

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

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, 2007 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.

Samuel D. Thompson

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 2006. 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)	<u>General Assembly, ST. of N.J.</u>	<u>state capitol, Trenton, N.J. 08625</u>	1 2 <u>(3)</u> 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>Motor Vehicle Commission</u>	<u>225 E. State St., " " "</u>	1 2 3 <u>(4)</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	<u>N.J state Pension</u>	_____	1 2 <u>(3)</u> 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>Social Security</u>	_____	1 <u>(2)</u> 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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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"/>

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)	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"/>

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

	Name	Address	Circle Amount Code	Self	Spouse	Child
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"/>

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)	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"/>

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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 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)	None		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

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				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)	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"/>

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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 & 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"/>

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 & Address of Entity	Self	Spouse
1) * Board Member	Bayshore Sr. Health, Education & Recreation Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) _____	100 Main St., Keansburg, N.J. 07734	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) * resigned at some point in 2006	_____	<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.

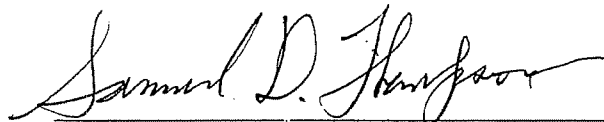
Property Address	Description of Property	Self	Spouse	Child
1) 5 Linerost Ave, Old Bridge, N.J.	Personal residence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

4/4/07

Date



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



NEW JERSEY GENERAL ASSEMBLY

SAMUEL D. THOMPSON, PH.D.
ASSEMBLYMAN, 13TH DISTRICT
PARTS OF MONMOUTH AND MIDDLESEX COUNTIES
725 HIGHWAY 34
MATAWAN, NJ 07747

OFC: (732) 583-5558/FAX: (732) 583-4039

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Joint Legislative Committee on Ethical Standards
State House Annex, Room 210
PO Box 068
Trenton, NJ 08625-0068

May 8, 2007

ASSISTANT MINORITY LEADER
COMMITTEES
HEALTH AND HUMAN SERVICES
HOUSING AND LOCAL GOVERNMENT

Subject: Legislators Financial Disclosure Statement

As required, I submitted my Financial Disclosure Statement for Calendar Year 2006 on April 5, 2007. Under Sections IV and V, I entered none although the attached information supplied by ELEC shows I attended two NJBIA functions costing a total of \$109 and a \$40 luncheon sponsored by Bank of America.

These items were not included because my interpretation of the instructions is that these items fall under Section IV GIFTS which specifically lists payment for meals in cited examples. It further states, "Total gifts from a single source are not reportable.

I am advised there are some that believe these items are encompassed by Section IV rather than Section V. Section IV is entitled Reimbursements or Prepaid Expenses for Travel, Lodging or Subsistence and the example cited related to"payments of a members expenses for air fare, meals and lodging to any conference, seminar or annual meeting of any association"... Clearly, the reported expenses are more aptly described by Section IV.

However, if the Commission disagrees with my interpretation of the instructions or the rules, I request my Financial Disclosure Form be amended to incorporate said expenditures in the appropriate section.

Sincerely,

Samuel D. Thompson, Ph.D.
Assemblyman
13th Legislative District

DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT \$
2/2/2006	SWAN, AMY*	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ - AMENDMENT	90.00
1/19/2006	TAYLOR, EDWARD	L	NASSAU INN, PRINCETON, NJ	NJ COUNCIL OF COUNTY VOCATIONAL-TECHNICAL SCHOOLS - AMENDMENT	150.00
10/25/2006	TAYLOR, EDWARD	F	SHERATON, ATLANTIC CITY, NJ	NJ COUNCIL OF COUNTY VOCATIONAL-TECHNICAL SCHOOLS - AMENDMENT	19.00
3/2/2006	THOMPSON, SAMUEL D	F	TRENTON MARRIOTT, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	40.00
3/15/2006	THOMPSON, SAMUEL D	F	FORSGATE COUNTRY CLUB, MONROE TOWNSHIP, NJ	NJ BUSINESS & INDUSTRY ASSN	69.00
5/24/2006	THOMPSON, SAMUEL D	F	JW MARRIOTT, SHANGHAI, CHINA	BANK OF AMERICA CORP/BANK OF AMERICA NA	40.00
5/24/2006	TISIKER, SUE	F	JW MARRIOTT, SHANGHAI, CHINA	BANK OF AMERICA CORP/BANK OF AMERICA NA	40.00
5/17/2006	TRABERT, RENEE	E	LEGISLATIVE CORRESPONDENTS CLUB	ELIZABETHTOWN GAS - AMENDMENT	115.00
2/2/2006	TURNER, SHIRLEY K	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	110.00
2/2/2006	TURNER, SHIRLEY K	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	125.00
2/2/2006	TURNER, SHIRLEY K	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE	170.00
2/2/2006	TURNER, SHIRLEY K	L	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE	171.75
2/2/2006	TURNER, SHIRLEY K	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	26.00
3/21/2006	TURNER, SHIRLEY K	E	SOVEREIGN BANK ARENA, TRENTON, NJ	PRUDENTIAL INSURANCE CO OF AMERICA	75.00
2/2/2006	VAINIERI HUTTLE, VALERIE	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	125.00
3/2/2006	VAINIERI HUTTLE, VALERIE	F	TRENTON MARRIOTT, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	40.00
2/2/2006	VAN DREW, JEFF	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ - AMENDMENT	90.00
3/2/2006	VAN DREW, JEFF	F	TRENTON MARRIOTT, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	40.00
3/2/2006	VANDERVALK, CHARLOTTE*	F	TRENTON MARRIOTT, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	40.00
9/26/2006	VAS, JOSEPH	F	METUCHEN INN, METUCHEN, NJ	ELIZABETHTOWN GAS - AMENDMENT	72.00

*Benefit was reimbursed by recipient.

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E = Entertainment; F = Food and Beverage; G = Gifts; H = Honoraria; T = Travel; L = Lodging and O = Other;

This summary data reflects the information as reported on the Annual Lobbying reports covering calendar year 2006, received as of 5:00 p.m. on February 23, 2007. During calendar year 2006, costs associated with governmental process lobbying as well as grassroots lobbying became reportable. Therefore, 2006 is a baseline year for lobbying costs covering the expanded areas of lobbying.

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