

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2012

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) 847-3901. The completed disclosure form is due May 15, 2013 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.

Robert Schroeder
 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 2012. Please note that a minor child is a child under the age of 18. For each entry, mark 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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	All Points Int	74 Prospect Pl. Hudsone NJ 07642	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	All Points Credit	74 Prospect Pl. Hudsone NJ 07642	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	RS CONSULTANTS	74 Prospect Pl. Hudsone NJ 07642	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Township of Wash. HAD	350 Hudsone St. Wash. Twp NJ 07686	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	STATE OF New Jersey	123 Broadway Woodcliff Lake NJ 07677	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hercules GIABTU	101 West St Hudsone NJ 07642	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2013 MAY 15 A 10:17
 LEGISLATIVE COUNSEL
 ETHICAL STANDARDS

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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	SEE Attached		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

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B. DIVIDENDS

	Name	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	Proctor County Bd	Westwood NJ 07676	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

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

	Name	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	Fidelity	DANMUS NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	WINDWARD	Fontaine Forge PA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Amount Code				Self	Spouse
			1	2	3	4		
1)	None ↓		<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"/>	

2013 MAY 15 A 10:2
 FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE

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 indicate whether source is a profit (P), nonprofit (N), or governmental (G) entity.

	Name & Nature of Reimbursement or Prepaid Expense	Address	Amount Code				Self	Spouse	Child	Check Source		
			1	2	3	4				P	N	G
1)	None ↓		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<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.

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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	None		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<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	Amount Code				Self	Spouse
			1	2	3	4		
1)	SEE Attached		<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"/>

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STATE OF MICHIGAN
LEGISLATIVE SERVICES

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	Amount Code				Self	Spouse
			1	2	3	4		
1)	None		<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"/>

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)	All Points Int	Hillsdale NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	ADJUTANT GENERAL	HILLSDALE NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	RECYCLES & CO INC	HILLSDALE NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	See Attached		<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)	Board Member - (CONSULTING BOARD)	CATALAND BANK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	BOARD MEMBER (CONSULTING BOARD)	IMPERIAL REALTY INC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	BOARD MEMBER (CONSULTING BOARD)	ATLANTIC STEWARDSHIP BANK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	KEEP NEW JERSEY SAFE. E.M.	WASCOE LAKE, NJ	<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
1)	See attached		<input checked="" type="checkbox"/>	<input 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"/>

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.

5/14/2013
Date

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

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2012 -

Robert Schroeder Financial Disclosure Form

Section VI - LIABILITIES

All Code 4 - self

- Oritani Bank, Township of Washington, NJ
- Valley National Bank, Wayne, NJ
- Kearney Federal Savings, Fairfield, NJ
- Ocean First, Toms River, NJ
- Bank of America, Hillsdale, NJ
- TD Bank, Township of Washington, NJ
- PNC Bank, Westwood, NJ
- Atlantic Stewardship Bank, Westwood, NJ

