

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.

Paul A. Sarlo

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	2	3	4			
1)	<u>Joseph M. Sarzan, Inc.</u>	<u>90 W. Franklin St., Hackettstown, NJ</u>	1	2	3	<u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>Baron of Wood-Ridge</u>	<u>85 Humboldt St., Wood-Ridge, NJ 07075</u>	<u>1</u>	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>Sarlo Engineering, LLC</u>	<u>90 W. Franklin St. Hackettstown, NJ 07601</u>	1	<u>2</u>	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	<u>State of NJ - legislature</u>	<u>P.O. Box 068, Trenton, NJ 08625</u>	1	2	<u>3</u>	4	<input checked="" 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	2	3	4			
1)	<u>N/A</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"/>

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B. DIVIDENDS

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>N/A</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"/>

C. INCOME from investments, trusts and estates (including capital gains).

Name	Address	Circle Amount Code	Self	Spouse	Child (Z)
1) <u>Keary Federal Savings</u>	<u>120 Passaic Ave, Fairfield, NJ</u>	1 ② 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>Washyt Mutual</u>	_____	1 ② 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>Vanguard Prime Portfolio</u>	<u>P.O. Box 2000, Valley Forge PA 19432</u>	1 ② 3 4	<input checked="" type="checkbox"/>	<input checked="" 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>N/A</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>Borough of West Ridge - Reimbursement for decay of Municipalities Convention</u>	_____	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N ①G
2) _____	<u>Atlantic City, NJ - Nov. 2007</u>	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) <u>See attached list - from benefit rec'd - from lobbyist or gov't affairs agency.</u>	_____	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	①P ①N 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			
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)	Montgysse on shore home @ 24 Kithinks, Lumberton, NJ	P.O. Box 183090, Columbus, OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2)	Citi Montgysse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3)	Country Wide Financial		<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"/>	

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>Sarlo Engineering, LLC</u>	<u>90 W. Franklin St. Hackensack NJ</u>	<input checked="" type="checkbox"/>	<input checked="" 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.

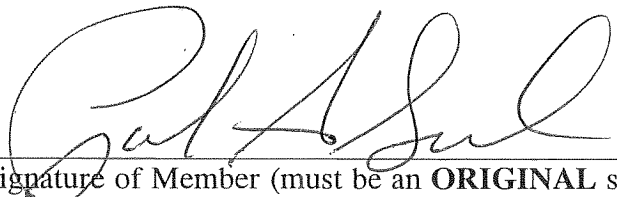
Position Held	Name & Address of Entity	Self	Spouse
1) <u>President/Secretary - Sarlo Engineering, LLC</u>	<u>90 W. Franklin St. Hackensack NJ 07601</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>Mayor - Borough of Wood-Ridge</u>	<u>85 Humboldt St. Wood-Ridge NJ 07075</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>Borough Engineer - Borough of Carlstadt</u>	<u>50 Madison St. Carlstadt NJ 07072</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>Wood-Ridge Memorial Scholarship Foundation</u> ↳ Bd. of Trustees	<u>Wood-Ridge, NJ</u>	<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
→ Kip Center - Bd. of Trustees ↳ Arc of Essex - Bd. of Trustees	<u>Northford, NJ</u> <u>West Orange, NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1) <u>140 8th St. Wood-Ridge NJ</u>	<u>Single family home - 50'x100' lot</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>29 Kittiwake, Lancelotti, NJ (Overtop)</u>	<u>Condo - 50x100' lot</u>	<input checked="" type="checkbox"/>	<input checked="" 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.

