



PERSONAL FINANCIAL DISCLOSURE STATEMENT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
Website: www.elec.state.nj.us

PFD-1

FOR STATE USE ONLY

ELEC RECEIVED
APR 13 2017

PLEASE PRINT OR TYPE

Candidate Name: STEVEN ROGERS
Legislative District: STATE

Address: 145 Rhoda Ave

City: Nutley
State: NJ
Zip: 07110

Election Date:
Political Party, if any: Republican
Amendment

Office Sought:
Governor
Lieutenant Governor
Senate
Assembly

Calendar Year of Report: 2016

Note: The PFD-1 form covers the calendar year preceding the year of election.

CANDIDATE CERTIFICATION

I, the undersigned, do hereby certify as follows:

The information reported in this personal financial disclosure statement is true and complete. I am aware that if any of the statements contained herein are willfully false or incomplete, I may be subject to punishment.

Candidate Signature

Date: 4/11/17

## SCHEDULE I - EARNED INCOME

**IDENTIFY EACH SOURCE IN EXCESS OF \$100 WHEN AGGREGATE RECEIPTS FROM ALL SOURCES  
WITHIN A CATEGORY EXCEEDS \$1,000**

Check if aggregate received in each category exceeds \$1,000	Recipient	Name and Address of Source
<b>Salary</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	DEFENSE FINANCE-ACCOUNTING, 1240 E. 9 <sup>th</sup> ST, CLEVELAND OHIO N.J. DIVISION OF PENSIONS, TRENTON N.J. LYNNS SOBULO, 379 BLFD AVE, BLFD N.J.
<b>Bonus</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	
<b>Royalties</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	
<b>Fees</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	
<b>Commissions</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	LYNNS SOBULO 379 BLFD AVE, BLFD N.J.
<b>Profit Sharing</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	

## SCHEDULE II - UNEARNED INCOME

**IDENTIFY EACH SOURCE IN EXCESS OF \$100 WHEN AGGREGATE RECEIPTS FROM ALL SOURCES  
WITHIN A CATEGORY EXCEEDS \$1,000**

Check if aggregate received in each category exceeds \$1,000	Recipient	Name and Address of Source
<b>Rents</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	
<b>Dividends</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	
<b>*Other Income (Including Interest)</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	

**\*Other Income from named investments, trusts and estates.**

### SCHEDULE III - HONORARIUMS AND FEES IN EXCESS OF \$100

Description	Recipient	Name and Address of Payer
None	<input checked="" type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	

# SCHEDULE IV - REIMBURSEMENTS IN EXCESS OF \$100

Description	Recipient	Name and Address of Payer
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NONE

- Candidate
- Spouse
- Child

**SCHEDULE V - GIFTS VALUED IN EXCESS OF \$250**

Recipient	Name and Address of Donor
<input checked="" type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	NONE

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## SCHEDULE VI

**OWNERSHIP, HOLDING OR CONTROL OF AN INTEREST IN ANY LAND OR BUILDING IN ANY CITY IN WHICH CASINO GAMBLING IS AUTHORIZED, WHICH LAND OR BUILDING SHALL BE SPECIFIED**

Description	Person Owning, Holding, or Controlling Interest in Land/Building	Address of Land or Building
NONE	<input checked="" type="checkbox"/> Candidate <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child	