STATE OF
NEW JERSEY
COMPTROLLER
OFFICE

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H: ment Roll

R.S. CONSULTANTS REAL ESTATE PORTFOLIO - L.L.C. TENANT LISTING

YEAR 2012

<u>LLC / SPACE/LOCATION</u>	<u>BUSINESS/TENANT NAME</u>	<u>TOWN/STATE/ZIP CODE</u>
<u>89 BROADWAY L.L.C.</u>		
89 BROADWAY	Global Apparel, Inc.	Park Ridge, NJ 07656
<u>561 BROADWAY L.L.C.</u>		
561 BROADWAY	Vacant Land	Westwood, NJ 07675
<u>99 ROLAND L.L.C.</u>		
99 ROLAND	Tomas Carino	Park Ridge, NJ 07656
99 ROLAND - REAR	Edward Rumley	
<u>74 PROSPECT PLACE L.L.C.</u>		
74 PROSPECT	API, Inc.	Hillsdale, NJ 07642
<u>539 PIERMONT AVENUE L.L.C</u>		
539 PIERMONT	API, Inc.	Hillsdale, NJ 07642
<u>583 BROADWAY L.L.C.</u>		
583 BROADWAY	Daniel Reyes	Westwood, NJ 07675
583 BROADWAY	Fabian Montes	
583 BROADWAY	The Hertz Corporation	
583 BROADWAY	Frank's Personal Service	
<u>459 BROADWAY L.L.C</u>		
459 BROADWAY	All Parts Auto Supplies, Inc.	Westwood, NJ 07675
459 BROADWAY	Deluxe Nails, Inc.	
459 BROADWAY	Mariel Mejia	
459 BROADWAY	Brad Pfeifer	
<u>100 WEST STREET L.L.C.</u>		
101 WEST STREET	Clifford J. Hartex & Hartex, Inc.	Hillsdale, NJ 07642
101 WEST STREET	Richard M. Hodgman	
101 WEST STREET	RGS Investments, L.L.C.	
101 WEST STREET	The Arzeno Institute, Inc.	
101 WEST STREET	Christopher J. Lantelme	
101 WEST STREET	Hercules Global Response, L.L.C.	
101 WEST STREET	Laurie Cornell	
101 WEST STREET	Project Impact	
101 WEST STREET	International Ship Management & Agency Services, Inc.	
101 WEST STREET	Hitachi Home Electronics, Inc.	

2013 MAY

Robert Schroeder Financial Disclosure Form – Calendar Yr. 2012

Section X – REAL ESTATE

2448 Cleveland Avenue
Township of Washington, NJ
self/spouse

2306 Ocean Avenue
Lavallette, NJ
self/spouse

1620 Northbay Avenue
Toms River, NJ
self

74 Prospect Place
Hillsdale, NJ
self

459 Broadway
Westwood, NJ
self

99 Roland Street
Park Ridge, NJ
self

89 Broadway
Park Ridge, NJ
self

583 Broadway
Westwood, NJ
self

561 Broadway
Westwood, NJ
self

101 West Street
Hillsdale, NJ
Self

538 Piermont
Hillsdale, NJ
~~self~~

701 Broadway
Westwood
self

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SEARCHED
SERIALIZED
INDEXED
FILED

Code
4

2012 LIABILITIES

Hercules Global Logistics / Robert Schoen

Mike Carey - Norwood NJ

Phil Conelli - Closter NJ

Chris. Mica Jansen - Old Tappan

Dolpack, Albany New York

Paul Vandyko - Norwood NJ

George Fry Woodcliff Lake NJ

Joe L Lapaglia Woodcliff Lake NJ

Stallo Electric Whippany NJ

Ann Mazun Whippany NJ

Murray Deutsch - Tenafly

Good ^{any business} ~~Chang~~ - New York, New York

Tim Slatsky - Washington NJ

Ryan Smith - Nantucket, Mass.

Code #4

All Point International - Kent Schroeder

2012

Liabilities

- VLM Associates - Manalapan, N.J.
- FRANK GROSSO - Wall Township, NJ
- JAY KON ASSOCIATES - Aspersoch, NJ
- MARIC ALBERT - Westwood, N.J.
- JOE BAWINO - PARAMUS
- JOE JOHN BAWINO - Bedminster NJ
- TOM MASCIA - Green Brook
- JACK CASEY - Point Pleasant, NJ
- TODD RYAN - HUSDRE NJ
- JASON DE GUSE - HUSDRE NJ
- DIVIS ALMEDUS - NANUET NY
- JOHN GARDNER - Jockey River
- RAY SAUND - Saddle Brook, NJ
- WONG & ASSOCIATES - Mahwah
- JOE MARA - Bricktown NJ
- CHRIS AGNELLO - Wash Twp NJ
- MIKE ANNE AGNELLO - Wash. Twp NJ
- JOE DI VISO - Washington Twp NJ
- LAWS ASSOCIATES - Washington Twp NJ
- Lynch Metals - Union NJ
- Candlepoint - Clifton NJ
- Kelly KERING - Mantoloking NJ
- STATE OF JOHN MANTORT - Fishkill, NY
- HARRY SHEPES II - Rivervale,
- KEVIN DRAGAN - TEXAS
- PHIL LABOSSERIE - Saddle River, NJ
- KIM CASTAGNOLA - Saddle River NJ
- CHARLE MANN - Riv Vale NJ
- FRED'S TENTS - Stillwater NY

