

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.

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 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>BOB SMITH AND ASSOCIATES</u>	<u>216 B-1 STELTON RD PISCATAWAY N.J. 08854</u>	1	2	3	<u>4</u>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

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>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"/>

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	2	3	4			
1)	SEE ATTACHED STMT	ALL NYSE LISTED STOCKS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)		NASDAQ	<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	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	SEE ATTACHED STMT	ALL NYSE/NASDAQ LISTED STOCKS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

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	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"/>	

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	2	3	4				P	N	G	
1)	OUT OF POCKET EXPENSES	ELECTION FUND OF Bob Smith	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N	G
2)		830 SHIRLEY PARKWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N	G
3)		ASCUMWAY N.J. - 08857	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N	G
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"/>	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 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)	NONE						<input 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"/>

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	WELLS FARGO					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	173 PESHING BLVD LAVALLETTE NT.	P.O. BOX 14411 DES MOINES IA					<input type="checkbox"/>	<input type="checkbox"/>
3)	LAND MORTGAGE	JOSEPH J. REA AGENCY P/S PLAN					<input type="checkbox"/>	<input checked="" type="checkbox"/>
4)	30 STBLTON RD PISCATAWAY	225 WALTER ST SOUTH PLAINFIELD N.J. 07080					<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)	NONE						<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"/>

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-I STELTON RD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) _____	<u>PISCATAWAY N.J. 08854</u>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>MEMAR LLC</u>	<u>SAME AS ABOVE 830 SHIRLEY PKWY</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<u>PISCATAWAY NJ 08854</u>		

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>REGISTERED AGENT</u>	<u>MEMAR LLC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) _____	<u>830 SHIRLEY PKWY, PISCATAWAY NJ</u>	<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 PKWY, PISCATAWAY NJ</u>	<u>PRIMARY RESIDENCE</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>216 B-I STELTON RD, PISCATAWAY N.J.</u>	<u>LAW OFFICE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>113 PERSHING BLVD, LAVALLETTE, NJ.</u>	<u>RESIDENCE</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>30 STELTON RD, PISCATAWAY, NJ</u>	<u>RAWLAND</u>	<input type="checkbox"/>	<input checked="" 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.

5/14/08
Date


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

Tax Year 2007

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Date Prepared: January 24, 2008

Payer's Name and Address

CHARLES SCHWAB & CO., INC.
101 MONTGOMERY ST.
SAN FRANCISCO, CA 94104
Federal ID Number: [REDACTED]

Recipient's Name and Address

ROBERT G SMITH &
ELLEN T SMITH JT TEN
830 SHIRLEY PKWY
PISCATAWAY NJ 08854

CAPITAL GAINS

ALL JOINTLY OWNED

Taxpayer ID Number: [REDACTED]
Account Number: [REDACTED]

Proceeds From Broker Transactions - 2007

Form 1099-B

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

7-Description	1b-Cusip Number	5-No. of Shares Exchanged	6-Classes of Stock Exchanged*	1a-Sale Date	2-Gross Proceeds (Less Commissions)	4-Federal Income Tax Withheld
BROCADE COMMUNS SYS XXX	[REDACTED]	[REDACTED]	[REDACTED]	M 07/02/07	\$ [REDACTED]	\$ 0.00
DOW CHEMICAL COMPANY	[REDACTED]	[REDACTED]	[REDACTED]	S 07/17/07	[REDACTED]	0.00
ESPEED INC CLASS A	[REDACTED]	[REDACTED]	[REDACTED]	S 09/04/07	[REDACTED]	0.00
ESPEED INC CLASS A	[REDACTED]	[REDACTED]	[REDACTED]	S 09/04/07	[REDACTED]	0.00
Security Subtotal						0.00
HANESBRANDS INC	[REDACTED]	[REDACTED]	[REDACTED]	S 09/19/07	[REDACTED]	0.00
JPMORGAN CHASE & CO	[REDACTED]	[REDACTED]	[REDACTED]	S 05/07/07	[REDACTED]	0.00
MERCK & CO INC	[REDACTED]	[REDACTED]	[REDACTED]	S 05/21/07	[REDACTED]	0.00
MERCK & CO INC	[REDACTED]	[REDACTED]	[REDACTED]	S 05/21/07	[REDACTED]	0.00
Security Subtotal						0.00
NOVASTAR FINANCIAL INC	[REDACTED]	[REDACTED]	[REDACTED]	S 07/06/07	[REDACTED]	0.00
PROLOGIS	[REDACTED]	[REDACTED]	[REDACTED]	S 08/29/07	[REDACTED]	0.00
Total Gross Proceeds from Broker Transactions (less commissions)						\$ [REDACTED]
Total Federal Income Tax Withheld						\$ 0.00

Gross Proceeds from each of your security transactions are reported individually to the IRS.
Gross Proceeds in aggregate are not reported to the IRS and should not be so reported on your tax return.

