT
2/2/2007	MCKEON, JOHN F	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	110.00
2/2/2007	MCKEON, JOHN F	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	166.02
12/26/2007	MCKEON, JOHN F*	F	MARTINIS RESTAURANT, MILLBURN, NJ	FUEL MERCHANT'S ASSN OF NJ	21.05
2/1/2007	MESSENGER-GAULT, MARY	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ	96.67
2/1/2007	MESSENGER-GAULT, MARY	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	35.00
5/23/2007	MESSENGER-GAULT, MARY	F	DIAMONDS RIVERSIDE, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ	75.00
2/1/2007	MOSQUERA, GABRIELA	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	35.00
2/4/2007	OATES, JANE	F	CROWNE PLAZA HOTEL, CHERBY HILL, NJ	NJ EDUCATION ASSN - AMENDMENT	42.00
2/1/2007	OLIVER, SHEILA Y	F	CAPITAL GRILLE, WASHINGTON, DC	BASSANO, C LOUIS - AMENDMENT	85.00
2/2/2007	OLIVER, SHEILA Y	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	166.02
2/2/2007	OLIVER, SHEILA Y	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE	170.00
2/2/2007	OLIVER, SHEILA Y	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	110.00
8/30/2007	OTOOLE, KEVIN J*	E	OLDE YORK COUNTRY CLUB, COLUMBUS, NJ	CHEMISTRY COUNCIL OF NJ	75.00
2/2/2007	PAYNE, WILLIAM D	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE	170.00
2/2/2007	PAYNE, WILLIAM D	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	110.00
2/2/2007	PAYNE, WILLIAM D	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	166.02
2/1/2007	PETERSON, ERIC	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ	96.67
12/19/2007	POLISTINA, VINCENT J*	G	WILLIAM SCHOPPY INC, LINWOOD, NJ	NJ EDUCATION ASSN - AMENDMENT	32.64
2/1/2007	POU, NELLIE*	F	SAM & HARRYS RESTAURANT, WASHINGTON, DC	1868 PUBLIC AFFAIRS LLC - AMENDMENT	80.00
2/2/2007	POU, NELLIE	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	166.02
2/2/2007	POU, NELLIE	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	110.00

*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.

2008 MAY 16 10 30 AM
LEGISLATIVE SERVICES

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) <u>POLISTINA + ASSOCIATES, LLC</u>	<u>6684 WASHINGTON AVE. EHT, NJ 08234</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>6 ATLANTIC AVE, LLC</u>	<u>6684 WASHINGTON AVE. EHT, NJ 08234</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>FORCEMAIN, LLC</u>	<u>15 STONE RD. LINWOOD, NJ 08221</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>ABSECON - PLEASANT, LLC</u>	<u>PO BOX 238 NORTHFIELD, NJ 08215</u>	<input checked="" 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) <u>MEMBER</u>	<u>FORCE MAIN, LLC</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>MEMBER</u>	<u>20 A ABSECON - PLEASANT AVE. LLC</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>MEMBER</u>	<u>CAM PROPERTY GROUP, LLC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) <u>MEMBER</u>	<u>LITTLE GIANT STABLES, LLC</u>	<input type="checkbox"/>	<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) <u>3305 MONMOUTH AVENUE LOWBURY, NJ 08403</u>	<u>SINGLE FAMILY HOME</u>	<input 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.

2008 MAY 16 A 8:21

OFFICE OF
LEGISLATIVE
SERVICES

Date

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

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) ATLANTIC COAST ALARM, INC.	5100 HANDBERG HIGHWAY MAYS LANDING, NJ 08330	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) CAM PROPERTY GROUP, LLC	5100 HANDBERG HIGHWAY MAYS LANDING, NJ 08330	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) LITTLE GIANT STABLES, LLC	5100 HANDBERG HIGHWAY MAYS LANDING, NJ 08330	<input type="checkbox"/>	<input checked="" 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) VICE-PRESIDENT	ATLANTIC COAST ALARM, INC. 5100 HANDBERG HIGHWAY ML, NJ 08330	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) BOARD OF DIRECTORS	Edg HANDBERG TOWNSHIP POLICE ATHLETIC LEAGUE 2594 TILTON RD.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) MEMBER	POLISTINA & ASSOCIATES, LLC EHT, NJ 08234	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) MEMBER	6 ATLANTIC AVENUE, LLC 6684 WASHINGTON AVE. EHT, NJ 08234	<input checked="" type="checkbox"/>	<input type="checkbox"/>

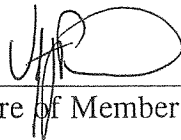
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

Property Address	Description of Property	Self	Spouse	Child
1) 3540 BANGAINTOWN RD. EHT, NJ 08234	HOME	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) 6684 WASHINGTON AVE. EHT, NJ 08234	OFFICE BUILDING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) BLOCK 2203, LOTS 5-8 EHT, NJ 08234	VACANT LAND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) 168 N. MAIN ST. PURSANTVILLE, NJ 08232	OFFICE BUILDING	<input 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. 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.

5-13-08

Date



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

LEGISLATIVE SERVICES