

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2008

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, 2009 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 2008. 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 of Employer	Address of Employer	Circle Amount Code	Self	Spouse	Child
1)	<u>Joseph M. Sanzoni Inc.</u>	<u>90 W. Franklin St. Haddonfield NJ</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>Borough of Wood-Ridge</u>	<u>85 Humboldt St. Wood-Ridge NJ</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>Sarlo Engineering, LLC</u>	<u>90 W. Franklin St. Haddonfield NJ</u>	1 2 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 08648</u>	1 2 3 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)	<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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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(ren)
1)	Keary Federal Savings	120 Passaic Ave, Fairfield, NJ	1 (2) 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	Washington Mutual		1 (2) 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	Vanguard Prime Portfolio	P.O. Box, Valley Forge PA 19482	1 (2) 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	Chase checking / Savings Act.		1 (2) 3 4	<input checked="" type="checkbox"/>	<input checked="" 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)	N/A		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)	Borough of Wood-Ridge	- Reimbursed for fees of Municipalities	(1) 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N (G)
2)		Convention @ Atlantic City - Nov. 2008	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)	see attached list from benefits received from bishops or govt affairs org		(1) 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(P) N G

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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								
2)									
3)									
4)									

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)	Mortgages on Shore Home @ 29 Kittiwake, Hamlet NJ (PA) Toms River Address							
2)	Citi Mortgage	P.O. Box 183040, Columbus, OH			4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3)	Country Wide Financial				4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4)								

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							
2)								
3)								
4)								

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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) <u>Sarlo Engineering, LLC</u>	<u>90 W. Franklin St., Hackensack NJ, 07601</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</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>Mayor - Borough of Wood-Ridge</u>	<u>85 Humboldt St. Wood-Ridge, NJ</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>	<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.

5) Kip Center Bel. of Trustees Northway, NJ

6) ANC of Essex Bel. of Trustees West Orange, NJ

Property Address	Description of Property	Self	Spouse	Child
1) <u>140 8th St. Wood-Ridge, NJ</u>	<u>Single family home - 50' x 100' lot</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>29 Kittiwake, Toms River, NJ</u>	<u>Condo - 50 x 100' 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.

5/11/09
Date

[Signature]
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
1/31/2008	PARAÑO, DAVID	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	150.00
1/31/2008	PEREZ, OMAR	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	150.00
1/31/2008	PIMIENTA, ROBERT*	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	150.00
1/31/2008	PISCITELLI, EVAN*	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	150.00
1/31/2008	POU, NELLIE	F	SAM & HARRYS RESTAURANT, WASHINGTON, DC	1868 PUBLIC AFFAIRS LLC	80.00
5/21/2008	REPOLE, LAUREN	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	STATE STREET ASSOCIATES - AMENDMENT	75.00
5/29/2008	REPOLE, LAUREN	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	STATE STREET ASSOCIATES - AMENDMENT	65.00
9/22/2008	REPOLE, LAUREN	F	ERINI RESTAURANT, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ	75.00
8/21/2008	RICE, RONALD L	F	WINTER CATERERS, STATEN ISLAND, NY	NY SHIPPING ASSN INC - AMENDMENT	97.87
5/21/2008	ROBERTS JR, JOSEPH J	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	STATE STREET ASSOCIATES - AMENDMENT	75.00
5/29/2008	ROBERTS JR, JOSEPH J	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	STATE STREET ASSOCIATES - AMENDMENT	65.00
9/22/2008	ROBERTS JR, JOSEPH J	F	ERINI RESTAURANT, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ	75.00
2/21/2008	ROLAND, YVETTE BECKETT	F	TRENTON MARRIOTT, TRENTON, NJ	EXCELLENT EDUCATION FOR EVERYONE INC	27.65
8/21/2008	ROLAND, YVETTE BECKETT	F	WINTER CATERERS, STATEN ISLAND, NY	NY SHIPPING ASSN INC - AMENDMENT	97.87
5/14/2008	SABATH, AJ	F	NJ PRESS ASSN, WEST TRENTON, NJ	AT&T - AMENDMENT	135.00
10/21/2008	SABATH, AJ*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	70.00
1/31/2008	SARLO, PAUL A	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	150.00
8/21/2008	SCALERA, FREDERICK	F	WINTER CATERERS, STATEN ISLAND, NY	NY SHIPPING ASSN INC - AMENDMENT	97.87
1/31/2008	SCHAER, GARY S	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	150.00
11/6/2008	SCHERMERHORN, BETH	F	ERINI RESTAURANT, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ	75.00
1/31/2008	SCHWAB, ANDREW	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	150.00

*Benefit was reimbursed by recipient.

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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 2008, received as of 5:00 p.m. on February 27, 2009.