

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.

John S. Wisniewski

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.)

	Name of Employer	Address of Employer	Circle Amount				Self	Spouse	Child
			> Code						
1)	<u>Wisniewski & Associates, LLC</u>	<u>17 Main Street, Sayreville, NJ</u>	1	2	3	<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>State of New Jersey</u>	<u>PO Box 98, Trenton, NJ</u>	1	2	<input checked="" type="checkbox"/> 3	4	<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"/>

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				Self	Spouse	Child
			Code						
1)	<u>17 Main Street, Sayreville, NJ</u>	<u>Wisniewski & Associates, LLC</u>	1	<input checked="" type="checkbox"/> 2	3	4	<input checked="" type="checkbox"/>	<input checked="" 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>Please refer to attached list</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"/>

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>Please refer to the attached list</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"/>

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) _____	_____	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"/>

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>Election Fund of John Wisniewski</u>	<u>17 Main Street, Sayreville, NJ</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P <input checked="" type="radio"/> N G
2) <u>NJ Democratic State Committee</u>	<u>196 W. State Street, Sayreville, NJ</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P <input checked="" type="radio"/> 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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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				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)	<u>Amboy Bank</u>	<u>100 N. Broadway, South Amboy, NJ</u>	1	2	3	④	<input checked="" type="checkbox"/>	<input checked="" 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)	_____	_____	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>Wisniewski & Associates, LLC</u>	<u>17 Main Street, Sayreville, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>Wisniewski Realty, LLC</u>	<u>17 Main Street, Sayreville, NJ</u>	<input checked="" type="checkbox"/>	<input checked="" 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) <u>Chairman</u>	<u>NJ Democratic State Committee, 196 W. State St., Trenton, NJ</u>	<input checked="" 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"/>

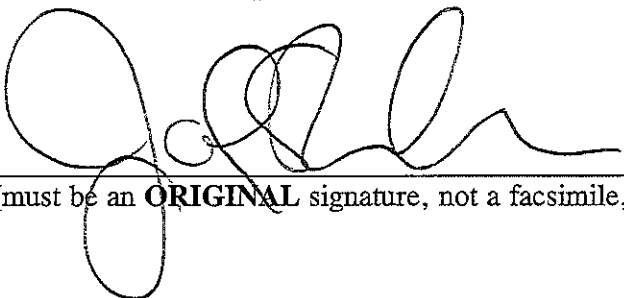
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

Property Address	Description of Property	Self	Spouse	Child
1) <u>27 Fritz Drive, Sayreville, NJ</u>	<u>Principal residence</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>17 Main Street, Sayreville, NJ</u>	<u>Office building</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"/>

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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 12, 2011
Date


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

**Addendum to Legislator's Financial Disclosure for
John S. Wisniewski**

					Self	Spouse	Child
PSB Funding Corp - 1000 Woodbridge Center Drive, Woodbridge NJ	①	2	3	4	X	X	X
Glenmede Funds, Inc., 100 Mt. Kemble Avenue, Morristown, NJ	①	2	3	4	X	X	X
Prudential Financial, 751 Broad Street, Newark, N	①	2	3	4	X	X	X
Vanguard Funds, P.O. Box 1110, Valley Forge, PA 19482-1110	①	2	3	4	X	X	X
William Blair International, 100 Mt. Kemble Avenue, Morristown, NJ	①	2	3	4	X	X	X
Buffalo Small Cap Fund, P.O. Box 701, Milwaukee, WI	①	2	3	4	X	X	X
United States Commodity Index, 1290 Broadway, Denver, CO	①	2	3	4	X	X	X
Templeton Global Bond Fund, P.O. Box 33030, St. Petersburg, FL	①	2	3	4	X	X	X
Longleaf Partners Fund, 101 Sabin Street, Pawtucket, RI	①	2	3	4	X	X	X
Royce Special Equity Fund, 330 W. 9th Street, Kansas City, MO	①	2	3	4	X	X	X
Thornburg International Value Fund, 330 W. 9th Street, Kansas City, MO	①	2	3	4	X	X	X
Oakmark International Fund, 330 W. 9th Street, Kansas City, MO	①	2	3	4	X	X	X
Absolute Strategies Fund, 350 Lincoln Street, Hingham, MA	①	2	3	4	X	X	X
ARTIO International Fund, 330 Madison Avenue, NY	①	2	3	4	X	X	X

