

**AMENDED**  
**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.

Brian P. Stack  
 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	Recipient		
				Self	Spouse	Child
1)	City of Union City	3715 Palisade Ave, Union City	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	State of NJ - Assembly	State House, Trenton NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	See Rider		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)			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
1)		
2)		
3)		
4)		

Circle Amount Code				Self	Spouse	Child
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
1)		
2)		
3)		
4)		

Circle Amount Code				Self	Spouse	Child
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
1)	Wedding fees	3715 Polisade AVE UC ND
2)		
3)	SEE RIDER	
4)		

Circle Amount Code				Self	Spouse
1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	<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
1)		
2)		
3)		
4)		

Circle Amount Code				Self	Spouse	Child	Circle P, N, or G	
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N
1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N

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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 in excess of \$250.

	Name & Nature of Gift	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	_____	_____	<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"/>	

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)	_____	_____	<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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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)	_____	_____	<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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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)	_____	_____	<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"/>

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 and Address of Entity	Self	Spouse
1)	_____	_____	<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"/>

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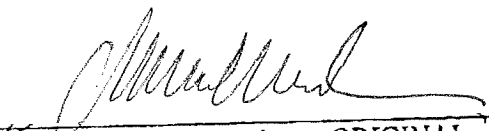
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X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

	Property Address	Description of Property	Self	Spouse	Child
1)	_____	_____	<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"/>

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

5/11/07  
Date

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

Rider to Legislator's Financial Disclosure Statement for Calendar Year 2004

Brian P. Stack - General Assembly

Section 1 – Earned Income

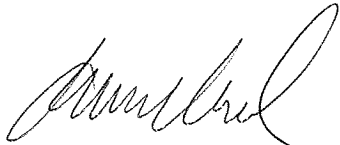
In the interest of full disclosure, I submit this addendum. I have not included my wife, Katia Stack's financial information on this form. This is due to the fact that Katia and I have been separated since November 2003. We maintain separate residences, do not contribute to or receive any income from each other and file our tax returns separately. While I do not believe that I am obligated to provide Katia's financial information in light of our marital situation, if I am so required, I will attempt to obtain the information.

Section III – Honoraria and Fees

I am amending my financial disclosure form to include fees that I received for performing weddings in my capacity as Mayor. Although I have always claimed same as income on my federal and state tax returns, I inadvertently omitted same in my previous financial disclosure forms.

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

5/11/07  
Date

  
\_\_\_\_\_  
BRAIN P. STACK