

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.

JOSEPH J. ROBERTS JR
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, N. J.	1 2 ③ 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	(GEN. ASSEMBLY SALARY)		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"/>

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)	111 B. LINCOLN ST.	SERENE BENOYLT	① 2 3 4	<input checked="" 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) <u>PLEASE SEE ATTACHED</u>	_____	1 2 3 4	<input checked="" 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>PLEASE SEE ATTACHED</u>	_____	1 2 3 4	<input checked="" 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) <u>NONE</u>	_____	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) <u>NONE</u>	_____	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			
1)	NONE		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 SECURITIES MORTGAGE Co.	MORTGAGE FOR PROPERTY	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)		2500 Bay Dr.	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
3)		POMPANO BEACH, FLA.	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
4)		Unit # 5	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		
1)	NONE		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)	NONE		<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)	NONE		<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"/>

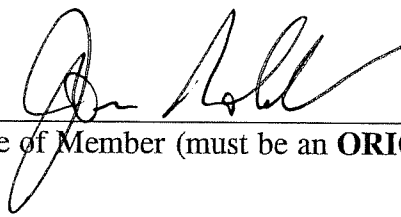
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

	Property Address	Description of Property	Self	Spouse	Child
1)	111 LINCOLN ST. CAMDEN	RESIDENCE AND ADDITIONAL APT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	9016 ALBATROSS AVE SEA LIE	VACATION PROPERTY	<input checked="" 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.

5.10.06

Date



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

B. DIVIDENDS

Microsoft Corp. (MSFT) 1
Dell Corp. (DELL) 1
Commerce Bancorp (CBH) 1
Danaher Corp. (DHR) 1
Sallie Mae Corp. (SLM) 1

Amount Code

C. INCOME

Sun National Bank (Interest) 1
Charles Schwab Corp. (Interest) 1

Amount Code

Sale of Securities

Sirius Satellite Radio (SIRI) 4
Microsoft Corp. (MSFT) 1
XM Radio Corp. (XMSR) 4

Amount Code

Sale of Business

Michael Roberts and Ralph Pasceri (as individuals)
and from Landis Thirty Nine Inc. as proceeds from
sale of business located at 3909 Landis Avenue,
Sea Isle City, NJ 08243. 4

Amount Code

WILLIAMS & JENSEN, PLLC
Attorneys at Law

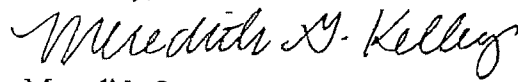
May 4, 2006

Office of Speaker Joseph Roberts, Jr.
New Jersey General Assembly
P.O. Box 098
Trenton, NJ 08625

To Whom It May Concern:

It recently came to my attention as hired counsel and preparer of Lyondell Chemical Company's 2005 New Jersey Form L1-L that expenditures listed as providing benefits to three state officials, including Speaker Joseph Roberts, Jr. were erroneously reported in Schedule G-1 of the Form. Schedule G-1 itemizes benefits exceeding \$25 per day or \$200 per calendar year to state officials and their immediate family members. To correct the 2005 report, I prepared an amendment to Form L1-L which has been submitted to the New Jersey Election Law Commission. In addition, the attached letter explaining the change to Schedule G-1 of the form was sent to the New Jersey Election Law Commission and the Joint Legislative Committee on Ethical Standards. Schedule G-1 now reflects that while Assemblyman Roberts was in attendance at a dinner event hosted by the New Jersey Chemical Council of which Lyondell is a member, Lyondell made no expenditure benefiting the Assemblyman. Please do not hesitate to contact me if you have additional questions.

Sincerely,



Meredith G. Kelley

RECEIVED
MAY 10 2006
OFFICE OF THE CLERK
NEW JERSEY GENERAL ASSEMBLY
TRENTON, NJ 08648

WILLIAMS & JENSEN, PLLC
Attorneys at Law

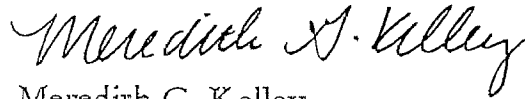
May 4, 2006

Joint Legislative Committee on Ethical Standards
Second Floor
State House Annex
Room 210, P.O. Box 068
Trenton, NJ 08625-0068

To Whom It May Concern:

Please be advised that a Form L1-L amendment has been submitted on behalf of Lyondell Chemical Company for the year 2005 which amends Schedule G-1: Itemization of Benefits Which Exceeded \$25 per day or \$200 per calendar year to State Officials and Their Immediate Family Members. The original Schedule G-1 filed on behalf of Lyondell reported expenditures providing a benefit to three State officials covered by the Act, including Assemblyman Wizniewski, Assemblyman Greenwald, and Assemblyman Roberts. Please be advised that while the aforementioned Assemblymen were in attendance at dinner events hosted by the New Jersey Chemical Council of which Lyondell is a member, no expenditure made by Lyondell at these events provided any benefit to the Assemblymen. The amended report reflects this change. Both the original and the amended report were prepared by yours truly, Meredith G. Kelley, hired counsel to Lyondell Chemical Company. Please contact me if you have any additional questions.

Sincerely,



Meredith G. Kelley

REC'D
MAY 19 2006
STATE HOUSE