

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2010

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, 2011 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 2010. Please note that a minor child is a child under the age of 18. 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.)

			Circle Amount Code	Self	Spouse	Child
Name of Employer	Address of Employer					
1) <u>State of New Jersey</u>	<u>Trenton, New Jersey</u>	1 2 3 <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) <u>Vainieri Funeral Home</u>	<u>5923 Kennedy Blvd., North Bergen, NJ</u>	1 2 3 <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) <u>Hudson Media, Inc.</u>	<u>1 Meadowlands Plaza, E. Rutherford, NJ</u>	1 2 3 <u>4</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4) <u>North Jersey Community Bank</u>	<u>301 Sylvan Ave., Englewood Cliffs, NJ</u>	1 2 <u>3</u> 4	<input type="checkbox"/>	<input checked="" 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

			Circle Amount Code	Self	Spouse	Child
Property Address	Tenant Name					
1) <u>5923 Kennedy Blvd., No. Bergen, NJ</u>	<u>Natone Realty Company</u>	1 <u>2</u> 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"/>	

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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	Circle Amount Code	Self	Spouse	Child
1) <u>Morgan Stanley</u>	<u>55 E. 52nd St., NY, NY</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>The Reserve</u>	<u>1250 Broadway, NY, NY</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>North Jersey Community Bank</u>	<u>301 Sylvan Ave., Englewood Cliffs NJ</u>	1 2 ③ 4	<input checked="" type="checkbox"/>	<input checked="" 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) <u>Morgan Stanley</u>	<u>55 E.52nd St., Ny, NY</u>	1 2 ③ 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>- Alfran Realty, LP</u>	<u>500 Frank Burr Blvd., Teaneck, NJ</u>	1 2 3 ④	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>Concentrix Redevelopment, LLC</u>	<u>500 Frank Burr Blvd., Teaneck, NJ</u>	1 ② 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>HS Financial, LLC</u>	<u>500 Frank Burr Blvd., Teaneck, NJ</u>	1 ② 3 4	<input type="checkbox"/>	<input checked="" 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) <u>N/A</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"/>

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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) <u>N/A</u>	_____	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 to you, your spouse or minor child from a named donor connected to the legislative process.

	Name & Nature of Gift	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	<u>N/A</u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	<u></u>	<u></u>	<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 & Nature of Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	<u>No. Jersey Community Bank - home mortgage</u>	<u>301 Sylvan Ave., Englewood Cliffs NJ</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2)	<u>No. Jersey Community Bank - home mortgage</u>	<u>301 Sylvan Ave., Englewood Cliffs NJ</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3)	<u>Guttenberg Savings Bank - home mortgage</u>	<u>6823 Bergenline Ave., Guttenberg NJ</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4)	<u>Spear & Brogdon - home mortgage</u>	<u>141 Timbertrail, Richmond Hills, GA</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	<u></u>	<u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	<u></u>	<u></u>	<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) <u>Vainieri Funeral Home, LP</u>	<u>5923 Kennedy Blvd., North Bergen, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>Natone Realty Co.</u>	<u>5923 Kennedy Blvd., North Bergen, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>Vainieri Funeral Home, Inc.</u>	<u>5923 Kennedy Blvd., North Bergen, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>Alfran Development Co., LLC</u>	<u>500 Frank Burr Blvd., Teaneck, NJ</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>Trustee</u>	<u>Hudson County Housing Resource Center, 574 Newark Ave., Jersey City NJ</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) <u>Director</u>	<u>No. Jersey Community Bank, 301 Sylvan Ave., Englewood Cliffs, NJ</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

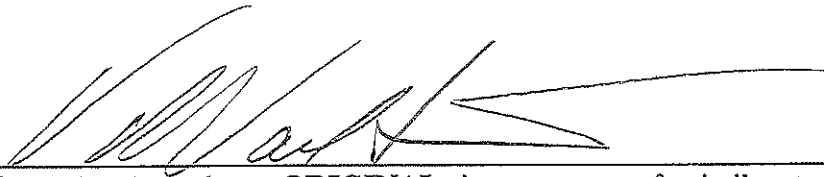
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

Property Address	Description of Property	Self	Spouse	Child
1) <u>485 Highview Road, Englewood, NJ</u>	<u>single family residence</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>133 East MacEvoy Lane, The Dunes, LBI Twp., NJ</u>	<u>single family residence</u>	<input checked="" type="checkbox"/>	<input checked="" 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. 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.

May 13, 2011

Date



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

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I. EARNED INCOME: List the name, address and amount for each source of income. (Earned income includes salaries, bonuses, royalties, commissions, profit sharing and fees.)

	Name of Employer	Address of Employer	Circle Amount			Self	Spouse	Child
			Code					
5.	Alfran Development Co., LLC	500 Frank W. Burr Blvd., Teaneck, NJ	1	2	3		X	
6.	DeCotiis, FitzPatrick & Cole, LLP	500 Frank W. Burr Blvd., Teaneck, NJ	1	2	3		X	

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).

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

	Name	Address	Self	Spouse
5.	Alfran Development Co., LLC	500 Frank Burr Blvd., Ste. 31, Teaneck, NJ		X

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
5.	Alfran Realty, LP	500 Frank Burr Blvd., Ste. 31, Teaneck, NJ		X
6.	RHR Realty, L.P.	500 Frank Burr Blvd., Ste. 31, Teaneck, NJ		X
7.	Sylvan Property Management, LLC	500 Frank Burr Blvd., Ste. 31, Teaneck, NJ		X
8.	Cliffs Development, LLC	500 Frank Burr Blvd., Ste. 31, Teaneck, NJ		X
9.	Concentrix Redevelopment, LLC	500 Frank Burr Blvd., Ste. 31, Teaneck, NJ		X
10.	HS Financial, LLC	500 Frank Burr Blvd., Ste. 31, Teaneck, NJ		X
11.	North Jersey Community Bank	301 Sylvan Avenue, Englewood Cliffs, NJ	X	X

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