

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2015

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. A completed form must contain an original signature or a self-signed digital certificate on page 4; a facsimile, photocopy or stamp signature is not acceptable. Questions should be directed to Legislative Counsel at (609) 847-3901. The completed disclosure form is due May 15, 2016 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.

Peter Barnes
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 2015. Please note that a minor child is a child under the age of 18. For each entry, mark 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.

I. EARNED INCOME: List the name, address and amount for each source of earned income. (Earned income includes salaries, bonuses, royalties, commissions, profit sharing, fees, pensions and Social Security.)

| | Name of Employer | Address of Employer | Amount Code | | | | Self | Spouse | Child |
|----|------------------------------------|---|--------------------------|--------------------------|--|--|--|--------------------------|--|
| | | | 1 | 2 | 3 | 4 | | | |
| 1) | <u>Law Offices of Peter Barnes</u> | <u>3 Stephenville Parkway, Edison, NJ 08820</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="checked" type="checkbox"/> | <input checked="checked" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | <u>New Jersey Senate</u> | <u>Trenton, NJ 08625</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="checked" type="checkbox"/> | <input type="checkbox"/> | <input checked="checked" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | <u>Morgan Stanley Bank</u> | <u>New York, NY</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="checked" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="checked" type="checkbox"/> |
| 4) | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 | Amount Code | | | | Self | Spouse | Child |
|----|------------------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | 1 | 2 | 3 | 4 | | | |
| 1) | <u>None</u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2015 APR 11 A 10:43

OFFICE OF LEGISLATIVE SERVICES

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 | Amount Code | | | | Self | Spouse | Child |
|----|-----------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| | | | 1 | 2 | 3 | 4 | | | |
| | | | | | | | | | |
| 1) | See attached exhibit. | | <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"/> | |

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

| | Name | Address | Amount Code | | | | Self | Spouse | Child |
|----|-----------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| | | | 1 | 2 | 3 | 4 | | | |
| | | | | | | | | | |
| 1) | See attached exhibit. | | <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"/> | |

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 | Amount Code | | | | Self | Spouse |
|----|------------------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| | | | 1 | 2 | 3 | 4 | | |
| | | | | | | | | |
| 1) | None. | | <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"/> | |

2016 APR 11 A 10:44

OFFICE OF
LEGISLATIVE
SERVICES

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 indicate whether source is a profit (P), nonprofit (N), or governmental (G) entity.

| | Name & Nature of Reimbursement or Prepaid Expense | Address | Amount Code | | | | Self | Spouse | Child | Check Source | | |
|----|---|------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| | | | 1 | 2 | 3 | 4 | | | | P | N | G |
| | | | | | | | | | | | | |
| 1) | Law Offices of Peter Barnes | Edison, NJ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | <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"/> | <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"/> | <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 to you, your spouse or minor child from a named donor connected to the legislative process.

| | Name & Nature of Gift | Address | Amount Code | | | | Self | Spouse | Child |
|----|--|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| | | | 1 | 2 | 3 | 4 | | | |
| 1) | Desk Award from NAACP(nominal value) | 13 West Front Street, Trenton, NJ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | Desk Award from Middlesex County Bar Association | (nominal value), Bayard Street, New Brunswick, NJ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | <input type="checkbox"/> |
| 4) | | | <input type="checkbox"/> | <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 | Amount Code | | | | Self | Spouse |
|----|----------------------------|---------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------|
| | | | 1 | 2 | 3 | 4 | | |
| 1) | Line of Credit, Chase Bank | Main Street, Metuchen, NJ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | |

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 | Amount Code | | | | Self | Spouse |
|----|-------------------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| | | | 1 | 2 | 3 | 4 | | |
| 1) | None. | | <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"/> | |

2016 APR 11 A 10:44

LEGISLATIVE SERVICES

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) | Law Offices of Peter Barnes | Edison, NJ 08820 | <input checked="" 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) | Kiddie Keep Well Camp(volunteer attorney) | Edison, NJ 08820 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) | Metuchen YMCA(board member) | High Street, Metuchen, NJ 08840 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | | | <input 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) | 72 Buchanan Road, Edison, NJ 08820 | Family Home. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) | | | <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. (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.)

