

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

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, 2005 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.

Richard J. Codey
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 2004. 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.

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	Address	Circle Amount Code			Self	Spouse	Child
			1	2	3			
1)	<u>State of New Jersey</u>	<u>PO Box 207, Trenton, NJ</u>	1	2	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>West Orange Bd of Education</u>	<u>179 Eagle Rock, W Orange, NJ</u>	1	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	<u>Olympic Agency, Inc.</u>	<u>200 Executive Dr, W Orange, NJ</u>	1	2	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>(Salary & Deferred Compensation)</u>		1	2	3	<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	2	3	4			
1)	<u>May Street, Hawthorne, NJ</u>	<u>Don & Lisa Sisti</u>	<input checked="" type="checkbox"/>	2	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"/>

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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	Circle Amount Code				Self	Spouse	Child
1)	See Attached Schedule		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)	See Attached Schedule		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"/>

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)	All Honorariums are donated directly to non-profit		1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
2)	Charitable organizations.		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)	Olympic Agency, Inc.	200 Executive Dr, W. Orange, NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N	G
2)			1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	N	G
3)			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 in excess of \$250.

	Name & Nature of Gift	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	NJ State Chamber of Commerce	Trenton, NJ	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Chemistry Council of NJ	New Brunswick, NJ	1	2	3	4	<input checked="" 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"/>

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 and Nature of Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	Nissan (Auto Lease)		1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	GMAC (Auto Lease)		1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3)	Washington Mutual Bank Corp.	PO Box 44135, Jacksonville, FL	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4)	Alliance Mortgage Banking Corp.	3601 Hempstead Tpke Levittown, NY	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" 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 and Nature of Forgiven Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	None		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"/>

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II. UNEARNED INCOME

B. DIVIDENDS

Name	Address	Amount Code	Self	Spouse	Child
1. Olympic Agency Inc.	200 Executive Dr, W. Orange, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Nicholas Applegate Fund	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PW Retirement Money Fund	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. American Funds Capital Income Builders Fund Class C	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Value 2003 – D. Strately	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Williams Cos, Inc.	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. New York Life Insurance	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. El Paso Corporation	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Intel Corporation	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. IBM Corporation	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Johnson & Johnson	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Merck & Co.	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Penn Federal Financial Svcs	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Pfizer Inc.	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Standard & Poors Dep. Receipts	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. American Funds Capital World Growth & Income Fund – Class C	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. UBS Fund	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Units Value – 2004 – G	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. NASQ	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. UBS Fund	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Fort Templeton Foreign C.	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. Ivy Global Natural Resources	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. UBS Small/Medium Equity Invest.	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Annaly Co.	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Nicholas Applegate Fund	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. International	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. UBS Tactical Allocation Fund	UBS Financial Svcs, Edison, NJ	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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II. UNEARNED INCOME

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

<u>Name</u>	<u>Address</u>	<u>Amount Code</u>	<u>Self</u>	<u>Spouse</u>	<u>Child</u>
1. Metropolitan Life Insurance	P.O. Box 336, Warwick, RI	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Llewellyn-Edison Bank	474 Prospect Ave, W. Orange, NJ	① 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Sale of May St, Hawthorne, NJ to	Diane Pelligrino, Hawthorne, NJ	1 2 3 ④	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Kearny Federal Savings Bank	P.O. Box 604, Kearny, NJ	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. UBS Bank USA Deposit Account	P.O. Box 604, Kearny, NJ	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Value 2003 – D Strategy	P.O. Box 604, Kearny, NJ	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. William Cos. Inc.	P.O. Box 604, Kearny, NJ	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. U.S. Treasury Obligation	P.O. Box 604, Kearny, NJ	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Llewellyn-Edison Bank	474 Prospect Ave, W. Orange, NJ	① 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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REGISTRAR'S
LEGISLATIVE
SERVICE

NICHOLAS H. POLITAN

5 Becker Farm Road - Fourth Floor
Roseland, New Jersey 07068
973-994-4740 Fax 973-994-4755

May 12, 2005

Joint Legislative Committee on Ethical Standards
Second Floor
State House Annex - Room 210
Trenton, NJ 08625-0068

Attention: Albert Porroni, Legislative Counsel

Dear Mr. Porroni:

In anticipation of assuming the position of Acting Governor, Senator Richard J. Codey created a Blind Trust effective October 14, 2004 to which he transferred his business interests and provided that his Trustee is authorized to prepare and file with appropriate State authorities (in conjunction with his accountants) any financial disclosure forms consistent with the provisions of Executive Order #10. Senator Codey designated me and I agreed to serve as Trustee for the Blind Trust.

All of the relevant information and documents relating to his business interest were furnished to the accountant by those currently running the business in Senator Codey's absence. Senator Codey personally furnished all other information not related to his business interests to his accountant and myself in order to complete the Financial Disclosure Statement.

Pursuant to the Blind Trust Agreement, enclosed is the Financial Disclosure Statement for Calendar Year 2004 on behalf of Senator Richard J. Codey.

Please be advised that this Statement was completed in the following manner consistent with the terms of the Blind Trust. All personal financial records for calendar year 2004 were given to his accountants by Senator Codey. The accountants prepared the Statement which I reviewed and approved as Trustee. As required by the Legislative

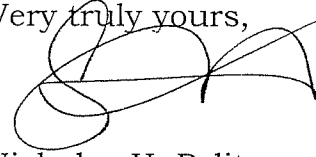
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May 12, 2005

Code of Ethics, Senator Codey has signed where applicable on page 4, indicating that the Statement, which has been prepared as described above, is correct and complete to the best of his knowledge.

If you have any questions, please contact me.

Very truly yours,



Nicholas H. Politan

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OFFICE OF
LEGISLATIVE
COUNSEL