

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

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, 2006 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.

Valerie Vainieri Huttle

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 2005. 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)	Vainieri Funeral Home	5923 Kennedy Blvd., North Bergen	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	County of Bergen	One Bergen County Plaza, Hackensack	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Alfran Development Co., LLC	500 Frank W. Burr Blvd., Teaneck	1 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	DeCotiis, FitzPatrick, Cole & Wisler	500 Frank W. Burr Blvd., Teaneck	1 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SEE ATTACHED ADDITIONAL LIST						

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)	5923 Kennedy Blvd., North Bergen	Natone Realty Co.	1 2 3 4	<input checked="" 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) Commerce Bank	River Road, Hackensack, NJ	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Merrill Lynch	World Financial Plaza, New York, NY	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) North Jersey Community Bank	180 Sylvan Ave., Englewood Cliffs	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) N/A		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) 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 Code				Self	Spouse	Child
		1	2	3	4			
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"/>

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 Code				Self	Spouse
		1	2	3	4		
1) <u>North Jersey Community Bank-home mortgage</u>	<u>180 Sylvan Ave., Englewood Cliffs</u>	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>North Jersey Community Bank-home mortgage</u>	<u>180 Sylvan Ave., Englewood Cliffs</u>	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) <u>Guttenberg Savings Bank-home mortgage</u>	<u>6823 Bergenline Ave., Guttenberg</u>	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) <u>Spear & Brogdon - home mortgage</u>	<u>141 TimberTrail, Richmond Hill, GA</u>	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" 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 Code				Self	Spouse
		1	2	3	4		
1) <u>None</u>	_____	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) <u>Vainieri Funeral Home</u>	<u>5923 Kennedy Blvd., North Bergen</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>Van-Hutt Associates, Inc.</u>	<u>5923 Kennedy Blvd., North Bergen</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>Natone Realty Co.</u>	<u>5923 Kennedy Blvd., North Bergen</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>Alfran Development Co., LLC</u>	<u>500 Frank W. Burr Blvd., Teaneck</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SEE ATTACHED ADDITIONAL LIST

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>Board Member</u>	<u>Shelter Our Sisters, 405 State St., Hackensack</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>Board Member</u>	<u>Adler Aphasia Center, 205 Maywood Ave., Maywood</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>Board of Governors</u>	<u>Hackensack Univ. Med. Ctr., Essex St., Hackensack</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) <u>Trustee</u>	<u>Hackensack Univ. Med. Ctr. Foundation, Essex Str Hackensack</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SEE ATTACHED ADDITIONAL LIST

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>485 HIGHVIEW ROAD, ENGLEWOOD</u>	<u>Single Family Residence</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>133 EAST MACEVOY LANE, LONG BEACH TWP.</u>	<u>Single Family Residence</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>5625 KENNEDY BLVD., NORTH BERGEN</u>	<u>2 acres Land held for investment</u>	<input type="checkbox"/>	<input checked="" 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.

5/15/00
Date

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

MAY 15 P 12:58

OFFICE OF LEGISLATIVE SERVICES

Section 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) – *continued*

<u>Name</u>	<u>Address</u>	<u>Circle Amount Code</u>	<u>Self</u>	<u>Spouse</u>
5. Huttle Profita LLC	500 Frank Burr Blvd., Teaneck	1 2 <u>3</u> 4		x

Section VIII. BUSINESS ORGANIZATIONS: List the name and address of all business organizations in which you or your spouse held an interest – *continued*

<u>Name</u>	<u>Address</u>	<u>Self</u>	<u>Spouse</u>
5. Huttle Profita LLC	500 Frank W. Burr Blvd., Teaneck		x
6. RHR Realty, LP	500 Frank W. Burr Blvd., Teaneck		x
7. Alfran Realty, Inc.	500 Frank W. Burr Blvd., Teaneck		x
8. North Jersey Community Bank	180 Sylvan Ave., Englewood Cliffs		x
9. Sylvan Property Management LLC	500 Frank W. Burr Blvd., Teaneck		x
10. Cliffs Development LLC	500 Frank W. Burr Blvd., Teaneck		x
11. Alfran Development Co., LLC	500 Frank W. Burr Blvd., Teaneck		x
12. Concentrix Redevelopment, LLC	500 Frank W. Burr Blvd., Teaneck		x
13. HS Financial Group, LLC	500 Frank W. Burr Blvd., Teaneck		x

Section 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 - *continued*

<u>Position Held</u>	<u>Name and Address of Entity</u>	<u>Self</u>	<u>Spouse</u>
6. President and Chairman	Bergen Performing Arts Center, 30 N. Van Brunt St. Englewood, NJ		x
7. President and Chairman	Hudson County Housing Resource Center, 574 Newark Ave. Jersey City, NJ		x

OFFICE OF
LEGISLATIVE
SERVICES
MAY 2009