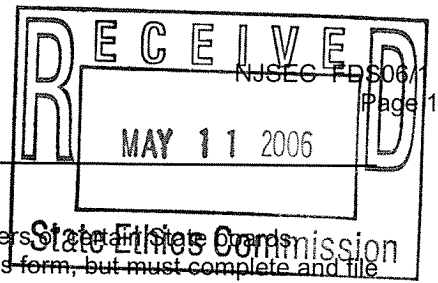


**FINANCIAL DISCLOSURE STATEMENT  
FOR PUBLIC EMPLOYEES**



**INSTRUCTIONS:**

Public Employees must complete this form in full. Public officers, including members of state boards, commissions, authorities and public corporations, are not required to complete this form, but must complete and file form FDS06/2.

The completed form must be forwarded to the State Ethics Commission, PO Box 082, Trenton, NJ 08625-0082. (Hand delivery address: 28 West State Street, Room 1407, Trenton, NJ 08608) The form must contain an original signature and an original notarization unless electronically filed.

Questions should be directed to the Director of the State Ethics Commission, PO Box 082, Trenton, NJ 08625-0082, Telephone (609) 292-1892.

**a. General Information**      Date of Statement: April 30, 2006      Filing Year: 2006  
 First Name: Mark      M.I. E  
 Last Name: Stefanacci

**State Office Address**

Street Address: 291 West Saddle River Road  
 P.O. Box: \_\_\_\_\_  
 City: Upper Saddle River      State: New Jersey      Zip Code: 07458

State Email Address: mstefanacci@njsec.com  
 Position: Sr. VP Legal/Labor Relations      Office Telephone Number: 201-660-4189  
 Department or Agency: New Jersey Sports and Exposition Authority

Other compensated or uncompensated governmental positions you hold:  
N/A

**b. Please list below any occupation, trade, business, profession or employment presently engaged in by you, your spouse, your domestic partner, or your dependent children.**  
Donna Stefanacci (wife), marketing Assistant - Smith Barney

Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation (e.g., law, real estate, engineering, medicine, plumbing)?  
 If yes, please so indicate:

| License    | License is active | License is inactive |
|------------|-------------------|---------------------|
| <u>Law</u> | <u>X</u>          |                     |
|            |                   |                     |
|            |                   |                     |

FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC EMPLOYEES

Do you have any personal contractual or business relationship with another officer or employee or special State officer or employee of your agency? If yes, please explain.

YES  NO

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c. State Employment - Relatives

For the purposes of this question, "relative" means your spouse or your or your spouse's parent, child, brother, sister, aunt, uncle, niece, nephew, grandparent, grandchild, son-in-law, daughter-in-law, stepparent, stepchild, stepbrother, stepsister, half brother or half sister, whether the relative is related to you or your spouse by blood, marriage or adoption.

1. Is any relative employed in an office or position in the unclassified service of the civil service of the State?

YES  NO

2. If yes, name of relative(s) and employing agency.

Chris Stefanacci (brother) Sergeant, Bergen County Prosecutor's Office

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3. Do you exercise authority, supervision or control (including personnel actions) over the individual(s) named above?

YES  NO

d. Training

1. Have you completed ethics training?

YES  NO

2. If yes, indicate nature of training.  in-person  on-line

3. If in-person, training provided by  agency  State Ethics Commission

4. Date training completed. October 19, 2005

**FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC EMPLOYEES**

**e. Assets:** List all assets, both tangible and intangible, in which you, your spouse, your domestic partner or your dependent children hold an interest, valued as of the date of this statement; provided, however, that when the value cannot be determined as of that date, a separate valuation date shall be specified for the particular asset. Public employees and their spouses or their domestic partners must indicate the value of the asset in accordance with the value classifications listed below. Assets held by dependent children must be identified but need not be valued. Please fill in each line; indicate not applicable with "N/A" or "None."

