

# 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.

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 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>BOB SMITH AND ASSOCIATES</u>	<u>216 B-1 STELTON ROAD 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)	<u>SEE ATTACHED STATE</u>	_____	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)	<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"/>

OFFICE OF  
 LEGISLATIVE  
 SERVICES  
 MAY 13 AM 11:41

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>	<u>ALL NYSE/NASDAQ</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) _____	<u>LISTED STOCKS</u>	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>	<u>ALL NYSE/NASDAQ</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) _____	<u>LISTED STOCKS</u>	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"/>

MAY 13 10 41 AM '04  
 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) <u>OUT OF POCKET EXPENSES</u>	<u>ELECTION FUND</u>	<u>2</u> 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2) _____	<u>OF Bob SMITH</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3) _____	<u>830 SHARLEY DR</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4) _____	<u>ASCATAWAY NJ 08854</u>	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 to you, your spouse or minor child from a named donor connected to the legislative process.

	Name & Nature of Gift	Address	Circle Amount				Self	Spouse	Child
			Code						
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				Self	Spouse
			Code					
1)	HOME MORTGAGE	WELLS FARGO	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	173 PERSHING BLVD LAVALLETTE NJ.	P.O. Box 1111, Des Moines IA	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
3)	LAND MORTGAGE	Joseph V. Rea P/S PLAN	1	2	3	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4)	30 STELTON RD, Piscataway NJ.	225 WALTER STREET SOUTH PLAINFIELD NJ. 07080	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 & Nature of Forgiven Liability	Address	Circle Amount				Self	Spouse
			Code					
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"/>

OFFICE OF LEGISLATIVE SERVICES  
 29 MAR 13 AM 10:41

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 ASSOC.</u>	<u>216 B-1 STELTON RD</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) _____	<u>PISCATAWAY NJ 08854</u>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>MEMAR LLC</u>	<u>830 SHIRLEY PARKWAY PISCATAWAY N.J. 08854</u>	<input checked="" type="checkbox"/>	<input checked="" 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>REGISTERED AGENT</u>	<u>MEMAR LLC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) _____	<u>830 SHIRLEY PKWY PISCATAWAY NJ 08854</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-1 STELTON RD PISCATAWAY NJ</u>	<u>LAW OFFICE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>123 PERSHING BLVD LAURELLETTA 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>RAW LAND</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.

5/12/09  
Date

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

EARNED INCOME

The law firm of Bob Smith AND ASSOCIATES has a Profit Sharing Plan and a Defined Benefit Plan with Charles Schwab comprised of investments in publicly traded securities. No DISTRIBUTION or INCOME has ever been taken by myself or my spouse.

If the Joint Committee requires the listing of individual investments please so advise.

Please also consider this as an amendment to all prior disclosures for the years 1996 to the present.

2009 MAY 13 A 10:41

OFFICE OF  
LEGISLATIVE  
SERVICES

Bob Smith 5/12/09

TAX YEAR 2008

Page 2

Date Prepared: February 12, 2009

**DIVIDENDS**

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

**ALL JOINTLY OWNED**

DETAIL INFORMATION

Dividends and Distributions

<i>Cusip Number</i>	<i>Description</i>	<i>Paid in 2008</i>	<i>Paid/Adjusted in 2009 for 2008</i>	<i>Amount</i>
<b>Ordinary Dividends</b>				
<b>Non-Qualified Dividends</b>				
743410102	PROLOGIS	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
808515100	SCHWAB MONEY MARKET FUND	[REDACTED]	0.00	[REDACTED]
<b>Total Non-Qualified Dividends</b>		\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]

