

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005

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, 2006 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 2005. 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) <u>State of New Jersey</u>	<u>P.O.Box 207, Trenton, NJ</u>	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>West Orange Board of Ed</u>	<u>179 Eagle Rock Av., WO, NJ</u>	1 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>Sterling Group</u>	<u>500 S.Livingston Av., Liv., NJ</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) <u>Dorm Dusters</u>	<u>18 Beverly Rd., W.O., NJ</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) <u>Township of West Orange</u>	<u>66 Main St., W.O., NJ</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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) <u>42 Ridge Road, Roseland, NJ</u>	<u>Len Brown</u>	1 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"/>

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) <u>See Attached Schedule</u>	_____	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) <u>See Attached Schedule</u>	_____	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) <u>All Honorariums are donated directly to non-profit</u>	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>charitable organizations.</u>	_____	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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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) <u>None</u>	_____	1	2	3	4	<input 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) <u>None</u>		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"/>

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	Circle Amount Code	Self	Spouse
1) <u>Washington Mutual Bank</u>	<u>PO Box 3139, Milwaukee, Wis.</u>	1 2 3 <u>4</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>GMAC Mortgage Corp.</u>	<u>3451 Hammond Av., Waterloo, IA</u>	1 2 3 <u>4</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) <u>Alliance Mortgage</u>	<u>3601 Hempsted, Levittown, NY</u>	1 2 3 <u>4</u>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	1 2 3 4	<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	Circle Amount Code	Self	Spouse
1) <u>None</u>		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"/>

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) <u>Olympic Agency Co., Inc. (BLIND TEST)</u>	<u>200 Executive Dr., West Orange, NJ</u>	<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) <u>President</u>	<u>Olympic Agency Co., Inc., West Orange, NJ</u>	<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"/>

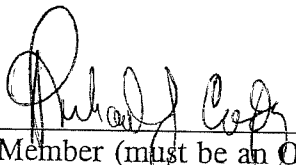
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

Property Address	Description of Property	Self	Spouse	Child
1) <u>18 Beverly Rd., W. Orange, NJ</u>	<u>1 Family</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>42 Ridge Rd., Roseland, NJ</u>	<u>1 Family</u>	<input checked="" type="checkbox"/>	<input checked="" 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.

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May 11, 06
Date


Signature of Member (must be an ORIGINAL signature, not a facsimile, stamp or photocopy)

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Schedule B Dividends

Name	Address	Circle Amount Code	Self	Spouse	Child
Olympic Agency Co.,Inc. - 100 % stock ownership (Blind Trust)	200 Executivr Dr, W Orange, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Funds Capital World Growth & Income Fund Class C	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Funds Capital Income Builder Fund Class C	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ivy Cundill Global Fund Class C	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicholas Applegate Conv. & Income Fund	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standards & Poors Dep Receipts Unit series 1	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Units Dividend Income Value Strategy 05-H Series	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Units Value Select Ten Series 2004 J	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Units Value Select Ten Series 2005	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
El Paso Corp.	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intel Corp.	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Business Machine	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnson & Johnson	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merck Co. Inc.	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASDAQ	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PennFed Financial Serives Inc.	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pfizer Inc.	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metropolitan Life Insurance	PO Box 4447, S Hackensack, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Schedule C - Income from investments, trusts and estates. (including capital gains)

Name	Address	Circle Amount Code	Self	Spouse	Child
Knights of Columbus	1 Columbus Plaza, New Haven, CT	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kearney Federal Savings Bank	120Passaiac Ave, Fairfield, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metropolitan Life Insurance	PO Box 336, Warwick, RI	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Llewelyn Edison Savings Bank	474 Prospect Avenue, W Orange, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New York Life Insurance	Avenue of the Americas, New York, NY	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Olympic Agency Pension Trust	200 Executivr Dr, W Orange, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Olympic Agency 401(k) Plan	200 Executivr Dr, W Orange, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NJ Division of Pensions (Value unavaliable)	PO Box 295, Trenton, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christopher Codey Trust	18 Beverly Road, W Orange, NJ	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kevin Codey Trust	18 Beverly Road, W Orange, NJ	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UNTS Dividend Income Value	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNTS Value Select Ten	UBS Financial Services, Edison, NJ	1 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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