ALL CATEGORY I

* CLASSES OF STOCK: C = Common P = Preferred O = Other
 ** ACTIVITY CODES: C = Cash in Lieu E = Exchange P = Principal S = Sale T = Tender
 H = Conversion M = Cash Merger R = Redemption SS = Short Sale

Tax Year 2007

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Date Prepared: January 24, 2008

DIVIDENDS

ALL Jointly Owned

Taxpayer ID Number: [REDACTED]
Account Number: [REDACTED]

DETAIL INFORMATION OF DIVIDENDS AND DISTRIBUTIONS

Description	Cusip Number	Paid in 2007	Paid/Adjusted in 2008 for 2007	Amount
Ordinary Dividends				
Non-Qualified Dividends				
PROLOGIS	[REDACTED]	\$ 782.00	\$ 0.00	\$ 782.00
Total Non-Qualified Dividends (Included in Box 1a)		\$ 782.00	\$ 0.00	\$ 782.00
Qualified Dividends				
A T & T INC NEW	[REDACTED]	\$ [REDACTED]	\$ 0.00	\$ [REDACTED]
ALTRIA GROUP INC	[REDACTED]	[REDACTED]	0.00	[REDACTED]
AMERN EAGLE OUTFITRS NEW	[REDACTED]	[REDACTED]	0.00	[REDACTED]
ASTRAZENECA PLC ADR F	[REDACTED]	[REDACTED]	0.00	[REDACTED]
CHESAPEAKE ENERGY CORP	[REDACTED]	[REDACTED]	0.00	[REDACTED]
CONOCOPHILLIPS	[REDACTED]	[REDACTED]	0.00	[REDACTED]
DOW CHEMICAL COMPANY	[REDACTED]	[REDACTED]	0.00	[REDACTED]
GENERAL ELECTRIC COMPANY	[REDACTED]	[REDACTED]	0.00	[REDACTED]
HOME DEPOT INC	[REDACTED]	[REDACTED]	0.00	[REDACTED]
INGERSOLL RAND CO CL A F	[REDACTED]	[REDACTED]	0.00	[REDACTED]
JOHNSON & JOHNSON	[REDACTED]	[REDACTED]	0.00	[REDACTED]
JPMORGAN CHASE & CO	[REDACTED]	[REDACTED]	0.00	[REDACTED]
KRAFT FOODS INC	[REDACTED]	[REDACTED]	0.00	[REDACTED]
MERCK & CO INC	[REDACTED]	[REDACTED]	0.00	[REDACTED]
NAUTILUS INC	[REDACTED]	[REDACTED]	0.00	[REDACTED]
NOKIA CORP SPON ADR F	[REDACTED]	[REDACTED]	0.00	[REDACTED]
PFIZER INCORPORATED	[REDACTED]	[REDACTED]	0.00	[REDACTED]
SARA LEE CORP	[REDACTED]	[REDACTED]	0.00	[REDACTED]
UNITEDHEALTH GROUP INC	[REDACTED]	[REDACTED]	0.00	[REDACTED]
Total Qualified Dividends (Box 1b and included in Box 1a)		\$ [REDACTED]	\$ 0.00	\$ [REDACTED]
Total Ordinary Dividends (Box 1a) (Non-Qualified Dividends and Qualified Dividends)		\$ [REDACTED]	\$ 0.00	\$ [REDACTED]
Nondividend Distributions (Return of Capital)				
PALM INC	[REDACTED]	\$ [REDACTED]	\$ 0.00	\$ [REDACTED]
Total Nondividend Distributions (Box 3) (Return of Capital)		\$ [REDACTED]	\$ 0.00	\$ [REDACTED]

ALL CATEGORY 1

STOWARD
BALANCE
507 2007

DIVIDENDS

T. ROWE PRICE

P.O. BOX 17302

BALTIMORE, MD 21297-1302

CAPITAL GAINS

JOINTLY OWNED
CATEGORY I

CREDIT SUISSE

EMERGING MARKETS

P.O. Box 55030

BOSTON MASS 02205-5030

JOINTLY OWNED
CATEGORY IV