

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2008

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, 2009 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.

RAYMOND J. LESNIAK  
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 2008. 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.

OFFICE OF THE CLERK OF THE LEGISLATIVE SERVICES  
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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 Code	Self	Spouse	Child
1) <u>Weiner Lesniak</u>	<u>629 PARSIPPANY RD., PARSIPPANY NJ</u>	1 2 3 <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>FIRST BANK AMERICAN</u>	<u>N B ROAD ST., ELIZ., NJ 07054</u>	<u>1</u> 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"/>

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>629 PARSIPPANY RD.,</u>	<u>WEINER LESNIAK</u>	1 2 3 <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>PARSIPPANY, N.J. 07054</u>	_____	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.

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**B. DIVIDENDS**

Name	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"/>

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>FIRST BANKAMERICA</u>	<u>N. BRUARD ST., ELIZ., N.J.</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"/>

**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) _____	_____	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) <u>See attached</u>	<u>2007 JAN 15 P 3:16 SERVICES</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2) _____	<u>LEGISLATIVE</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3) _____	<u>OFFICE OF</u>	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)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	_____	_____	<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)	MORTGAGE ON 2 <sup>o</sup> RESIDENCE	AURORA LOAN SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2)	248 SQUAW BEACH DRIVE	1035 PARK MEADOWS DRIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	MANTOLUKWA, N.J.	LITTLETON, CO. 80124	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>aciel Lesnick, L.L.C.</u>	<u>629 PARSIPPANY RD.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) _____	<u>PARSIPPANY, N.J. 07054</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>KAINSEL, L.L.C.</u>	<u>"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>629 PARSIPPANY RD., L.L.C.</u>	<u>"</u>	<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>VICE CHAIR</u>	<u>FIRST BANK AMERICAN, N. BRUNSWICK, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>PARTNER</u>	<u>aciel Lesnick, 629 PARSIPPANY RD., PARSIPPANY, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>President</u>	<u>Democratic Public School, 530 IRVINGTON AVE., ELIZABETH, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>President</u>	<u>KAINSEL, 629 PARSIPPANY RD., PARSIPPANY, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

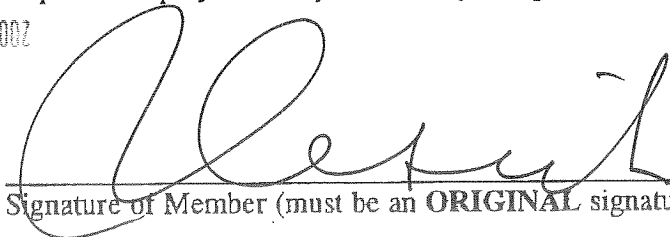
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

Property Address	Description of Property	Self	Spouse	Child
1) <u>530 IRVINGTON AVE., ELIZABETH, NJ</u>	<u>Primary Residence</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>248 Squa Beach Drive, Mantoloking, N.J.</u>	<u>Summer home</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>629 Parsippany Rd., Parsippany</u>	<u>Office Bldg.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>NJ 07054</u>	_____	<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.

5/19/09  
Date

OFFICE OF  
LEGISLATIVE  
SERVICES



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
5/29/2008	JEFFERSON, JAMES	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	STATE STREET ASSOCIATES - AMENDMENT	65.00
9/22/2008	JEFFERSON, JAMES	F	ERINI RESTAURANT, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ	75.00
1/31/2008	JOHNSON, GORDON M	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	150.00
8/21/2008	JOHNSON, GORDON M	F	WINTER CATERERS, STATEN ISLAND, NY	NY SHIPPING ASSN INC - AMENDMENT	97.87
1/31/2008	KARROW, MARCIA A*	F	PALM RESTAURANT, WASHINGTON, DC	CAPITAL PUBLIC AFFAIRS INC	100.00
1/31/2008	KEAN JR, THOMAS H*	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ	111.00
11/13/2008	KEAN JR, THOMAS H*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	75.00
1/31/2008	KINGSTON, JOHN	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ	111.00
11/6/2008	KINGSTON, JOHN	F	ERINI RESTAURANT, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ	75.00
1/31/2008	LAMPITT, CHUCK*	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	150.00
1/31/2008	LAMPITT, PAMELA R*	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	150.00
1/31/2008	LANCE, LEONARD*	F	CAUCUS ROOM, WASHINGTON, DC	CHEMISTRY COUNCIL OF NJ	111.00
12/22/2008	LANCE, LEONARD	G	KRAFT FOODS GLOBAL INC, WASHINGTON, DC	PRINCETON PUBLIC AFFAIRS GROUP INC - AMENDMENT	49.86
8/21/2008	LEACH, LIONEL	F	WINTER CATERERS, STATEN ISLAND, NY	NY SHIPPING ASSN INC - AMENDMENT	97.87
5/14/2008	LEBLANC, GEORGE	E	NJ PRESS SERVICE, WEST TRENTON, NJ	KATZ GOVT AFFAIRS LLC	135.00
5/21/2008	LEONARD, IAN	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	STATE STREET ASSOCIATES - AMENDMENT	75.00
5/29/2008	LEONARD, IAN	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	STATE STREET ASSOCIATES - AMENDMENT	65.00
6/17/2008	LESNIAK, RAYMOND J	T	MIDWEST AIRLINES, OAK CREEK, WI	EXCELLENT EDUCATION FOR EVERYONE INC	593.00
6/17/2008	LESNIAK, RAYMOND J	F	MO'S A PLACE FOR STEAKS, MILWAUKEE, WI	EXCELLENT EDUCATION FOR EVERYONE INC	121.12
6/17/2008	LESNIAK, RAYMOND J	L	PFISTER HOTEL, MILWAUKEE, WI	EXCELLENT EDUCATION FOR EVERYONE INC	150.63
6/17/2008	LESNIAK, RAYMOND J	T	AYERS COACH TRAVEL SERVICE, MILWAUKEE, WI	EXCELLENT EDUCATION FOR EVERYONE INC	150.00

