

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.

WILLIAM E. BARONI JR  
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.

2006 MAY 15 PM 2:21  
OFFICE OF LEGISLATIVE SERVICES

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)	Seton Hall Law School	Newark NJ	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	State of New Jersey	State House Trenton NJ	1 2 ③ 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Private Law Practice	27 Maryanne Way Hamilton	1 2 3 ④	<input checked="" 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 Code	Self	Spouse	Child
1)	27 Maryanne Way	Cynthia Ken/John Holub	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Hamilton NJ		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				Self	Spouse	Child
			Code						
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"/>

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

	Name	Address	Circle Amount				Self	Spouse	Child
			Code						
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"/>

**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	Child
			Code						
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"/>

OFFICE OF LEGISLATIVE SERVICES  
 MAY 19 10 21 AM '01

**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 P, N or G		
			Code							P	N	G
1)	<u>NBIA</u>	_____	①	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<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.

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
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
			<input type="checkbox"/>	<input type="checkbox"/>
1) <u>National City Mortgage</u> <u>(Home Mortgage)</u>	<u>DAYTON OHIO</u>	1 2 3 ④	<input checked="" 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) <u>US Dept of Education</u> <u>(Student loan)</u>	<u>PO BOX 7202</u> <u>UTICA NY 13504</u>	1 2 3 ④	<input checked="" 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
			<input type="checkbox"/>	<input type="checkbox"/>
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"/>

OFFICE OF LEGISLATIVE SERVICES  
 2006 MAY 15 P 1:21

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)	_____	_____	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)	FORD MOTOR CREDIT	Detroit, MI	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	CAR LOAN	_____	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	2	3	4		
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"/>

OFFICE OF LEGISLATIVE SERVICES  
 2006 MAY 15 PM 12:21

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>none</u>		<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)	<u>See Attached</u>		<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"/>

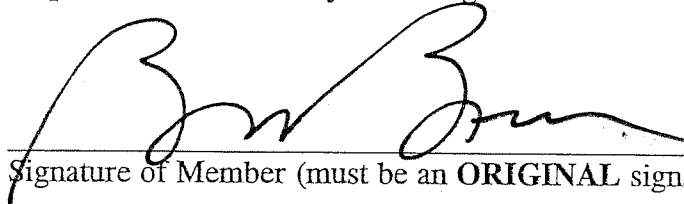
OFFICE OF  
 LEGISLATIVE  
 SERVICES  
 2006 MAY 15 P 12:21

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 Margone Way</u>	<u>Home</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>Jamilton NJ</u>		<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.

5/12/06  
Date

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

DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT \$
1/28/2005	BAER, BYRON	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	105.00
1/28/2005	BAER, BYRON	T	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	166.03
10/28/2005	BALDWIN, ZOE	F	CHEESECAKE FACTORY, TEANECK, NJ	NJ HOSPITAL ASSN - AMENDMENT 2/15/06	37.22
1/27/2005	BARNES, BARBARA*	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ - AMENDMENT 02/21/06	85.00
1/27/2005	BARNES, PETER*	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ - AMENDMENT 02/21/06	85.00
1/27/2005	BARONI, BILL*	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	26.00
5/18/2005	BEAUMONT, MARY	E	NJ PRESS ASSN, WEST TRENTON, NJ	PRUDENTIAL INSURANCE COMPANY OF AMERICA	115.00
1/27/2005	BIONDI, PETER J*	F	LORENZOS CAFÉ, TRENTON, NJ	NJ BUSINESS & INDUSTRY ASSN	26.00
9/7/2005	BODINE, FRANCIS L	E	PINES BARRENS GOLF CLUB, JACKSON, NJ	ATLANTIC CITY ELECTRIC (FORMERLY CONECTIV) - AMENDMENT 02/22/06	225.00
4/22/2005	BOTSOLAS, PETER*	F	SHERATON MEADOWLANDS HOTEL, EAST RUTHERFORD, NJ	NJ BUSINESS & INDUSTRY ASSN	39.00
7/19/2005	BROGAN, VICTORIA	F	FORSGATE COUNTRY CLUB, JAMESBURG NJ	NJ MANUFACTURERS INSURANCE GROUP - AMENDMENT 02/17/06	60.00
8/17/2005	BROGAN, VICTORIA	F	MARSILIOS, TRENTON, NJ	NJ MANUFACTURERS INSURANCE GROUP - AMENDMENT 02/17/06	15.21
3/29/2005	BRYANT, WAYNE R	F	WILMINGTON COUNTRY CLUB, WILMINGTON, DE	ATLANTIC CITY ELECTRIC (FORMERLY CONECTIV) - AMENDMENT 02/22/06	97.96
1/27/2005	BUCCO, ANTHONY R	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC - AMENDMENT 02/17/06	125.00
1/28/2005	BUCCO, ANTHONY R	T	PSGR AMTRAK, NEW YORK, NY	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	105.00
1/28/2005	BUCCO, ANTHONY R	T	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	166.03
1/28/2005	BUCCO, ANTHONY R	F	MARRIOTT WARDMAN PARK HOTEL, WASHINGTON, DC	NJ STATE CHAMBER OF COMMERCE - AMENDMENT 02/16/06	110.00
4/20/2005	BUCCO, ANTHONY R	F	HILTON EAST BRUNSWICK, EAST BRUNSWICK, NJ	COMMERCE & INDUSTRY ASSN OF NJ	41.00

\*Benefit was reimbursed by recipient.

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

This summary includes reports received as of 5:00 PM on Friday, February 17, 2006, and represents information as reported to the Commission on the annual lobbyist or legislative agent reports.

2006 MAY 15 P 12: 21

OFFICE OF  
LEGISLATIVE  
SERVICES  
Page 2 of 18

ASSEMBLYMAN WILLIAM E. BARONI, JR.  
2005 FINANCIAL DISCLOSURE STATEMENT

ADDENDUM

IX. OFFICES, TRUSTEESHIPS, DIRECTORSHIPS

New Jersey Symphony Orchestra Board of Trustees  
2 Central Ave., 3<sup>rd</sup> Floor, Newark, NJ

Greater Trenton Symphony Orchestra, Board of Governors  
28 West State Street, Trenton, NJ

Princeton Pro Musica, Board of Trustees  
PO Box 1313, Princeton, NJ

LaBoheme Opera, Board of Trustees  
Hamilton Public Library, Hamilton, NJ

Project Freedom, Board of Trustees  
Hutchinson Road, Robbinsville, NJ

Visitation Home, Board of Trustees  
Broad Street, Hamilton, NJ

Hamilton Area YMCA  
Whitehorse-Mercerville Rd., Hamilton, NJ

2005 MAY 15 P 12:21

OFFICE OF  
LEGISLATIVE  
SERVICES