RECEIVED
GENERAL SERVICES
JAN 23 2012



2012

CODE 4 - All Points International - Liabilities
Robert Schroeder

CLAYTON METALS - UNION, NJ
IRFAN Sheikh MAHWAH, NJ
WILKES Deli - Hillsdale NJ
EPS - Emergin NJ
LEC Products - Connecticut
SIOUX STEEL - Sioux Falls, S.D.
Block - Wash. Twp NJ
EuroAsia Engo - Queens NY
ARZ LOGISTICS - Kabul, AFG
Robert Mancinelli Attorney - Montvale
Glassberg Associates Boca Raton, FL
Kevin Blue Ring - Wash Twp - Woodcliff Lake
MARIA Kelly - Pennsylvania
Aliero & MAZZA - Wash. D.C.
LALANThA SAMAZSIAGHE Saddle River
MARBELLA Attorney - Mississippi
Charles Maalan - River Vale, NJ
NICOLAS Bedurra - Mahwah, NJ
Aqva Rahimz Construction Kabul, AFG
Montano Architects - Saddle Riv. NJ
Michael Imperato - Wash. Twp
Jameson Lighting Group - CAROLINA
DD Energy Services - Kentucky
Steve MilGardner - Wash Twp NJ



NEW JERSEY GENERAL ASSEMBLY

ROBERT SCHROEDER
ASSEMBLYMAN, 39TH DISTRICT
123 BROADWAY, 2ND FLOOR
WOODCLIFF LAKE, NJ 07677
(201) 391-3673 • FAX: (201) 391-3675
AsmSchroeder@njleg.org

COMMITTEES
LABOR
HOMELAND SECURITY AND
STATE PREPAREDNESS
NEW JERSEY FIRE
SAFETY COMMISSION

May 22, 2013

Gabe Neville
Senior Legislative Counsel
Office of Legislative Services
State House Annex
PO Box 068
Trenton, NJ 08625-0068

2013 MAY 28 A 10:34

OFFICE OF
LEGISLATIVE
SERVICES

Dear Gabe,

Please see below the amend changes to my 2012 Legislative Financial Disclosure Statement.

- On page 1 in section I. (Earned Income), on line 2 for All Points at 74 Prospect please mark the amount code as 1.
- On page 1 in section I. (Earned Income), on line 4 for Township of Washington please mark the Self Code field.
- On page 1 in section I. (Earned Income), on line 5 for the State of New Jersey please mark the Self Code field.
- On page 1 in section I. (Earned Income), below line 5 for Hercules Global please mark down Amount Code 4 and Self Code Field.

Sincerely,

Robert Schroeder
Assemblyman

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2012

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Robert Schroeder
PRINT NAME

CHECK APPROPRIATE HOUSE: Senate General Assembly

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2)	All Points, Clinton	74 Prospect Pl. Hudsone NJ 07642	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3)	RS CONSULTANTS	74 Prospect Pl. Hudsone NJ 07642	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4)	Tough AF with Fin	350 Bedford St. Washington NJ 07836	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5)	SPAC OF New Jersey	123 Broadway Woodcliff NJ 07677	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Hercules GI/BTU	101 West St Hudsone NJ 07642	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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A. RENTS

	Property Address	Tenant Name	Amount Code				Self	Spouse	Child
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1)	SEE ATTACHED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	

MAY 28 10 34 AM '13
 LEGISLATIVE SERVICES