\*Benefit was reimbursed by recipient.

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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 2008, received as of 5:00 p.m. on February 27, 2009.

OFFICE OF  
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SERVICES

DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT
6/18/2008	LESNIAK, RAYMOND J	F	DELICIOUSLY DIFFERENT CATERING, MILWAUKEE, WI	EXCELLENT EDUCATION FOR EVERYONE INC	21.75
6/18/2008	LESNIAK, RAYMOND J	F	PFISTER HOTEL CAFÉ, MILWAUKEE, WI	EXCELLENT EDUCATION FOR EVERYONE INC	15.82
8/21/2008	LOGAN, KEVIN*	F	WINTER CATERERS, STATEN ISLAND, NY	NY SHIPPING ASSN INC - AMENDMENT	97.87
8/21/2008	LUCAS, CHRISTOPHER	F	WINTER CATERERS, STATEN ISLAND, NY	NY SHIPPING ASSN INC - AMENDMENT	97.87
6/17/2008	MANALE, YOSHI	L	PFISTER HOTEL, MILWAUKEE, WI	EXCELLENT EDUCATION FOR EVERYONE INC	150.63
6/17/2008	MANALE, YOSHI	T	MIDWEST AIRLINES, OAK CREEK, WI	EXCELLENT EDUCATION FOR EVERYONE INC	593.50
6/17/2008	MANALE, YOSHI	F	MO'S A PLACE FOR STEAKS, MILWAUKEE, WI	EXCELLENT EDUCATION FOR EVERYONE INC	121.12
6/18/2008	MANALE, YOSHI	F	DELICIOUSLY DIFFERENT CATERING, MILWAUKEE, WI	EXCELLENT EDUCATION FOR EVERYONE INC	21.75
6/18/2008	MANALE, YOSHI	T	AYERS COACH TRAVEL SERVICE, MILWAUKEE, WI	EXCELLENT EDUCATION FOR EVERYONE INC	150.00
6/18/2008	MANALE, YOSHI	F	PFISTER HOTEL CAFÉ, MILWAUKEE, WI	EXCELLENT EDUCATION FOR EVERYONE INC	15.82
7/23/2008	MANALE, YOSHI*	F	EMERILS RESTAURANT, NEW ORLEANS, LA	COVANTA ENERGY CORP - AMENDMENT	116.27
1/31/2008	MAZZA, ROCCO*	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	150.00
9/22/2008	MCDONNELL, KATE	F	ERINI RESTAURANT, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ	75.00
8/21/2008	MCHOSE, ALISON LITTELL	F	WINTER CATERERS, STATEN ISLAND, NY	NY SHIPPING ASSN INC - AMENDMENT	97.87
6/3/2008	MESSENGER, MARY A	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	75.00
9/22/2008	MESSENGER, MARY A	F	ERINI RESTAURANT, TRENTON, NJ	CHEMISTRY COUNCIL OF NJ	75.00
2/21/2008	MOSQUERA, GABRIELA	F	TRENTON MARRIOTT, TRENTON, NJ	EXCELLENT EDUCATION FOR EVERYONE INC	27.65
1/31/2008	MURPHY, ALLISON*	F	DC COAST RESTAURANT, WASHINGTON, DC	KAUFMAN ZITA GROUP LLC - AMENDMENT	150.00
11/13/2008	NEFF, THOMAS*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	75.00
8/21/2008	OROHO, STEVEN V	F	WINTER CATERERS, STATEN ISLAND, NY	NY SHIPPING ASSN INC - AMENDMENT	97.87
11/13/2008	OROHO, STEVEN V	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	75.00

\*Benefit was reimbursed by recipient.

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

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