| ASSETS<br>(Valued at more than \$1,000)   | Public Employee:<br>Indicate<br>Value Class | Spouse / Domestic<br>Partner:<br>Indicate<br>Value Class | Dependent Children:<br>Check If<br>Asset is Held |
|---|---|--|--|
| CASH ON HAND IN BANK  | A   | A  | A  |
| NOTES RECEIVABLE- Indicate Nature of Note on Item h.5 on page 4.                    | NA  | NA   | NA   |
| ACCOUNTS RECEIVABLE - Indicate Nature of Account on Item h.5 on page 4.             |   |  |  |
| GOVERNMENT BONDS<br>Itemize on Schedule A   |   |  |  |
| STOCKS & CORPORATE BONDS<br>(Include Mutual Funds)<br>Itemize on Schedule A         | B   | A  | A  |
| INTEREST IN CONTRACTS WITH<br>GOVERNMENT INSTRUMENTALITIES<br>Itemize on Schedule B |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |

| ASSETS<br>(Valued at more than \$1,000)  | Public Employee:<br>Indicate<br>Value Class | Spouse / Domestic<br>Partner:<br>Indicate<br>Value Class | Dependent Children:<br>Check If<br>Asset is Held |
|--|---|--|--|
| REAL ESTATE INTERESTS-<br>Itemize on Schedule C  | G   | G  | NA   |
| ACCUMULATED CASH VALUE<br>OF LIFE INSURANCE  | NA  |  |  |
| TOTAL VALUE OF PENSION FUND<br>(Include IRA, Keogh, Annuities,<br>State Pension, etc.) | C   |  |  |
| VEHICLES   | B   | N/A  |  |
| OTHER ASSETS (Itemize Below)   |   |  |  |
| Family Limited Partnership   | G   | N/A  | N/A  |
| Family Trust   | F   | N/A  | N/A  |
|  |   |  |  |
|  |   |  |  |

(Fw)

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- D = greater than \$50,000 but not more than \$100,000
- E = greater than \$100,000 but not more than \$250,000
- F = greater than \$250,000 but not more than \$500,000
- G = greater than \$500,000

f. Are you, your spouse, your domestic partner or your dependent children a party to a blind trust agreement? If yes, please provide the name and address of the Trustee. YES  NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

g. Do you, your spouse or your domestic partner have any interest in any closely held corporation, partnership, sole proprietorship, or similar business entity? YES  NO

If yes, itemize on Schedule B.

FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC EMPLOYEES

**h. Income:** Public employees, their spouses or their domestic partners must indicate the source and the value class of their incomes. The sources of income of dependent children must be identified, but the value class of income need not be disclosed. Public employees filing before July 1 of any year must provide this information for the preceding calendar year. Public employees filing after July 1 of any year must provide this information for the 12-month period prior to filing. Income from any source totaling less than \$1,000 need not be disclosed. The following gifts need not be reported: (1) cash gifts of less than \$100 in the aggregate received from a person, (2) non-cash gifts with fair market value of less than \$200 in the aggregate received from a person, and (3) gifts of less than \$3,000 in the aggregate received from a relative. Please fill in each line; indicate not applicable with "N/A" or "None."

|   | <b>VALUE CLASS</b><br>A = greater than \$1,000 but not more than \$5,000<br>B = greater than \$5,000 but not more than \$25,000<br>C = greater than \$25,000 but not more than \$50,000<br>D = greater than \$50,000 but not more than \$100,000<br>E = greater than \$100,000 but not more than \$250,000<br>F = greater than \$250,000 but not more than \$500,000<br>G = greater than \$500,000 | Public Employee: Indicate Value Class | Spouse / Domestic Partner : Indicate Value Class | Dependent Children: Check to Designate Source |
|---|--|---------------------------------------|--|---|
| 1. All compensated employment of whatever nature, including current State or other employment. Please list commencement and, if applicable, termination date. Be sure to include the name of the employer(s).<br><i>NJSEA since 4-99</i>  |  | E                                     |  |   |
| <i>Smith Barney</i>   |  | N/A                                   | B  | N/A   |
| 2. All directorships and other fiduciary positions for which compensation has or will be received:  |  | N/A                                   | N/A  | N/A   |
| 3. All contractual arrangements producing or expected to produce income, including but not limited to buyout agreements and severance payments :  |  | N/A                                   | N/A  | N/A   |
| 4. All capital gains: (Itemize on Schedule D)   |  | N/A                                   | N/A  | N/A   |
| 5. All honoraria, lecture fees, gifts and other gratuities (cash or non-cash) and other miscellaneous sources of income, including but not limited to Social Security and pensions, interest, dividends, royalties, rents and accounts and notes receivable :<br><i>RENTAL INCOME</i> |  | B                                     | N/A  | N/A   |

(kw)

(kw)

