

**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.

JOSEPH VAS

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)	CITY OF PERTH AMBOY	260 HIGH STREET PERTH AMBOY, NJ	1 2 3 <b>4</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2)	STATE OF NEW JERSEY	STATEHOUSE, TRENTON, NJ	1 2 <b>3</b> 4	<input checked="" 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"/>	

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)	338 STATE STREET, PERTH AMBOY, NJ	(see attached page)	1 2 3 <b>4</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	65 SMITH STREET, PERTH AMBOY, NJ	(see attached page)	1 2 3 <b>4</b>	<input checked="" 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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ADDENDUM ATTACHMENT  
(from page 1)

Tenants

338 State Street, Perth Amboy, NJ

- Iglesia Pentacostal Un Nuevo Renacer
- Mr. Cecil Graham
- PERUSA Corp
- Adrian Mercedes Rey & Estela C. Moyano

Tenants

65 Smith Street, Perth Amboy, NJ

- Ms.Eileen Torres
- Mr. Martines Moe
- Mr. & Mrs. Alfredo Camargo
- Ms. Trinidad Crespo
- Mr. Joseph Ginarte
- Mr. Leonardo Zalazar

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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				Self	Spouse	Child
			Code						
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"/>

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

	Name	Address	Circle Amount				Self	Spouse	Child
			Code						
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				Self	Spouse
			Code					
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				Self	Spouse	Child	Circle		
			Code							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

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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				Self	Spouse	Child
			Code						
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 & Nature of Liability	Address	Circle Amount				Self	Spouse
			Code					
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"/>

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)	_____	_____	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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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)	_____	_____	<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"/>

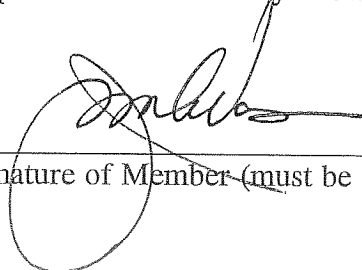
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X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

	Property Address	Description of Property	Self	Spouse	Child
1)	_____	_____	<input type="checkbox"/>	<input 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.

5/15/06  
Date

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

JOSEPH VAS



NEW JERSEY GENERAL ASSEMBLY  
2008 NOV 13 10:21

JOSEPH VAS  
DEPUTY MAJORITY LEADER  
ASSEMBLYMAN, 19TH DISTRICT  
PART OF MIDDLESEX COUNTY  
276 HOBART STREET  
PERTH AMBOY, NJ 08861  
(732) 324-5955  
FAX: (732) 324-1879  
E-mail: AsmVas@njleg.org

COMMERCE AND ECONOMIC DEVELOPMENT

*Chair*

COMMITTEE MEMBER

BUDGET

EDUCATION

JOINT COMMITTEE ON  
THE PUBLIC SCHOOLS

NEW JERSEY COMMERCE  
COMMISSION BOARD OF DIRECTORS

November 12, 2008

Ms. Marci Levin Hochman, Esq.  
New Jersey State Legislature  
Office of Legislative Counsel  
P.O. Box 068  
Trenton, New Jersey 08625-0068

**RE: Annual Ethics Consultation**

Dear Ms. Hochman: *marci*

I would like to thank you for the Ethics Consultation you provided me on October 16, 2008 in your office. The information you provided me and a review of my annual Legislator's Financial Disclosure Statements has prompted this letter to you to further clarify the information provided therein.

It is my understanding after the consultation that the Legislator's Financial Disclosure Statements filed for 2004, 2005, 2006 and 2007 may be incomplete. I am attaching supplemental information that shall serve as updated information. Upon receipt, kindly attach this letter and enclosed attachments to my Legislator's Financial Disclosure Statements for Calendar Years 2004, 2005, 2006 and 2007.

Again, thank you for your consultation and your assistance in this matter. Please do not hesitate to contact me should you have any questions regarding this matter.

With kind regards, I remain,

Sincerely yours,

JOSEPH VAS  
ASSEMBLYMAN  
DISTRICT 19

## 2005 Supplemental

### *Section VI. Liabilities*

1. Provident Bank – Perth Amboy, NJ/132 High Street, Perth Amboy, NJ/Amount4/Self and Spouse
2. Banco Popular (Mortgage) – Oak Park, IL/338 State Street, Perth Amboy, NJ/ Amount Code 4/Self
3. Banco Popular (Mortgage) – Oak Park, IL/65 Smith Street, Perth Amboy, NJ/ Amount Code 4/Self

### *Section X. Real Estate*

1. 132 High Street, Perth Amboy, NJ/Primary Residence /Self and Spouse
2. 338 State Street, Perth Amboy, NJ/Rental Property/Self
3. 65 Smith Street, Perth Amboy, NJ/Rental Property/Self



NEW JERSEY GENERAL ASSEMBLY

JOSEPH VAS  
DEPUTY MAJORITY LEADER  
ASSEMBLYMAN, 19TH DISTRICT  
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May 15, 2009

Ms. Marci Levin Hochman, Esq.  
New Jersey State Legislature  
Office of Legislative Counsel  
P.O. Box 068  
Trenton, New Jersey 08625-0068

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RE: Annual Ethics Consultation

Dear Ms. Hochman: *Marci*

Once again, I want to thank you for providing me with my annual ethics consultation on March 10, 2009.

As a result of our consultation, I am advised that I must amend preceding Financial Disclosure Forms filed for 2005, 2006 and 2007 to include in Section I (Earned Income), for my wife's employment with Wentworth Property Management of New Jersey, located in West Long Branch, New Jersey. This amendment applies to all three years inclusive of 2005, 2006 and 2007. Her annual earning fall within Amount Code 3 for each year.

Kindly attach this letter as a supplement to the Financial Disclosure Forms on file for those years.

Thank you again for your help.

With kind regards, I remain,

Sincerely yours,

*[Signature]*  
JOSEPH VAS  
ASSEMBLYMAN  
DISTRICT 19