

## 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.

John E. Rooney  
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)	<u>TULLMERE ASSOC'S</u>	<u>GLASTONBURY CT</u>	1 2 3 <b>4</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2)	<u>STATE OF NJ</u>	<u>TRENTON</u>	1 2 <b>3</b> 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3)	<u>BOROUGH OF NORTHVALE</u>	<u>NORTHVALE NJ</u>	<b>1</b> 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4)	<u>GARBEL MS. CENTER</u>	<u>HOLY NAME HOSPITAL - TEANECK NJ</u>	1 2 <b>3</b> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>NONE</u>	_____	1 2 3 4	<input type="checkbox"/>	<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"/>	

2006 MAY 15 A 10:19

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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) <u>WACHOVIA</u>	<u>BOCA RATON FLA.</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input checked="" 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>NONE</u>	_____	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) <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"/>

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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
1) <u>TULLIERI ASSOCS</u>	_____	<u>1</u> 2 3 4	<input checked="" 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) <u>None</u>		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) <u>WELLS FARGO MORTGAGE</u>	<u>HOME MORTGAGE</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input checked="" 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) <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"/>

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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) _____	_____	<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) <u>None</u>	_____	<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) <u>411 WEST AVE MORTONVILLE</u>	<u>HOME</u>	<input checked="" 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"/>

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

5/12/06  
Date

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

DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT \$
1/28/2005	QUIGLEY, JOAN M	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	105.00
10/18/2005	QUIGLEY, JOAN M	F	WESTIN PRINCETON, PRINCETON, NJ	NJ BUSINESS & INDUSTRY ASSN	149.00
1/27/2005	REILLY, JIM	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	26.00
5/18/2005	REILLY, JIM	F	NJ PRESS ASSN, WEST TRENTON, NJ	AT&T - AMENDMENT 02/14/06	115.00
1/28/2005	RICE, RONALD L	T	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	166.03
1/28/2005	RICE, RONALD L	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	105.00
1/28/2005	RICE, RONALD L	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	110.00
4/6/2005	RINK, MARION	F	WYNDHAM HOTEL, MOUNT LAUREL, NJ	NJ BUSINESS & INDUSTRY ASSN	39.00
3/15/2005	ROBERTS, JOSEPH J*	F	CONCETTAS, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT 02/21/06	75.00
4/26/2005	ROBERTS, JOSEPH J	F	CONCETTAS RESTAURANT, TRENTON, NJ	LYONDELL CHEMICAL CO - AMENDMENT 02/21/06	107.81
7/18/2005	ROBERTS, JOSEPH J*	F	DIAMONDS RIVERSIDE, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT 02/21/06	85.00
7/19/2005	ROONEY, JOHN E*	F	FORSGATE COUNTRY CLUB, JAMESBURG, NJ	NJ BUSINESS & INDUSTRY ASSN	99.00
5/18/2005	ROSEMAN, DEREK	F	NJ PRESS ASSN, WEST TRENTON, NJ	PRINCETON PUBLIC AFFAIRS GROUP INC	115.00
5/23/2005	ROSEMAN, DEREK	F	DIAMONDS RIVERSIDE, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT 02/21/06	65.00
8/18/2005	SALLACH, DAVID*	F	RUTHS CHRIS STEAKHOUSE (GRAND HYATT), SEATTLE, WA	HASTINGS, JAMIE - AMENDMENT 02/21/06	54.36
1/27/2005	SAMERJAN, JOHN	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	26.00
1/28/2005	SAMERJAN, JOHN	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	105.00
1/28/2005	SAMERJAN, JOHN	F	MARRIOTT WARDMAN PARK HOTEL WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	110.00
1/31/2005	SAMERJAN, JOHN	F	ANTONIOS, TRENTON, NJ	NJ MANUFACTURERS INSURANCE GROUP - AMENDMENT 02/17/06	10.03

\*Benefit was reimbursed by recipient.

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

This summary includes reports received as of 5:00 PM on Friday, February 17, 2006, and represents information as reported to the Commission on the annual lobbyist or legislative agent reports.

Page 13 of 18

2006 MAY 15 A 10:20

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