

**FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC OFFICERS****INSTRUCTIONS:**

Public Officers must complete this form in full. Public employees who hold positions in the Executive Branch of State Government are not required to complete this form, but must complete and file form FDS08/1.

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.

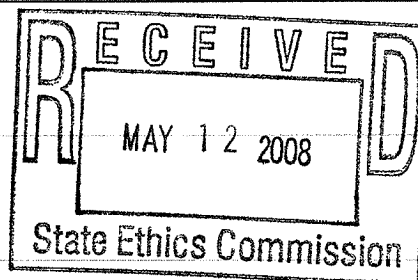
Questions should be directed to the Director of the State Ethics Commission, PO Box 082, Trenton, NJ 08625-0082, Telephone (609) 292-1892.

**a. General Information**Filing Year: **2008**Date of Statement: May 5, 2008First Name: **Shui Yee** M.I. \_\_\_\_\_Last Name: **Lee****Business Mailing Address**Street Address: 2137 Highway 35

P.O. Box: \_\_\_\_\_

City: Holmdel State: NJ Zip Code: 07733Email Address: yeelee@yes-us.comPosition Held: Member of Science and Technology Commission CommissionerDepartment or Agency: Commission on Science and TechnologyDaytime Telephone Number: 732-939-3738

Other compensated or uncompensated governmental positions you hold:

Federal Government - District Export Council (Uncompensated)**b. Please list below any occupation, trade, business, profession or employment engaged in by you, your spouse, your domestic partner, or your dependent children.**Spouse - Real Estate Management and Rentals.

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
None		

## FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC OFFICERS

Do you have any personal contractual or business relationship with another officer or employee or special State officer or employee of your agency?

☐

Yes

☒

No

If yes, please explain.

### 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 a State office or position?

☐

Yes

☒

No

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

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

☐

Yes

☒

No

### d. Ethics 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

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## FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC OFFICERS

**e. Assets**

List all assets, both tangible and intangible, in which you, your spouse, your domestic partner or your dependent children hold an interest as of the date of this statement.

Identify assets with check mark. Do not indicate dollar value. If asset is held jointly, place a check mark in the Public Officer box. The word "joint" should then be noted in the Spouse/Domestic Partner box.

Please fill in each line; indicate not applicable with "N/A" or "None."

ASSETS (Valued at more than \$1,000)	Public Officer:	Spouse/ Domestic Partner:	Dependent Children:
CASH ON HAND IN BANK	X	X	
NOTES RECEIVABLE- Indicate Nature of Note on Item h.5 on page 4.			
ACCOUNTS RECEIVABLE - Indicate Nature of Account on Item h.5 on page 4.			
GOVERNMENT BONDS Itemize on Schedule A			
STOCKS & CORPORATE BONDS (Include Mutual Funds) Itemize on Schedule A	X	X	
INTEREST IN CONTRACTS WITH GOVERNMENT INSTRUMENTALITIES Itemize on Schedule B			

ASSETS (Valued at more than \$1,000)	Public Officer:	Spouse/ Domestic Partner:	Dependent Children:
REAL ESTATE INTERESTS- Itemize on Schedule C	X		
LIFE INSURANCE			
PENSION FUND (include IRA, Keogh, Annuities, State Pension, etc.)	X		
VEHICLES	X		
OTHER ASSETS (Itemize Below)			
Housefold Effects	X		

- 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 D.

## FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC OFFICERS

**h. Income**

Public officers, their spouses or their domestic partners, and dependent children must indicate the source of their incomes. Public officers filing before July 1 of any year must provide this information for the preceding calendar year. Public officers 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."

Indicate sources of income with a check mark. Do not indicate dollar value.

	Public Officer:	Spouse/ Domestic Partner:	Dependent Children:
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):			
Real Estate Property Management		X	
Yee Enterprise Solutions, Inc., Mobile and Electronic Business LLC	X		
Green Products and Technology Development LLC	X		
2. All directorships and other fiduciary positions for which compensation has or will be received:			
3. All contractual arrangements producing or expected to produce income, including but not limited to buyout agreements and severance payments:			
4. All capital gains: (Itemize on Schedule E)			
See Attachment	X		
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:			
Social Security, AT&T Pension, Telcordia Technologies Inc Pension, Interest, Dividends	X		
Rents	X		

- 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.

