

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2013

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, 2014 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.

CHECK APPROPRIATE HOUSE: Senate General Assembly

Richard J Codey
PRINT NAME

Provide the following information for yourself, your spouse and minor children (unless otherwise indicated) for calendar year 2013. 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) <u>State of New Jersey</u>	<u>PO Box 207 Trenton NJ 08625</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>West Orange Board of Ed</u>	<u>179 Maple Rock Ave West orange NJ 07052</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>Jomar Agency LLC</u>	<u>300 Executive Drive West Orange, NJ 07052</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
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) _____	_____	<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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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"/>	<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"/>

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		<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"/>

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 and fees for		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	speaking are not accepted and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	organizations donate them to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	mental health charitable organizations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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)	Sumner Agency LLC	300 Executive Dr. West Orange, NJ	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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)	Lockland Bank	Ork Ridge, NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<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"/>

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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)	Devils Advocate	Newark, NJ	<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)	Member/owner	Devils Advocate, Newark, NJ	<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
1)	20 Ford Lane Roseland, NJ	Personal Residence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	107 Essex Ave Bonton, NJ	Investment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3)	10 Eisenhower Parkway, Roseland, NJ	Investment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>

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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, 14
Date

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

Richard J. Codey
2013

Dividends - Section B

Estate of Patricia Codey (16% interest)	Self - 1	Estate of Patricia Codey, Orange, NJ
Call Mankind Corp Due	Self - 1	Publically Traded
Call Mankind Corp New	Self - 1	Publically Traded
Call Questcor Pharmaceut	Self - 1	Publically Traded
Call Sirius XM Radio Inc	Self - 1	Publically Traded
Hertz Global Holdings Inc	Self - 1	Publically Traded
JP Morgan Chase	Self - 1	Publically Traded
Mannkind Corp New	Self - 1	Publically Traded
Medallion Finl Corp	Self - 1	Publically Traded
Metropolitan Life	Self - 1	Publically Traded
Pacific Health Laboratories Inc	Self - 1	Publically Traded
Questcor Pharmaceutical	Self - 1	Publically Traded
Sirius XM Radio Inc	Self - 1	Publically Traded

Investments - Section C (including interest)

Estate of Patricia Codey (16% interest)	Self - 1	Estate of Patricia Codey, Orange, NJ
Kaamey Federal Savings	Self / Spouse - 1	Kearney, NJ
Knights of Columbus	Self - 1	New Haven, Conn. - Life Insurance
Llewellyn Savings	Self / Spouse - 1	West Orange, NJ
Met Life	Self - 1	Warwick, RI
Amedia Networks Inc	Self - 1	Publically Traded
Acco Brands Corp	Self - 1	Publically Traded
All State Corp	Self - 1	Publically Traded
ATLANTIC CITY NJ BRD OF ASSUR	Self - 1	Publically Traded
Avon Products Inc	Self - 1	Publically Traded
AXA ADR	Self - 1	Publically Traded
Call CYBX	Self - 1	Publically Traded
Chevron Corp	Self - 1	Publically Traded
Curtiss Wright Corp	Self - 1	Publically Traded
Gloucester Cnty NJ Impt	Self - 1	Publically Traded
Gogo Inc	Self - 1	Publically Traded
JP Morgan Chase & Co.	Self - 1	Publically Traded
Madison Boro, NJ	Self - 1	Publically Traded
Mannkind Corp	Self - 1	Publically Traded
Medallion Finl Corp	Self - 1	Publically Traded
MGM Resorts International	Self - 1	Publically Traded
ML Business Deposit Program	Self - 1	Publically Traded
MORRIS CNTY NJ IMPT AUT	Self - 1	Publically Traded

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New Jersey Environmental A-R	Self - 1	Publically Traded
NEW JERSEY HEALTH CARE	Self - 1	Publically Traded
New Jersey St EDL Facs	Self - 1	Publically Traded
New Jersey St Tpk Auth	Self - 1	Publically Traded
New Jersey St Transh Tr	Self - 1	Publically Traded
Newton, NJ	Self - 1	Publically Traded
NJ ECO DV UTH SCH FACS SR GG	Self - 1	Publically Traded
NJ ECONOMIC DEV FACS SER A REV	Self - 1	Publically Traded
NJ Health Care	Self - 1	Publically Traded
NJ Hlthcare FFA Rv Rmkt	Self - 1	Publically Traded
NJ ST EDL FAC AU RV	Self - 1	Publically Traded
NJ St EDL FAC Au Rv Coll	Self - 1	Publically Traded
NJ Trans Trust Fund Auth	Self - 1	Publically Traded
Nuverra Environmental Solutions	Self - 1	Publically Traded
Pacific Health Laboratories Inc	Self - 1	Publically Traded
Port Auth NY & NJ	Self - 1	Publically Traded
PR Sales Tax Fing Corp	Self - 1	Publically Traded
Princeton Univ	Self - 1	Publically Traded
Proshares Ultrashort	Self - 1	Publically Traded
Public Service Enterprise	Self - 1	Publically Traded
Questcor Pharmaceuticals	Self - 1	Publically Traded
RMA Money Market Portfolio	Self - 1	Publically Traded
Sirius XM Radio Inc	Self - 1	Publically Traded
UBS Bank USA Dep Acct	Self - 1	Publically Traded
Wells Fargo & Co New	Self - 1	Publically Traded
Jomar Pension Plan	Self - 1	Investments

Business Organizations - Section VIII

Stockholder / Officer	Olympic Agency	West Orange, NJ (assets sold 2008)	Self
Member / Owner	Jomar Agency, LLC	West Orange, NJ	Self
Member / Owner	Richard J. Codey, LLC	Orange, NJ	Self
Member / Owner	81 High Street, LLC	Roseland, NJ	Self / Spouse
Member / Owner	107 Essex Ave., LLC	107 Essex Ave., Boonton, NJ	Self / Spouse
Member / Owner	Codey Mackey Funeral Home, LLC	107 Essex Ave., Boonton, NJ	Self / Spouse

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2013

<u>Offices, Trusteeship or Directorship - Section IX</u>			
License Holder	Codey Funeral Home	Estate of Patricia Codey	Self
Stockholder / Officer	Olympic Agency	West Orange, NJ (assets sold 2008)	Self
Member / Owner	Jomar Agency, LLC	West Orange, NJ	Self
Member / Owner	Richard J. Codey, LLC	Orange, NJ	Self
Member / Owner	81 High Street, LLC	Orange, NJ	Self / Spouse
Member / Owner	107 Essex Ave., LLC	108 Essex Ave., Boonton, NJ	Self / Spouse
Member / Owner	Codey Mackey Funeral Home, LLC	107 Essex Ave., Boonton, NJ	Self

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