

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

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, 2005 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.

Albio Sires

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 2004. 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>A. M. Title, Inc.</u>	<u>2182 Morris Ave., Union, NJ</u>	1 2 3 <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>Town of West New York</u>	<u>428 - 60th Street, W.N.Y., NJ</u>	1 <u>2</u> 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>State of NJ</u>	<u>PO Box 098, Trenton, NJ</u>	1 2 3 <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>West New York Bd. of Ed.</u>	<u>6028 Broadway, W.N.Y., NJ</u>	1 2 3 <u>4</u>	<input type="checkbox"/>	<input checked="" 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>2182 Morris Ave., Union, NJ</u>	<u>A. M. Title, Inc.</u>	1 2 <u>3</u> 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"/>

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 2005 APR 28 P 3:09

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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)	_____	_____	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 and Nature of Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	<u>Astoria Federal Mortgage</u>	<u>2000 Marcus Ave. Lake Success, NY</u>	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	<u>City Mortgage Inc.</u>	<u>12855 N. Outer 40 Drive St. Louis, MO</u>	1	2	3	4	<input type="checkbox"/>	<input checked="" 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 and Nature of Forgiven Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	_____	_____	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"/>

2005 APR 28 PM 3:09

OFFICE OF LEGISLATIVE SERVICES

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B. DIVIDENDS

	Name	Address	Circle Amount Code				Self	Spouse	Child
1)	_____	_____	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
1)	_____	_____	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)	_____	_____	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"/>

2005 APR 28 P 3:10
 OFFICE OF LEGISLATIVE SERVICES

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)	See Attached	_____	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

Name & Nature of Reimbursement or Prepaid Expense	Address	Circle Amt. Code	Self	Spouse	Child	Circle		
						P	N	G
Conectiv - Green Fees, Lunch, Dinner	140 West State St. Trenton, NJ	(1) 2 3 4	✓			(P)	N	G
Princeton Public Affairs - Green Fees	160 West State St. Trenton, NJ	(1) 2 3 4	✓			(P)	N	G
West New York Municipal Dem. Com. Hotel Room, Airfare, Ground Transportation Reception - Puerto Rico	PO Box 89 West New York, NJ	(1) 2 3 4	✓			P	(N)	G
New Democratic Assembly Leadership PAC Hotel Room - Atlantic City	40 1/2 West Lafayette St. Trenton, NJ	(1) 2 3 4	✓			P	(N)	G
New Democratic Assembly Leadership PAC Hotel Room - Atlantic City	40 1/2 West Lafayette St. Trenton, NJ	(1) 2 3 4	✓			P	(N)	G
New Democratic Assembly Leadership PAC Airfare - Boston, MA	40 1/2 West Lafayette St. Trenton, NJ	(1) 2 3 4	✓			P	(N)	G
Democratic State Committee Hotel Room - Boston, MA	150 West State St. Trenton, NJ	(1) 2 3 4	✓			P	(N)	G

2005 APR 28 P 3:09

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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.

Table with 4 columns: Item, Name, Address, Self, Spouse. Row 1: 1) A. M. Title, Inc., 2182 Morris Ave., Union, NJ, [X], []

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.

Table with 4 columns: Item, Position Held, Name and Address of Entity, Self, Spouse. Row 1: 1) President, A.M. Title, Inc., 2182 Morris Ave., Union, NJ, [X], []

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.

Table with 5 columns: Item, Property Address, Description of Property, Self, Spouse, Child. Row 1: 1) 6050 Blvd. East, West New York, NJ, Residential, [], [X], []

2005 APR 28 PM 3:09

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

4/28/05
Date

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