

2011 ✓

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2011

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, 2012 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 2011. 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)	BOB SMITH AND ASSOCIATES	216 B-1 STELTON RD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)		PISCATAWAY N.J. 08854	<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"/>
5)	SEE ATTACHED STATEMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	NONE		<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"/>
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"/>

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

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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 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)	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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)		PISCATAWAY, NJ 08854	<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"/>	<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"/>	<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.

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)	NONE		<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"/>
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)	HOME MORTGAGE (173 PERSHING BLVD, LAVELLETTE, VT)	WELLS FARGO P.O. BOX 14411, DES MOINES, IA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	LAND MORTGAGE (30 SHELTON RD, PISCATAWAY, VT)	Joseph T Rex P/S Ram 225 Walter St St. P. Rd Mt 07080	<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"/>

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"/>

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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)	Bob Smith and Assoc	216 B-1 STELTON RD, PISCATAWAY NJ 08854	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)			<input type="checkbox"/>	<input type="checkbox"/>
3)	MEMAR LLC	830 SHIRLEY PKWY, PISCATAWAY NJ 08854	<input checked="" type="checkbox"/>	<input checked="" 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)	REGISTERED AGENT	MEMAR LLC 830 SHIRLEY PKWY, PISCATAWAY NJ 08854	<input 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"/>

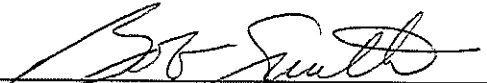
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

	Property Address	Description of Property	Self	Spouse
1)	830 SHIRLEY PKWY, PISCATAWAY NJ	PRIMARY RESIDENCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	216 B-1 STELTON RD, PISCATAWAY N.J.	LAW OFFICE - OFFICE CONDO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	173 PERSHING BLVD, LAKELAND N.J.	SECONDARY RESIDENCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4)	30 STELTON RD, PISCATAWAY NJ	RAW LAND	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	216 B-2 STELTON RD, PISCATAWAY NJ	OFFICE CONDO (owned by MEMAR LLC)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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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.

4/26/12
Date


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

Date Prepared: February 24, 2012

*DIVIDENDS ALL JOINTLY OWNED
ALL ARE CATEGORY I*

INTEREST & DIVIDENDS

The information in the following sections may be helpful for, but not limited to, Schedule B. Please consult with your tax advisor or financial advisor regarding specific questions.

Detail Information of Dividends and Distributions

Description	CUSIP Number	Paid in 2011	Paid / Adjusted in 2012 for 2011	Amount
Ordinary Dividends				
Non-Qualified Dividends				
PROLOGIS	743410102	\$ 78.76	\$ (78.76)	\$ 0.00
PROLOGIS INC NEW	74340W103	\$ 87.36	\$ (76.90)	\$ 10.46
Total Non-Qualified Dividends (Included in Box 1a)		\$ 166.12	\$ (155.66)	\$ 10.46
Qualified Dividends				
A T & T INC NEW	00206R102	\$ 688.00	\$ 0.00	\$ 688.00
ALCOA INC	013817101	\$ 18.00	\$ 0.00	\$ 18.00
ALTRIA GROUP INC	02209S103	\$ 310.00	\$ 0.00	\$ 310.00
AMERN EAGLE OUTFITRS NEW	02553E106	\$ 198.00	\$ 0.00	\$ 198.00
AMGEN INCORPORATED	031162100	\$ 112.00	\$ 0.00	\$ 112.00
ASTRAZENECA PLC ADR F	046353108	\$ 1,080.00	\$ 0.00	\$ 1,080.00
CHESAPEAKE ENERGY CORP	165167107	\$ 130.00	\$ 0.00	\$ 130.00
CISCO SYSTEMS INC	17275R102	\$ 162.00	\$ 0.00	\$ 162.00
CONOCOPHILLIPS	20825C104	\$ 792.00	\$ 0.00	\$ 792.00
GENERAL ELECTRIC COMPANY	369604103	\$ 247.00	\$ 0.00	\$ 247.00
HOME DEPOT INC	437076102	\$ 416.00	\$ 0.00	\$ 416.00
INGERSOLL RAND CL A NEWF	G47791101	\$ 86.00	\$ (86.00) CORRECTED	\$ 0.00
JOHNSON & JOHNSON	478160104	\$ 900.00	\$ 0.00	\$ 900.00
JPMORGAN CHASE & CO	46625H100	\$ 400.00	\$ 0.00	\$ 400.00
KRAFT FOODS INC	50075N104	\$ 232.00	\$ 0.00	\$ 232.00
NOKIA CORP SPON ADR F	654902204	\$ 285.71	\$ 0.00	\$ 285.71
PFIZER INCORPORATED	717081103	\$ 3,180.00	\$ 0.00	\$ 3,180.00
PHILIP MORRIS INTL INC	718172109	\$ 387.36	\$ 0.00	\$ 387.36
PROLOGIS	743410102	\$ 0.00	\$ 1.42	\$ 1.42
PROLOGIS INC NEW	74340W103	\$ 0.00	\$ 0.10	\$ 0.10