**i.** List any offices, trusteeships, directorships or positions of any nature, whether compensated or uncompensated, held by you, your spouse, your domestic partner or dependent children, with any firm, corporation, association, partnership or business. If such firm, corporation, association, partnership or business does business with a casino or does business with the State, or is regulated, licensed or inspected by any State agency, please identify the State agency or casino.

| Position Held   | Firm, Corporation, Association, Partnership or Business | State Agency | Casino | Indicate whether held by public employee, spouse, domestic partner, or dependent children. |
|-----------------|---|--------------|--------|--|
| VP              | University Housing Company                              | N/A          | N/A    | Public officer   |
| Trustee         | Stefanacci Family Trust                                 | N/A          | N/A    | Public officer   |
| General Partner | Stefanacci Family Limited Partnership                   | N/A          | N/A    | Public officer   |

**j. Liabilities:** List all of your liabilities and those of your spouse, your domestic partner or your dependent children and identify the creditor. List value class of liabilities of public employee and spouse or domestic partner only. Include all liabilities that have been forgiven by any creditor within the last twelve months, stating the name of the creditor to whom the liability was owed. Liabilities include, but are not limited to, notes, accounts payable, past due taxes, mortgages or liens, and loans on life insurance.

The following liabilities need not be reported: less than \$10,000 owed to a relative; less than \$1,000 owed to any other person; loans secured by a personal motor vehicle, household furniture or appliances where the loan did not exceed the purchase price of the item and the outstanding balance did not exceed \$10,000 as of the close of the preceding calendar year; and revolving charge accounts where the outstanding liability did not exceed \$10,000 as of the close of the preceding calendar year. Indicate not applicable with "N/A" or "None."

| Description<br>(Type of obligation and nature of security, if any) | Creditor      | Value Class | Check if Forgiven in Past 12 Months | Obligation of : (check) |                           |                    |
|--|---------------|-------------|-------------------------------------|-------------------------|---------------------------|--------------------|
|  |               |             |                                     | Public Employee         | Spouse / Domestic Partner | Dependent Children |
| 1st mortgage on Home   | Citi mortgage | F           |                                     | V                       | V                         | N/A                |
| Home Equity Line of Credit   | Citi mortgage | F           |                                     | V                       | V                         | N/A                |
|  |               |             |                                     |                         |                           |                    |
|  |               |             |                                     |                         |                           |                    |
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|  |               |             |                                     |                         |                           |                    |

VALUE CLASS

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- D = greater than \$50,000 but not more than \$100,000
- E = greater than \$100,000 but not more than \$250,000
- F = greater than \$250,000 but not more than \$500,000
- G = greater than \$500,000

**FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC EMPLOYEES**

**SCHEDULE A - STOCKS AND BONDS HELD**

List the type and value class of stocks and bonds owned by you, your spouse, your domestic partner or your dependent children; list the name of the company, mutual fund, holding company or government agency issuing the stocks and bonds. If your ownership interest exists through a mutual fund or holding company, you need not list the individual stocks so owned; you must, however, list the mutual fund or holding company. If your ownership interest exists through a beneficial interest in a trust, list the stocks and bonds so owned if you have such knowledge; otherwise list the name of the trustee.

Indicate not applicable with "N/A" or "None."

| Type of Security<br>(Stock or Bond) | Name of Issuing Company, Mutual Fund,<br>Holding Company or Government Agency | Held by: (check)   |                                 |                       | Indicate<br>Value Class<br>if Held by |                                 | Percentage<br>Ownership* |
|-------------------------------------|---|--------------------|---------------------------------|-----------------------|---------------------------------------|---------------------------------|--------------------------|
|                                     |   | Public<br>Employee | Spouse /<br>Domestic<br>Partner | Dependent<br>Children | Public<br>Employee                    | Spouse /<br>Domestic<br>Partner |                          |
| MF(LMVTX)                           | Mutual Fund Legg Mason  | ✓                  | N/A                             | N/A                   | C                                     | N/A                             |                          |
| MF(GROWA)                           | Mutual Fund Legg Mason  | ✓                  | N/A                             | N/A                   | C                                     | N/A                             |                          |
| MF(LAVLX)                           | Mutual Fund Lord Abbett   | ✓                  | N/A                             | N/A                   | C                                     | N/A                             |                          |
| MF(LBNDX)                           | Mutual Fund Lord Abbett   | ✓                  | N/A                             | N/A                   | C                                     | N/A                             |                          |
| MF(ORLCX)                           | Mutual Fund Pioneer   | ✓                  | N/A                             | N/A                   | C                                     | N/A                             |                          |
| MF(CTDIU)                           | Mutual Fund Cit: Diversified  | ✓                  | N/A                             | N/A                   | C                                     | N/A                             |                          |
| MSFT                                | Microsoft   | N/A                | N/A                             | ✓                     | A                                     |                                 |                          |
|                                     |   |                    |                                 |                       |                                       |                                 |                          |
|                                     |   |                    |                                 |                       |                                       |                                 |                          |
|                                     |   |                    |                                 |                       |                                       |                                 |                          |
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|                                     |   |                    |                                 |                       |                                       |                                 |                          |
|                                     |   |                    |                                 |                       |                                       |                                 |                          |