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WISNIEWSKI
& ASSOCIATES, LLC
ATTORNEYS AT LAW

May 24 2011

VIA FEDERAL EXPRESS

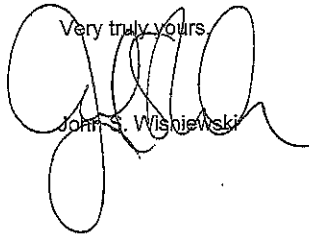
Albert Porroni, Esq.
Secretary and General Counsel
State of New Jersey
Office of Legislative Services
Joint Committee on Ethical Standards
P.O. Box 068
Trenton, NJ 08625-0068

Re: **2010 Financial Disclosure Statement**

Dear Mr. Porroni:

I previously filed my 2010 Financial Disclosure Statements on or about May 12, 2011. Since then an omission was brought to my attention. On page 3 of 4 I did not list a food and beverage benefit received. I have corrected that page and I am submitting it herewith as an amendment to my originally filed form. Please supply me with a copy stamped "filed" for my records.

Very truly yours,



John S. Wisniewski

JSW:dec
Enclosures

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17 Main Street, Sayreville, NJ 08872-1559

Tel 732-651-0040 Fax 732-651-0060 www.wisniewskilaw.com



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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) <u>Kufman Zita Group - Dinner</u>	<u>5 Vaughn Drive, Princeton, NJ</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"/>

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1) <u>Amboy Bank</u>	<u>100 N. Broadway, South Amboy, NJ</u>	1 2 3 ④	<input checked="" type="checkbox"/>	<input checked="" 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 Code	Self	Spouse
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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DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT
1/28/2010	SCHAER, GARY S*	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	50.00
6/8/2010	SCHAER, GARY S	F	SHERATON MEADOWLANDS, EAST RUTHERFORD, NJ	COMMERCE & INDUSTRY ASSN OF NJ - AMENDMENT	75.58
12/7/2010	SCHAER, GARY S	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
10/14/2010	SCHAER, GARY S/CONDE, JACQUELINE	F	COVENTRY, FORT WASHINGTON, PA	COVENTRY	34.53
1/28/2010	SCHWAB, ANDREW*	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	50.00
4/8/2010	SHERIDAN, THEA	F	SETTIMO CIELO, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ	47.65
12/7/2010	THOMPSON, SAMUEL D	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
10/18/2010	VALAZQUEZ, CHRISTINA	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	45.00
10/22/2010	VANDERVALK, CHARLOTTE*	F	HILTON WOODCLIFF LAKE, WOODCLIFF LAKE, NJ	COMMERCE & INDUSTRY ASSN OF NJ - AMENDMENT	56.00
6/8/2010	VOSS, JOAN M	F	SHERATON MEADOWLANDS, EAST RUTHERFORD, NJ	COMMERCE & INDUSTRY ASSN OF NJ - AMENDMENT	75.58
10/22/2010	WAGNER, CONNIE	F	HILTON WOODCLIFF LAKE, WOODCLIFF LAKE, NJ	COMMERCE & INDUSTRY ASSN OF NJ - AMENDMENT	56.00
4/8/2010	WEBBER, JAY	F	SETTIMO CIELO, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ	47.65
1/28/2010	WISNIEWSKI, JOHN S	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	100.00
4/8/2010	WRIGHT, RICHARD E	F	SETTIMO CIELO, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ	47.65
11/22/2010	ZUK, CHRISTINA*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	65.00
GRAND TOTAL					\$5,799.59

*Benefit was reimbursed by recipient. **Benefit was partially reimbursed by recipient.

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

This summary data reflects the information as reported on the Annual Lobbying reports covering calendar year 2010, received as of 5:00 p.m. on March 2, 2011.

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