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charles SCHWAB

Schwab One® Account of
ROBERT G SMITH &

Account Number
[REDACTED]

TAX YEAR 2011
YEAR-END SUMMARY

Date Prepared: February 24, 2012

Detail Information of Dividends and Distributions (continued)

Description	CUSIP Number	Paid in 2011	Paid / Adjusted in 2012 for 2011	Amount
Qualified Dividends (continued)				
SARA LEE CORP	803111103	\$ 172.50	\$ 0.00	\$ 172.50
UNITEDHEALTH GROUP INC	91324P102	\$ 122.50	\$ 0.00	\$ 122.50
Total Qualified Dividends (Box 1b and included in Box 1a)		\$ 9,919.07	\$ (84.48)	\$ 9,834.59
Total Ordinary Dividends (Box 1a)		\$ 10,085.19	\$ (240.14)	\$ 9,845.05
<i>(Total Non-Qualified Dividends, Short-Term Capital Gains and Qualified Dividends)</i>				

Dividends

Capital Gain Distributions

15% Rate Gain

PROLOGIS	743410102	\$ 0.00	\$ 52.55	\$ 52.55
PROLOGIS INC NEW	74340W103	\$ 0.00	\$ 53.36	\$ 53.36
Total 15% Rate Gain (Included in Box 2a)		\$ 0.00	\$ 105.91	\$ 105.91

Unrecap. Sec. 1250 Gain

PROLOGIS	743410102	\$ 0.00	\$ 2.16	\$ 2.16
PROLOGIS INC NEW	74340W103	\$ 0.00	\$ 23.44	\$ 23.44
Total Unrecap. Sec. 1250 Gain (Box 2b and included in Box 2a)		\$ 0.00	\$ 25.60	\$ 25.60

Total Capital Gain Distributions (Box 2a)

\$ 0.00 \$ 131.51 \$ 131.51

Nondividend Distributions (Return of Capital)

INGERSOLL RAND CL A NEWF	G47791101	\$ 0.00	\$ 86.00	CORRECTED \$ 86.00
PROLOGIS	743410102	\$ 0.00	\$ 22.63	\$ 22.63
Total Nondividend Distributions (Box 3)		\$ 0.00	\$ 108.63	\$ 108.63

Capital Gains/Distributions

Foreign Tax Paid

NOKIA CORP SPON ADR F	654902204	\$ (42.86)	\$ 0.00	\$ (42.86)
Total Foreign Tax Paid (Box 6)		\$ (42.86)	\$ 0.00	\$ (42.86)

Country FINLAND
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CAPITAL GAINS All are
CATEGORY I

Date Prepared: February 24, 2012

REALIZED GAIN OR (LOSS)

The information in the following sections includes all your realized gain or (loss) transactions during the tax year. They may be helpful for, but not limited to, Schedule D. Please consult with your tax advisor or financial advisor regarding specific questions.

Long-Term Realized Gain or (Loss)

COST BASIS METHOD: Mutual Funds: Average; All Other Investments: First In First Out (FIFO)

Description	CUSIP Number	Quantity/Par	Date of Acquisition	Date of Sale	Total Proceeds	Cost Basis	Wash Sale Loss Disallowed	Realized Gain or (Loss)
PROLOGIS INC NEW	R 74340W103	0.24	06/06/05	06/08/11	\$ 8.19	\$ 21.48 ^e	\$ 0.00	(13.29)
Security Subtotal					\$ 8.19	\$ 21.48	\$ 0.00	(13.29)
Total Long-Term					\$ 8.19	\$ 21.48	\$ 0.00	(13.29)

Total Realized Gain or (Loss)

COST BASIS METHOD: Mutual Funds: Average; All Other Investments: First In First Out (FIFO)

Description	Total Proceeds	Cost Basis	Wash Sale Loss Disallowed	Realized Gain or (Loss)
Total Short-Term Realized Gain or (Loss)	\$ 0.00	\$ 0.00	\$ 0.00	0.00
Total Long-Term Realized Gain or (Loss)	\$ 8.19	\$ 21.48	\$ 0.00	(13.29)
Total Realized Gain or (Loss)	\$ 8.19	\$ 21.48	\$ 0.00	(13.29)

Please see the "Endnotes for Your Realized Gain or (Loss)" for an explanation of the codes and symbols in this Realized Gain or (Loss) section.

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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.

Bob Smith

4/26/12

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