\*Individuals who own more than 10% of the total stock of any company must disclose the percentage of ownership.

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- F = greater than \$250,000 but not more than \$500,000
- G = greater than \$500,000

**FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC EMPLOYEES**

**SCHEDULE B - INTEREST IN CLOSELY HELD CORPORATIONS OR SIMILAR BUSINESS ENTITIES/PURCHASES, SALES CONTRACTS OR AGREEMENTS WITH GOVERNMENT INSTRUMENTALITIES**

If you, your spouse or your domestic partner have any interest in any closely held corporation, partnership, sole proprietorship, or similar business entity, please provide the requested information for each business entity. "Interest" means **ANY** ownership or control of **ANY** profits or assets of such business entity. Indicate not applicable with "N/A" or "None."

Interest held by:  Public Employee     Spouse     Domestic Partner

BUSINESS NAME: University Housing Company  
 ADDRESS: 703 N. Marion  
 CITY: Kirksville STATE: MO

(Use a separate sheet to list additional business entities.)

General description of business activity of entity:

Rental Apartments for College Students in Kirksville Missouri

Duties and responsibilities of State position:

Sr. V.P. in charge of Legal Affairs AND Labor Relations

(RW)

**GOVERNMENT INSTRUMENTALITIES:**

Does entity or entities identified above do business with any of the following? "Doing Business" means business or commercial transactions involving the sale, conveyance, or rental of any goods or services, and does not include such activities as compliance with regulatory procedures. In addition, if you indicated on page 3, **Assets**, that you, your spouse, your domestic partner, or dependent children have an interest in a contract with a government instrumentality, please check the appropriate instrumentality.

|   | YES*                     | NO                                  |
|---|--------------------------|-------------------------------------|
| State of New Jersey                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| New Jersey Local Government Entity        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Interstate Entity (New Jersey membership) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

\*If you checked "yes" for any of the above, please provide documentation regarding such business activities.

Is the purchase, sale, contract, or agreement with the governmental entity subject to public notice and competitive bidding?

YES  NO

**FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC OFFICERS**

**SCHEDULE D - INTEREST IN CLOSELY HELD CORPORATIONS OR SIMILAR BUSINESS ENTITIES/PURCHASES, SALES CONTRACTS OR AGREEMENTS WITH GOVERNMENT INSTRUMENTALITIES**

If you, your spouse or your domestic partner have any interest in any closely held corporation, partnership, sole proprietorship, or similar business entity, please provide the requested information for each business entity. "Interest" means ANY ownership or control of ANY profits or assets of such business entity. Indicate not applicable with "N/A" or "None."

Interest held by:  Public Officer     Spouse     Domestic Partner

BUSINESS NAME: University Housing Company  
ADDRESS: 703 N. Marion  
CITY: Kirksville STATE: MO

(Use a separate sheet to list additional business entities.)

General description of business activity of entity:  
Rental Apartments for College Students in Kirksville Missouri

Duties and responsibilities of State position:  
Passive Investor

BUSINESS NAME: Stefanacci Family Partnership  
ADDRESS: 497 Mt. Prospect Avenue  
CITY: Newark STATE: NJ

General description of business activity of entity:  
Nursing Home + Convalescent Center 120 bed facility

BUSINESS NAME: Chestnut Hill Convalescent Center  
ADDRESS: 360 Chestnut Street  
CITY: Passaic STATE: NJ

General description of business activity of entity:  
Nursing Home, Assisted Living, Rehabilitation



FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC EMPLOYEES

SCHEDULE C - REAL ESTATE INTERESTS

1. List all of your real estate holdings, those of your spouse or domestic partner and dependent children. New Jersey real estate holdings must include the county, size, and current use of any real property in which any direct, indirect, vested or contingent interest is held by you, your spouse or domestic partner or dependent children, along with the names of all individuals or entities who share a direct or indirect interest therein. Indicate not applicable with "N/A" or "None."

