

**LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007**

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, 2008 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 2007. 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>Vainieri Funeral Home</u>	<u>5923 Kennedy Blvd., North Bergen</u>	1 2 3 <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>DeCotiis, FitzPatrick, Cole &amp; Wisler</u>	<u>500 Frank W. Burr Blvd., Teaneck</u>	1 2 3 <u>4</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	<u>Huttle Profita LLC</u>	<u>500 Frank W. Burr Blvd., Teaneck</u>	<u>1</u> 2 3 4	<input type="checkbox"/>	<input checked="" 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)	<u>5923 Kennedy Blvd., North Bergen</u>	<u>Natone Realty Co.</u>	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) Merrill Lynch	World Financial Plaza, NY, NY	1 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) North Jersey Community Bank	180 Sylvan Avenue, Englewood Cliffs	1 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Smith Barney	One Penn Plaza, New York, NY	1 2 3 4	<input type="checkbox"/>	<input checked="" 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) N/A		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



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 Boulevard, North Bergen</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>Natone Realty Co.</u>	<u>5923 Kennedy Boulevard, North Bergen</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>Alfran Development Co., LLC</u>	<u>500 Frank W. Burr Blvd., Teaneck</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) <u>RHR Realty, L.P.</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>Adler Aphasia Ctr., 205 Maywood Ave, Maywood, NJ</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>Board of Governors</u>	<u>Hackensack Univ. Med. Ctr., Prospect St., Hackensack</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) <u>Trustee</u>	<u>Hackensack Univ. Med. Ctr. Foundation, Prospect St. Hackensack</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) <u>President &amp; Chairman</u>	<u><del>Bergen Performing Arts Ctr.,</del> 30 N. Van Brunt St., Englewood</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 of 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. 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.

5/15/08  
Date

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

**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.	Alfran Realty, Inc.	500 Frank W. Burr Blvd., Teaneck		x
6.	North Jersey Community Bank	180 Sylvan Ave., Englewood Cliffs		x
7.	Sylvan Property Management LLC	500 Frank W. Burr Blvd., Teaneck		x
8.	Cliffs Development LLC	500 Frank W. Burr Blvd., Teaneck		x
9.	Concentrix Redevelopment, LLC	500 Frank W. Burr Blvd., Teaneck		x
10.	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.	Trustee	Hudson County Housing Resource Center, 574 Newark Ave. Jersey City, NJ		x
7.	Director	North Jersey Community Bank – 180 Sylvan Avenue Englewood Cliffs, NJ		x
8.	Trustee	Catholic Charities of The Archdiocese Of Newark 1160 Raymond Boulevard, 12th Floor, Newark, NJ		x

6/1/2014 10:00 AM