Peter Barnes
 Signature of Member or Self-signed digital certificate

Digitally signed by Peter Barnes
 DN: cn=Peter Barnes, ou=New Jersey Senate, ou=New Jersey
 legislative services, c=US
 Date: 2016.04.07 11:34:21 -0400

Peter Barnes - Original - 4/7/16

2016 APR 11 A 10:44

LEGISLATIVE SERVICES

2015-

| Peter Barnes | | | | | | |
|---|---------------------------------|---|-------------|------|--------|-------|
| DIVIDENDS | | | | | | |
| | NAME | ADDRESS | AMOUNT CODE | SELF | SPOUSE | CHILD |
| 1 | Principal Financial Group | Publicly Traded Securities | 1 | X | | |
| 2 | Morgan Stanley | Publicly Traded Securities | 2 | X | | |
| 3 | Morgan Stanley | Publicly Traded Securities | 3 | | X | |
| 4 | Morgan Stanley | Publicly Traded Securities | 3 | X | | |
| 5 | Morgan Stanley | Publicly Traded Securities | 1 | | | X |
| 6 | Morgan Stanley | Publicly Traded Securities | 1 | | | X |
| 7 | William Blair | Publicly Traded Securities | 1 | | | X |
| 8 | Morgan Stanley | Publicly Traded Securities | 1 | | | X |
| 9 | Morgan Stanley | Publicly Traded Securities | 1 | | | X |
| 10 | William Blair | Publicly Traded Securities | 2 | | | X |
| 11 | Morgan Stanley | Publicly Traded Securities | 1 | | | X |
| 12 | William Blair | Publicly Traded Securities | 1 | | | X |
| INCOME FROM INVESTMENTS, TRUST, AND ESTATES | | | | | | |
| | NAME | ADDRESS | AMOUNT CODE | SELF | SPOUSE | CHILD |
| 1 | Metuchen Savings Bank | 429 Main St, Metuchen, NJ | 1 | X | | |
| 2 | Morgan Stanley | 1 New York Plaza, 8th Floor, New York, NY | 1 | X | | |
| 3 | Morgan Stanley | 1 New York Plaza, 8th Floor, New York, NY | 4 | | X | |
| 4 | A.P.M Limited Partnership | 1435 Long Road, Kalamazoo, MI | 4 | | X | |
| 5 | Frederick C Fisher Irr Trust | 1600 Market St, 4th Floor, Philadelphia, PA | 3 | | X | |
| 6 | F.C. Fisher Trust | PO Box 94641, Cleveland, OH | 4 | | X | |
| 7 | Frederick C Fisher Family Trust | 151 S Rose St, Kalamazoo, MI | 4 | | X | |
| 8 | Metuchen Savings Bank | 429 Main St, Metuchen, NJ | 1 | | | X |
| 9 | Morgan Stanley | 1 New York Plaza, 8th Floor, New York, NY | 1 | | | X |
| 10 | Morgan Stanley | 1 New York Plaza, 8th Floor, New York, NY | 2 | | | X |
| 11 | A.P.M Limited Partnership | 1435 Long Road, Kalamazoo, MI | 2 | | | X |
| 12 | Metuchen Savings Bank | 429 Main St, Metuchen, NJ | 1 | | | X |
| 13 | Morgan Stanley | 1 New York Plaza, 8th Floor, New York, NY | 1 | | | X |
| 14 | Morgan Stanley | 1 New York Plaza, 8th Floor, New York, NY | 2 | | | X |
| 15 | A.P.M Limited Partnership | 1435 Long Road, Kalamazoo, MI | 2 | | | X |
| 16 | Metuchen Savings Bank | 429 Main St, Metuchen, NJ | 1 | | | X |
| 17 | Investors Bank | 101 JFK Parkway, Short Hills, NJ | 1 | | | X |
| 18 | Morgan Stanley | 1 New York Plaza, 8th Floor, New York, NY | 2 | | | X |
| 19 | A.P.M Limited Partnership | 1435 Long Road, Kalamazoo, MI | 2 | | | X |

2016 APR 11 A 10:44

OFFICE OF
 OPERATIVE
 SERVICES