

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.

Bob Smith
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	Recipient		
				Self	Spouse	Child
1)	<u>Bob Smith AND ASSOCIATES</u>	<u>216 B-1 STELTON RD, PISCATAWAY, N.J.</u>	1 2 3 <u>4</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	<u>CITY OF NEW BRUNSWICK ZONING BOARD</u>	<u>CITY HALL, NEW BRUNSWICK, NJ</u>	1 <u>2</u> 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>EAST BRUNSWICK TWP - MUN. PROSECUTOR</u>	<u>MUNICIPAL COMPLEX, EAST BRUNSWICK, N.J.</u>	1 2 <u>3</u> 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)			1 2 3 4	<input 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	Recipient		
				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"/>

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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>SEE ATTACHED STMT</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
1) <u>SEE ATTACHED STMT</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	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"/>

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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>OUT OF POCKET EXPENSES</u>	<u>ELECTION FUND OF BOB SMITH</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P</u> N G
2) _____	<u>830 SHIRLEY PARKWAY</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3) _____	<u>PISCATAWAY, N.J. 08854</u>	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	2	3	4			
1)	NONE		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	2	3	4		
1)	HOME MORTGAGE 830 SHIRLEY PKY ASCUMWAY	CITIMORTGAGE, P.O. BOX 8003, S. HARRISBURG, IA	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	HOME EQUITY " " " "	WASHINGTON MUTUAL, 1192 SECOND AVE. SEATTLE, WASH	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3)			1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
4)	HOME MORTGAGE 173 PERSHING BLVD LAVALETTE, ILL.	WELLS FARGO, P.O. BOX 14411, DES MOINES IA	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" 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)	NONE		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)	<u>BOB SMITH AND ASSOCIATES</u>	<u>216 B-1 STELTON RD, PISCATAWAY, N.J.</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>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>830 SHIRLEY HWY PISCATAWAY, NJ</u>	<u>HOME</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	<u>173 PEARSONS BLVD, BAYVALETTE, NJ</u>	<u>SUMMER HOME</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	<u>216 B-1 STELTON RD, PISCATAWAY, NJ</u>	<u>BUSINESS PROPERTY</u>	<input checked="" 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.

4/19/06
Date


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

DIVIDENDS

<u>NAME</u>	<u>ADDRESS</u>	<u>AMT CODE</u>	<u>Self</u>	<u>Spouse</u>	<u>CHILD</u>
United HEALTH GROUP	NY STOCK EXCHANGE	1	X	X	
* CHIQUITA BRANDS INTL	"	1	X	X	
* CHESAPEAKE ENERGY	"	1	X	X	
* ALTRIA GROUP	"	1	X	X	
* STARA LEE CORP	"	1	X	X	
* AMERICAN EAGLE CLOTHES	"	1	X	X	
* MERK + CO.	"	1	X	X	
* ASTRAZENCA PLC	"	1	X	X	
* NAUTILUS INC	"	1	X	X	
* PFIZER INC	"	1	X	X	
* CONOCO PHILIPS	"	1	X	X	
* PROLOGIS REIT	"	1	X	X	
* NOVA STAR FINANCIAL INC	"	1	X	X	
* KINDER MORGAN MONT	"	1	X	X	
* SBC COMMUNICATIONS INC	"	1	X	X	
* JPMORGAN CHASE	"	1	X	X	
* DOW CHEMICAL CO	"	1	X	X	
* GENERAL MOTORS CORP	"	1	X	X	
* NOKIA CORP	"	1	X	X	

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DIVIDENDS

<u>NAME</u>	<u>ADDRESS</u>	<u>AMT CODE</u>	<u>SELF</u>	<u>SPOUSE</u>	<u>CHILD</u>
WACHOVIA IRA	TWO TOWER CENTER 8TH FLOOR EAST BRUNSWICK NJ 08816	1	X		
WACHOVIA IRA	SAME AS ABOVE	1		X	
Bob SMITH AND ASSOCIATES DEFINED BENEFIT PLAN	C/O CHARLES SCHWAB 101 MONTGOMERY ST SAN FRANCISCO CA	1	X	X	
Bob SMITH AND ASSOCIATES PROFIT SHARING PLAN	SAME AS ABOVE	1	X	X	
HARBOR FUNDS	ONE SEAGATE TOLEDO, OHIO 43666	1	X	X	
CREDIT SUISSE FUNDS	P.O. Box 55030 BOSTON MASS 02205-5030	1	X	X	

INCOME FROM INVESTMENTS

NONE

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