

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.

T-288 P.002/013 F-310

Linda Stender
 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 | Self | Spouse | Child |
|----|---------------------------------|----------------------------|--------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1) | County of Union | 1 Etoum Place Elizabeth NJ | 1 2 3 <u>4</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | SVO Inc. 290 B Rt 46 | 270 B Rt 46 Deckaway NJ | 1 2 3 <u>4</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) | | 07066 | 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) | _____ | _____ | 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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OFFICE OF
 LEGISLATIVE
 SERVICES

May-18-05 13:27 From-Assembly Democratic Office

MAY 13 2005 1:40PM ASSEMBLYWOMAN LINDA STENDER

NO. 3018 P. 3

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.

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B. DIVIDENDS

| | Name | Address | Circle Amount Code | Self | Spouse | Child |
|----|--------------------------|---------|--------------------|-------------------------------------|--------------------------|--------------------------|
| 1) | Conoco Phillips | Public. | ① 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | Mercil | Public. | ① 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | E-trade Funds Management | Public. | ① 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | Ford Motor | Public. | ① 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. INCOME from investments, trusts and estates (including capital gains). (over)

| | Name | Address | Circle Amount Code | 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"/> |

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) | _____ | _____ | 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"/> |

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) | _____ | _____ | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P N G |
| 2) | _____ | _____ | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P N G |
| 3) | _____ | _____ | 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 |

From-Assembly Democratic Office

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| <u>Dividend Name</u> | <u>Address</u> | <u>Code</u> | <u>self</u> | <u>Spouse</u> |
|-------------------------|----------------------------------|-------------|-------------|---------------|
| PNC Bank. | P.O. Box 535230 Pittsburgh Pa | (1) | ✓ | ✓ |
| Vanguard Group | Public Traded | (1) | ✓ | ✓ |
| Hudson City Savings BK | W. 80 Century Rd. Paranmus NJ | (1) | ✓ | |
| Roselle Savings BK. | 235 Chestnut St Roselle NJ | (1) | ✓ | |
| Spencer Savings BK | 611 River Dr. Elmwood PK NJ. | (1) | ✓ | |
| Union City Savings Bank | 320 W. Broad St. Eliz. NJ | (1) | ✓ | |
| Rahway Savings Bank | 1500 Irving St. Rahway | (1) | | ✓ |
| Investors Savings BK. | 101 JFK Pkwy Short Hills NJ | (1) | ✓ | |
| Kearny Fed. Savings BK. | P.O. Box 604 Kearny NJ | (1) | ✓ | |
| Summit Fed Savings BK. | W. Washington Ave Dunellen NJ | (1) | ✓ | |
| Haven Savings Bank | P.O. Box 9701 Hoboken NJ | (1) | ✓ | |

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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.

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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) | / | _____ | 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 and Nature of Liability | Address | Circle Amount Code | | | | Self | Spouse |
|----|------------------------------|---------------------------------|--------------------|---|---|---|-------------------------------------|-------------------------------------|
| 1) | GMAC - mortgage on home | 3451 Hammond Ave. Waterloo, Ia. | 1 | 2 | 3 | 4 | <input checked="" type="checkbox"/> | <input checked="" 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"/> |

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) | / | _____ | 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"/> |

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) | SVO, Inc | 270 B Rt 46 W. Rockaway NJ. | <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"/> |

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) | President | 270 B Rt 46 W Rockaway Township NJ. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) | V.P. | Union County Arts Center Irving St. Rahway NJ. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) | Trustee | Union County Democratic Committee 65 King St. Hillside NJ. | <input checked="" 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) | 154 Herbert Ave Fairwood NJ. | Home. | <input checked="" type="checkbox"/> | <input checked="" 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.

5/14/05
Date

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

OFFICE OF
LEGISLATIVE
SERVICES