| County         | Size      | Individuals or Entities Sharing Interest | Current Use* | Acquisition Date | Held by: (check)                    |                                     |                    | Indicate Value Class if Held by |                           |
|----------------|-----------|--|--------------|------------------|-------------------------------------|-------------------------------------|--------------------|---------------------------------|---------------------------|
|                |           |  |              |                  | Public Employee                     | Spouse / Domestic Partner           | Dependent Children | Public Employee                 | Spouse / Domestic Partner |
| Bergen         | 1 acre    | Individual                               | Primary Home | 2000             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | N/A                | G                               | G                         |
| Kirksville, Mo | 159 units | Entity                                   | Rental Prop  | 1990             | <input checked="" type="checkbox"/> | N/A                                 | N/A                | G                               | N/A                       |
|                |           |  |              |                  |                                     |                                     |                    |                                 |                           |
|                |           |  |              |                  |                                     |                                     |                    |                                 |                           |
|                |           |  |              |                  |                                     |                                     |                    |                                 |                           |

\* Specify if commercial, industrial, residential, rental, farm or vacant.

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- F = greater than \$250,000 but not more than \$500,000
- G = greater than \$500,000

2. Do any of the individuals who are listed above as sharing a real estate interest with the public employee, spouse, domestic partner or dependent children of the public employee work for the same State agency as the public employee? If so, identify the individuals and indicate if there is a supervisor/subordinate relationship between the public employee and the individual.

Supervisor/Subordinate Relationship? YES  NO

Name: Chris Stefanacci (brother) Sergeant, Bergen County Prosecutor's Office

3. List the name of any government instrumentality that is a tenant in 1. above and any government instrumentality that has before it an application, complaint or proceeding directly affecting any real property listed above.

| County | Government Instrumentality Tenant | Government Instrumentality with Proceeding Pending |
|--------|-----------------------------------|--|
|        |                                   |  |
|        |                                   |  |
|        |                                   |  |
|        |                                   |  |

**FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC EMPLOYEES**

**SCHEDULE D - CAPITAL GAINS**

Indicate not applicable with "N/A" or "None."

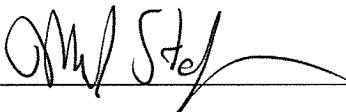
| Item Sold | Description<br>(e.g., real property, stock name,<br>number of shares) | Date<br>Acquired | Date<br>Sold | Name of Purchaser<br>If Known | Gain Received By:<br>(check) |                                 |                       |  |
|-----------|---|------------------|--------------|-------------------------------|------------------------------|---------------------------------|-----------------------|--|
|           |   |                  |              |                               | Public<br>Employee           | Spouse /<br>Domestic<br>Partner | Dependent<br>Children |  |
|           |   |                  |              |                               |                              |                                 |                       |  |
|           |   |                  |              |                               |                              |                                 |                       |  |
|           |   |                  |              |                               |                              |                                 |                       |  |
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|           |   |                  |              |                               |                              |                                 |                       |  |
|           |   |                  |              |                               |                              |                                 |                       |  |

**FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC EMPLOYEES**

Are you filing electronically? Yes  No

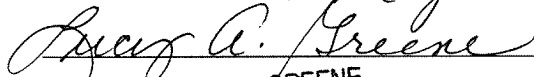
**ATTESTATION**

I hereby certify that I have read the foregoing statement and any addendum pages attached thereto and to the best of my knowledge and belief, they are true, correct and complete and that I have not and will not transfer any asset, interest or property for the purpose of concealing it from disclosure while retaining an equitable interest therein.

  
\_\_\_\_\_  
(Signature)

Sworn and subscribed to before me

this 10th day of May 2006

  
\_\_\_\_\_

LUCY A. GREENE

NOTARY PUBLIC OF NEW JERSEY  
(Title of Officer Expires Sept 23, 2008)  
My Commission Expires \_\_\_\_\_

**This Financial Disclosure Statement was prepared by (check one):**

- Public Employee
- Spouse
- Domestic Partner
- Other (Please identify)

**ORIGINAL SIGNATURE AND NOTARIZATION  
MUST BE SUBMITTED.  
DO NOT SUBMIT PHOTOCOPIES.**