5/5/08
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
2/2/2007	POU, NELLIE	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE	170.00
2/1/2007	PREMER, MIKE	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	35.00
2/1/2007	QUIGLEY, JOAN M	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ	96.67
2/2/2007	QUIGLEY, JOAN M	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	166.02
2/2/2007	QUIGLEY, JOAN M	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE	170.00
2/2/2007	QUIGLEY, JOAN M	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	110.00
5/16/2007	REPOLE, LAUREN	F	NJ PRESS ASSN, WEST TRENTON, NJ	PUBLIC STRATEGIES IMPACT LLC	125.00
2/1/2007	RICE, RONALD L	F	CAPITAL GRILLE, WASHINGTON, DC	BASSANO, C LOUIS - AMENDMENT	85.00
2/2/2007	RICE, RONALD L	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE	170.00
2/2/2007	RICE, RONALD L	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	166.02
2/2/2007	RICE, RONALD L	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	110.00
2/1/2007	ROBERTS JR, JOSEPH J	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	150.00
5/23/2007	ROBERTS JR, JOSEPH J*	F	DIAMONDS RIVERSIDE, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ	75.00
2/1/2007	ROSEN, DEREK	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	35.00
2/1/2007	SABATH, AJ	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	35.00
5/18/2007	SABATH, AJ*	F	NJ PRESS ASSN, WEST TRENTON, NJ	AT&T - AMENDMENT	125.00
2/1/2007	SAMERJAN, JOHN	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ	96.67
2/1/2007	SAMERJAN, JOHN*	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	35.00
10/10/2007	SAMERJAN, JOHN	F	OLDE YORK COUNTRY CLUB, COLUMBUS, NJ	CHEMISTRY COUNCIL OF NJ	65.00
2/1/2007	SARLO, PAUL A	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	150.00
2/2/2007	SARLO, PAUL A	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 FEB 27 10:50 AM
 STATE OF NEW JERSEY
 DEPARTMENT OF TREASURY
 DIVISION OF REVENUE
 TAX SERVICES SECTION
 100 N. MONTGOMERY ST.
 TRENTON, NJ 08646-3000
 TEL: 609-984-2000
 FAX: 609-984-2001
 WWW.NJSTATEGOVT.COM

DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT
2/2/2007	SARLO, PAUL A	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	166.02
2/7/2007	SCHAER, GARY S	F	PASTA FACTORY, TEANECK, NJ	NJ EDUCATION ASSN - AMENDMENT	33.43
2/1/2007	SCHRIEKS, MARK*	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	150.00
2/7/2007	SCHWAB, ANDREW	F	PASTA FACTORY, TEANECK, NJ	NJ EDUCATION ASSN - AMENDMENT	33.43
5/16/2007	SCIORTINO, JENNIFER	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	125.00
2/1/2007	SHERIDAN, THEA M	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	35.00
4/12/2007	SHERIDAN, THEA M	O	WORLD AFFAIRS COUNCIL PROGRAM, PHILADELPHIA, PA	NJ CABLE TELECOMMUNICATIONS ASSN	60.00
10/10/2007	SHIPLEY, CHRISTINE*	F	OLDE YORK COUNTRY CLUB, COLUMBUS, NJ	CHEMISTRY COUNCIL OF NJ	65.00
3/9/2007	SINGER, ROBERT W	F	MORTONS STEAKHOUSE, SAN JUAN, PUERTO RICO	ANHEUSER BUSCH COS INC - AMENDMENT	57.38
2/1/2007	SMITH, BOB & WIFE*	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ	193.34
2/2/2007	STANLEY, CRAIG A	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	166.02
2/2/2007	STANLEY, CRAIG A	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	110.00
2/2/2007	STANLEY, CRAIG A	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE	170.00
3/19/2007	STENDER, LINDA	F	MOLLY MAGUIRES RESTAURANT, CLARK, NJ	NJ EDUCATION ASSN - AMENDMENT	32.47
5/16/2007	STOLLER, LINDA	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	125.00
2/1/2007	SUERAPA, JAMES	F	SAM & HARRYS, WASHINGTON, DC	RIKER DANZIG SCHERER HYLAND & PERRETTI LLP - AMENDMENT	80.00
2/1/2007	SUERAPA, JAMES	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	35.00
5/16/2007	SUERAPA, JAMES	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	125.00
2/1/2007	SWAN, AMY*	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	150.00
2/1/2007	TAYLOR, JENNIFER	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN - AMENDMENT	35.00
2/1/2007	TAYLOR, JENNIFER	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ	96.67

*Benefit was reimbursed by recipient.

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

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