[illegible]

**j. Liabilities:**

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."

[illegible]

A = greater than \$1,000 but not more than \$5,000  
 B = greater than \$5,000 but not more than \$25,000  
 C = greater than \$25,000 but not more than \$50,000  
 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

**SCHEDULE A - STOCKS AND BONDS HELD**

List the type of securities 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. Do not indicate dollar value.

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

[illegible]

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

**SCHEDULE B - INTERESTS IN CONTRACTS WITH GOVERNMENT INSTRUMENTALITIES**

[illegible]



## FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC OFFICERS

## SCHEDULE C - REAL ESTATE INTERESTS

1. List all of your real estate holdings and 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. Note if real estate interest is outside New Jersey. Indicate not applicable with "N/A" or "None."

County	Size (Acreage or Sq.Ft.)	Individuals or Entities Sharing Interest	Current Use*	Acquisition Date	Held by: (check)		
					Public Employee:	Spouse / Domestic Partner:	Dependent Children:
		See Attachment					

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

2. Do any of the individuals who are listed above as sharing a real estate interest with the public officer, spouse, domestic partner or dependent children of the public officer work for the same State agency as the public officer?

If so, identify the individuals.

Supervisor / Subordinate Relationship?

Yes

☐

No

☒

Name:

None

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
None		

### Schedule C - Real Estate Mortgages

Real Estate Self Owned	% Own	Mortg. Balance	Mortgage Company
1. [REDACTED] NJ	100%	E	GMAC Mortgage Corp (Waterloo, IA)
2. [REDACTED]	100%	E	Wells Fargo (Des Moines, IA)
3. [REDACTED] NJ	100%	E	Wachovia (Charlotte, NC)
4. [REDACTED] Wash.,DC	100%	Zero	
5. [REDACTED], MD	100%	E	Washington Mutual (Northridge, CA)
6. [REDACTED], Wash., DC	100%	E	PNC Bank (Pittsburgh, PA)
7. [REDACTED] Wash. DC	100%	E	Washington Mutual (Northridge, CA)
8. [REDACTED] Wash.,DC	100%	Zero	
9. [REDACTED] Wash., DC	100%	E	Washington Mutual (Northridge, CA)
10. [REDACTED], NJ	100%	Zero	
11. [REDACTED] Wash. DC	100%	Zero	
12. [REDACTED], N.J.	100%	F	First Comerical Bank (NYC)
13. [REDACTED], NJ	100%	E	First Comerical Bank (NYC)
14. [REDACTED], NJ	100%	E	First Comerical Bank (NYC)
15. [REDACTED], NJ	100%	E	HSBC Mortgage (Buffalo, NY)
16. [REDACTED], NJ	100%	E	HSBC Mortgage (Buffalo, NY)
17. [REDACTED], NY	100%	E	GreenPoint Mortgage (Brandford, CT)
18. [REDACTED], NY	100%	E	Thornburg Mortgage (Sante Fe, New Mexico)
19. [REDACTED], NY	100%	E	Washington Mutual (Lake Success, NY)
20. [REDACTED], NY	100%	E	Countrywide Bank (Uniondale, NY)
21. [REDACTED], NY	100%	E	Countrywide Bank (Uniondale, NY)
22. [REDACTED], NY	100%	E	Wells Fargo (Des Moines, IA)

### Real Estate Partnerships/LLCs and Location

1. [REDACTED], NJ	27.2%	F	Dime Savings Bank of Williamsburg (NYC)
2. [REDACTED], NJ	29.6%	F	Dime Savings Bank of Williamsburg (NYC)
3. [REDACTED], NJ	29.6%	F	Dime Savings Bank of Williamsburg (NYC)
4. [REDACTED], NJ	32.5%	F	Dime Savings Bank of Williamsburg (NYC)
5. [REDACTED], NJ	32.5%	F	Citizens Bank & Trust (MO)
6. [REDACTED], NJ	32.5%	F	Dime Savings Bank of Williamsburg (NYC)
7. [REDACTED], NJ	33.3%	F	Dime Savings Bank of Williamsburg (NYC)
8. [REDACTED], NJ	29.7%	F	Lesile Cannon (Ocean Grove, NJ)
9. [REDACTED], NJ	32.4%	F	First Commercial Bank (NYC)

**FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC OFFICERS****SCHEDULE D - INTEREST IN CLOSELY HELD CORPORATIONS OR SIMILAR BUSINESS ENTITIES**

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: See Schedule C

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

General description of business activity of entity:

Duties and responsibilities of your State position:

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

General description of business activity of entity:

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

General description of business activity of entity:

**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

► Attach to Form 1040 or Form 1040NR. ► See Instructions for Schedule D (Form 1040).

► Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **12**

Name(s) shown on return

Shui Yee Lee & . (Spouse) ORC

Your social security number

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2 . . . . .					
3 <b>Total short-term sales price amounts.</b> Add lines 1 and 2 in column (d) . . . . .					
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .					
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your <b>Capital Loss Carryover Worksheet</b> on page D-7 of the instructions . . . . .					( )
7 <b>Net short-term capital gain or (loss).</b> Combine lines 1 through 6 in column (f) . . . . .					

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 Schwab JPMorgan 3078-9143	2/1/06	6/30/07			
Schwab Atlanta 1093-2256	2/1/06	6/30/07			
Schwab NeubergerBerman 7126-7179	2/1/06	6/30/07			
Schwab Lazard 5097-0918	2/1/06	6/30/07			
9 Enter your long-term totals, if any, from Schedule D-1, line 9 . . . . .					
10 <b>Total long-term sales price amounts.</b> Add lines 8 and 9 in column (d) . . . . .					
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .					
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .					
13 Capital gain distributions. See page D-2 of the instructions . . . . .					
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your <b>Capital Loss Carryover Worksheet</b> on page D-7 of the instructions . . . . .					( )
15 <b>Net long-term capital gain or (loss).</b> Combine lines 8 through 14 in column (f). Then go to Part III on the back . . . . .					

For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Cat. No. 11338H

Schedule D (Form 1040) 2007

**Part III Summary****16** Combine lines 7 and 15 and enter the result. . . . .**16**

If line 16 is:

- A **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- A **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- **Zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

**17** Are lines 15 and 16 **both** gains?

- ☒ **Yes.** Go to line 18.
- ☐ **No.** Skip lines 18 through 21, and go to line 22.

**18** Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions. . . . . ▶**18**

0

**19** Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions. . . . . ▶**19**

0

**20** Are lines 18 and 19 **both** zero or blank?

- ☒ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below.
- ☐ **No.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. **Do not** complete lines 21 and 22 below.

**21** If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500) }

**21**

( )

**Note.** When figuring which amount is smaller, treat both amounts as positive numbers.**22** Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

- ☐ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).
- ☐ **No.** Complete the rest of Form 1040 or Form 1040NR.

Department of the Treasury  
Internal Revenue Service

▶ See instructions for Schedule D (Form 1040).

▶ Attach to Schedule D to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2007

Attachment  
Sequence No. **12A**

Name(s) shown on return

Shui Yee Lee & (spouse)

**Your social security number**

## Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

[illegible]

**For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.**

Cat. No. 10424K

Schedule D-1 (Form 1040) 2007

[illegible]

**Attachment III. - Schedule E**  
**Shui Yee Lee & Spouse**

a. Name of Partnerships LLCs and Inc.	b. Employer Ident. No.	Net Gain	
		Active Participation	Passive
1 138 Morris LB	(H) (W)		
2 Pierpont-Oak	(H) (W)	x	x
3 661 Buttonwood LB	(H) (W)	x	x
4 5549 Partnership	(H) (W)		
5 597 Broadway	(H) (W)		
6 Lambertville Village	(H) (W)		
7 519 Ocean Blvd LLC	(H) (W)		
8 65 Steiner Ave., LLC	(H) (W)		
9 Bordentown New Valley	(H) (W)		
10 201 LaReine	(H) (W)		
11 Hopewell Valley I Park	(H) (W)		
12 Electronic and Mobile Busines	(H)		
13 Yee Enterprise Solutions, Inc.	(H)	x	