

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2011

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) 847-3901. The completed disclosure form is due May 15, 2012 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 2011. 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 and fees.)

	Name of Employer	Address of Employer	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	State of New Jersey	PO Box 207 Trenton, NJ 08625	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	West Orange Board of Ed.	179 Eagle Rock Ave. West Orange, NJ 07052	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	Jomar Agency	300 Executive Dr. West Orange, NJ 07052	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Richard J. Codey LLC	300 Executive Dr. West Orange, NJ 07052	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)			<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)	None		<input type="checkbox"/>	<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"/>	<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"/>

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 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 Schedule		<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 Schedule - Various		<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)	Estate of Patricia Codey		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	Some of 81 High St.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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)	All Honoraria & Fees were donated		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)	directly to designated mental		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	Health Charitable organizations		<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"/>	

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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 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)	Janitor Agency, LLC	300 Executive Dr West Orange, NJ 07052	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)	NONE		<input type="checkbox"/>	<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"/>	<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)	Somerset Hills Bank	Bernardsville, NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

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"/>	

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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)	See Attached Schedule		<input 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)	See Attached Schedule		<input 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"/>

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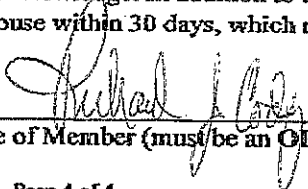
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X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

	Property Address	Description of Property	Self	Spouse	Child
1)	20 Ford Lane Roseland, NJ	Personal Residence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	69 High Street Orange, NJ	Estate of Patricia Coday (16%)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	81 High Street Orange, NJ	Investment - Sold 2011	<input checked="" type="checkbox"/>	<input checked="" 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.

May 14, 2012
Date


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

Richard J. Codey

2011

PR Sales Tax Fing Corp	Self - 1	Publically Traded	
UBS Bank USA Dep' Acct	Self - 1	Publically Traded	
NJ ECONOMIC DEV FACS SER A REV	Self - 1	Publically Traded	
ATLANTIC CITY NJ BRD OF ASSUR BE/RI	Self - 1	Publically Traded	
NJ ECO DV UTH SCH FACS SR GG	Self - 1	Publically Traded	
GLOUSTER CO NJ IMP GTD REV OID	Self - 1	Publically Traded	
MORRIS CNTY NJ IMPT AUT BE/R MAND SINK FND	Self - 1	Publically Traded	
MONROE TWP MIDDLESEX NJ	Self - 1	Publically Traded	
NEW JERSEY ST EDL FACS	Self - 1	Publically Traded	
NEW JERSEY HEALTH CARE	Self - 1	Publically Traded	
Jomar Pension Plan	Self - 1	Investments	
Business Organizations - Section VIII			
Member / Owner	Jomar Agency LLC	West Orange, NJ	Self
Member / Owner	81 High Street LLC	Orange, NJ	Self / Spouse
Member / Owner	Richard J. Codey, LLC	Orange, NJ	Self
Stockholder / Officer	Olympic Agency	West Orange, NJ (assets sold 2008)	Self
Offices, Trusteeship or Directorship - Section IX			
License Holder	Codey Funeral Home	Estate of Patricia Codey	Self
Member / Owner	Jomar Agency LLC	West Orange, NJ	Self
Member / Owner	81 High Street LLC	Orange, NJ	Self / Spouse
Member / Owner	Richard J. Codey, LLC	Orange, NJ	Self
Stockholder / Officer	Olympic Agency	West Orange, NJ (assets sold 2008)	Self

Richard J. Codey
2011

Dividends - Section B

Estate of Patricia Codey (16% interest)	Self - 1	Estate of Patricia Codey, Orange, NJ
Sirius XM Radio Inc	Self - 1	Publically Traded
Mankind Corp New	Self - 1	Publically Traded
Call Mankind Corp New	Self - 1	Publically Traded
Call Mankind Corp Due	Self - 1	Publically Traded
Amedia Networks Inc	Self - 1	Publically Traded
Pacific Health Laboratories Inc	Self - 1	Publically Traded
MEDALLIAON FINL CORP	Self - 1	Publically Traded

Investments - Section C (including interest)

Estate of Patricia Codey (16% interest)	Self - 1	Estate of Patricia Codey, Orange, NJ
Kearney Federal Savings	Self / Spouse - 1	Kearney, NJ
Llewellyn Savings	Self / Spouse - 1	West Orange, NJ
Knights of Columbus	Self - 1	New Haven, Conn. - Life Insurance
Met Life	Self - 1	Warwick, RI
Merrill Lynch Bank Deposit Program	Self - 1	Publically Traded
FIA Card Services	Self - 1	Publically Traded
Bank of America	Self - 1	Publically Traded
New Jersey St EDL Facs	Self - 1	Publically Traded
Piscataway Twp, NJ	Self - 1	Publically Traded
NJ Health Care	Self - 1	Publically Traded
Mahwah Twp NJ Gen Impt	Self - 1	Publically Traded
Gloucester Cnty NJ Impt	Self - 1	Publically Traded
New Jersey HCCFA St	Self - 1	Publically Traded
Port Auth NY & NJ	Self - 1	Publically Traded
New Jersey St Tpk Auth	Self - 1	Publically Traded
Bergen Cnty NJ Impt Auth	Self - 1	Publically Traded
New Jersey St Transn Tr	Self - 1	Publically Traded
Hudson Cnty NJ Impt Auth	Self - 1	Publically Traded
Passaic Cnty NJ Impt	Self - 1	Publically Traded
Preferred Deposit Acct	Self - 1	Publically Traded
ML Business Deposit Program	Self - 1	Publically Traded
RMA Money Market Portfolio	Self - 1	Publically Traded
NJ St EDL FAC Au Rv Kern	Self - 1	Publically Traded
NJ St EDL FAC Au Rv Coll	Self - 1	Publically Traded
NJ Hithcare FFA Rv Rmkt	Self - 1	Publically Traded
Madison Boro, NJ	Self - 1	Publically Traded

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NEW JERSEY SENATE



RICHARD J. CODEY

SENATOR

27TH LEGISLATIVE DISTRICT

66 WEST MT. PLEASANT AVENUE

LIVINGSTON, NEW JERSEY 07039

973-535-5017

FAX 973-535-5248

July 24, 2012

Joint Legislative Committee on Ethical Standards
2nd Floor, State House Annex
Room 210
PO Box 068
Trenton, New Jersey 08625-0068

To the Joint Legislative Committee on Ethical Standards:

This letter should serve as my amendment to my Legislator's Financial Disclosure Statement for calendar year 2011.

It has come to my attention, that despite an entity that I have an interest in being out-of-business, that I should still report this on my form.

The following sections, as of this letter, are now amended:

- VIII – Business Organization: Member/Owner; Devils Advocate; Newark NJ; Self.
- IX – Offices, Trusteeships, Or Directorships: Member/Owner; Devils Advocate; Newark NJ; Self.

Thank you for your cooperation on this matter.

Sincerely,

Handwritten signature of Richard J. Codey in black ink.
Richard J. Codey