

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

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, 2007 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.

VINCENT PRIETO
 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 2006. 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)	TOWN OF SECAUCUS	1203 PATERSON PLK RD, SECAUCUS	1 2 3 ④	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	NJ GENERAL ASSEMBLY	STATE HOUSE, TRENTON	1 2 ③ 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	CITY OF UNION CITY	3705 PALISADE AVE UC	1 2 ③ 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	JOVIN PLUMBING	712 NEW YORK AVE	1 ② 3 4	<input type="checkbox"/>	<input checked="" 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)	710 NEW YORK AVE, UC	VARIOUS	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	712 NEW YORK AVE, UC	VARIOUS	1 ② 3 4	<input checked="" 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)	N/A		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)	N/A		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	Circle P, N or G
1)	N/A		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	P <input checked="" type="checkbox"/> N G
2)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	P N G

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)	N.J. STATE Chamber OF Commerce		① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P <input checked="" type="checkbox"/> 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

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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.

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			
1)	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)	GREENPOINT MORTGAGE	SECONCUS, NJ (Mortgages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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		
1)	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
1)	N/A		<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)	Trustee	Mendenhall Hospital, Secaucus, NJ	<input checked="" 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)	699-3 RD ST, Secaucus	RESIDENCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	710 New York Ave, NJ	PART OWNER (RENTAL)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	712 New York Ave, NJ	PART OWNER (RENTAL)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

4/20/07
Date


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

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DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT \$
2/2/2006	PAYNE, WILLIAM D	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	171.75
3/2/2006	PENNACCHIO, JOSEPH	F	TRENTON MARRIOTT, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	40.00
2/2/2006	PEREZ, OMAR	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	125.00
3/25/2006	PEREZ, OMAR	F	BARRACHINA RESTAURANT, SAN JUAN, PUERTO RICO	PRINCETON PUBLIC AFFAIRS GROUP INC	47.61
3/2/2006	PERL, JESSICA	F	TRENTON MARRIOTT, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	40.00
4/10/2006	PERL, JESSICA	F	DIAMONDS RIVERSIDE, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	75.00
7/26/2006	PONET, DAVID*	O	TAKE A BREAK INC, WASHINGTON, DE	ATLANTIC CITY ELECTRIC	8.95
2/2/2006	POU, NELLIE	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	171.75
2/2/2006	POU, NELLIE	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	110.00
2/2/2006	POU, NELLIE	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE	170.00
2/2/2006	POU, NELLIE*	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	125.00
3/2/2006	POU, NELLIE	F	TRENTON MARRIOTT, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	40.00
2/2/2006	PRIETO, VINCENT	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	171.75
2/2/2006	PRIETO, VINCENT	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE	170.00
2/2/2006	PRIETO, VINCENT	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	110.00
3/2/2006	PRIETO, VINCENT*	F	TRENTON MARRIOTT, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	40.00
4/20/2006	PRIETO, VINCENT	F	AZUCAR, JERSEY CITY, NJ	NEWPORT ASSOCIATES DEVELOPMENT CO - AMENDMENT	73.13
5/17/2006	PUROLA, LAURINE	E	NJ PRESS ASSN, WEST TRENTON, NJ	PRUDENTIAL INSURANCE CO OF AMERICA	115.00
3/2/2006	QUIGLEY, JOAN M	F	TRENTON MARRIOTT, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	40.00
4/7/2006	QUIGLEY, JOAN M	F	DOUBLETREE HOTEL NEWARK AIRPORT, ELIZABETH, NJ	NJ BUSINESS & INDUSTRY ASSN	69.00
3/2/2006	REILLY, DAN	F	TRENTON MARRIOTT, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	40.00

*Benefit was reimbursed by recipient.

E = Entertainment; F = Food and Beverage; G = Gifts; H = Honoraria; T = Travel; L = Lodging and O = Other;

This summary data reflects the information as reported on the Annual Lobbying reports covering calendar year 2006, received as of 5:00 p.m. on February 23, 2007. During calendar year 2006, costs associated with governmental process lobbying as well as grassroots lobbying became reportable. Therefore, 2006 is a baseline year for lobbying costs covering the expanded areas of lobbying.