<i>Cusip Number</i>	<i>Description</i>	<i>Paid in 2008</i>	<i>Paid/Adjusted in 2009 for 2008</i>	<i>Amount</i>
<b>Qualified Dividends</b>				
G4776G101	INGERSOLL RAND CO CL A F	\$ [REDACTED]	\$ [REDACTED]	\$ 0.00
00206R102	A T & T INC NEW	[REDACTED]	0.00	[REDACTED]
02553E106	AMERN EAGLE OUTFITRS NEW	[REDACTED]	0.00	[REDACTED]
032511107	ANADARKO PETROLEUM CORP	[REDACTED]	0.00	[REDACTED]
038222105	APPLIED MATERIALS INC	[REDACTED]	0.00	[REDACTED]
060505104	BANK OF AMERICA CORP	[REDACTED]	0.00	[REDACTED]
166764100	CHEVRON CORPORATION	[REDACTED]	0.00	[REDACTED]
205887102	CONAGRA FOODS INC	[REDACTED]	0.00	[REDACTED]
254687106	DISNEY WALT CO	[REDACTED]	0.00	[REDACTED]
263534109	DU PONT E I DE NEMOUR&CO	[REDACTED]	0.00	[REDACTED]
26441C105	DUKE ENERGY CORP NEW	[REDACTED]	0.00	[REDACTED]
277461109	EASTMAN KODAK COMPANY	[REDACTED]	0.00	[REDACTED]
30231G102	EXXON MOBIL CORPORATION	[REDACTED]	0.00	[REDACTED]
305560104	FAIRPOINT COMMUN INC	[REDACTED]	[REDACTED]	[REDACTED]
313586109	FANNIE MAE	[REDACTED]	0.00	[REDACTED]
369604103	GENERAL ELECTRIC COMPANY	[REDACTED]	0.00	[REDACTED]
437076102	HOME DEPOT INC	[REDACTED]	0.00	[REDACTED]
46625H100	JPMORGAN CHASE & CO	[REDACTED]	0.00	[REDACTED]
743410102	PROLOGIS	[REDACTED]	[REDACTED]	[REDACTED]
803111103	SARA LEE CORP	[REDACTED]	0.00	[REDACTED]
847560109	SPECTRA ENERGY CORP	[REDACTED]	0.00	[REDACTED]
887317105	TIME WARNER INC	[REDACTED]	0.00	[REDACTED]
91324P102	UNITEDHEALTH GROUP INC	[REDACTED]	0.00	[REDACTED]
92343V104	VERIZON COMMUNICATIONS	[REDACTED]	0.00	[REDACTED]
939322103	WASHINGTON MUTUAL INC	[REDACTED]	0.00	[REDACTED]
<b>Total Qualified Dividends</b>		\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]

Total Ordinary Dividends  
 (Non-Qualified Dividends and  
 Qualified Dividends)

**All one category II**

OFFICE OF LEGISLATIVE SERVICES  
 MAY 13 2009

TAX YEAR 2008

Page 3

Date Prepared: February 12, 2009

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

*CAPITAL GAINS  
 Category 1*

DETAIL INFORMATION (continued)

Dividends and Distributions (continued)

<i>Cusip Number</i>	<i>Description</i>	<i>Paid in 2008</i>	<i>Paid/Adjusted in 2009 for 2008</i>	<i>Amount</i>
<b>Capital Gain Distributions</b>				
<b>15% Rate Gain</b>				
743410102	PROLOGIS	\$ 0.00	\$ 500.28	\$ 500.28
<b>Total 15% Rate Gain</b>		<b>\$ 0.00</b>	<b>\$ 500.28</b>	<b>\$ 500.28</b>

<i>Cusip Number</i>	<i>Description</i>	<i>Paid in 2008</i>	<i>Paid/Adjusted in 2009 for 2008</i>	<i>Amount</i>
<b>Unrecap. Sec. 1250 Gain</b>				
743410102	PROLOGIS	\$ 0.00	\$ 24.92	\$ 24.92
<b>Total Unrecap. Sec. 1250 Gain</b>		<b>\$ 0.00</b>	<b>\$ 24.92</b>	<b>\$ 24.92</b>
<b>Total Capital Gain Distributions</b>		<b>\$ 0.00</b>	<b>\$ 525.20</b>	<b>\$ 525.20</b>

<i>Cusip Number</i>	<i>Description</i>	<i>Paid in 2008</i>	<i>Paid/Adjusted in 2009 for 2008</i>	<i>Amount</i>
<b>NonDividends Distributions (Return of Capital)</b>				
G4776G101	INGERSOLL RAND CO CL A F	\$ 0.00	\$ 144.00	\$ 144.00
305560104	FAIRPOINT COMMUN INC	0.00	1.54	1.54
<b>Total NonDividends Distributions</b>		<b>\$ 0.00</b>	<b>\$ 145.54</b>	<b>\$ 145.54</b>

INVESTMENT ACTIVITY

Investment Activity for 2008 - Stocks

<i>Activity</i>	<i>Quantity</i>	<i>Security Description</i>	<i>Trade Date</i>	<i>Settle Date</i>	<i>Price</i>	<i>Net Amount</i>
BUY	100.0000	DUKE ENERGY CORP NEW	04/14/08	04/17/08	[REDACTED]	[REDACTED]
BUY	200.0000	FANNIE MAE	07/24/08	07/29/08	[REDACTED]	[REDACTED]
BUY	100.0000	GENERAL ELECTRIC COMPANY	09/15/08	09/18/08	[REDACTED]	[REDACTED]
BUY	250.0000	THORNBURG MORTGAGE INC	02/21/08	02/26/08	[REDACTED]	[REDACTED]
<b>Total Purchases/Adjustments - Stocks</b>						<b>\$ [REDACTED]</b>
<b>Total Proceeds/Adjustments - Stocks</b>						<b>\$ 0.00</b>

Investment Activity for 2008 - Totals

Total Purchases/Adjustments (Not Reported to IRS):	\$ [REDACTED]
Total Proceeds/Adjustments (Not Reported to IRS):	\$ 0.00

OFFICE OF  
 LEGISLATIVE  
 SERVICES