

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2014

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, 2015 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. Lodey
 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 2014. 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)	State of New Jersey	P.O. 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	Tamar Agency, LLC	300 Executive Drive, 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"/>
4)	Richard J. Lodey, LLC	9 Small Ave, Caldwell, NJ 07006	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	Sterling Lord Literary	65 Bleeker St, New York,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)	10 Eisenhower Parkway, Roseland, NJ 07068	Henkel & McCoy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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"/>

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)	<u>See attached schedule.</u>	_____	<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)	<u>See attached schedule.</u>	_____	<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)	<u>All honoraria and fees for speaking</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)	<u>are not accepted and organizations</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	<u>donate them to mental charitable organizations.</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	<u>Essex County Country Club</u>	<u>350 Mt Pleasant Ave, West Orange, NJ 07052</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)	<u>Jamar Agency, LLC</u>	<u>300 Executive Drive, West Orange, NJ 07052</u>	<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"/>

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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.

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)	Lemmer Hill 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)	Wells Fargo Bank	Des Moines, Iowa	<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"/>

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 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)	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"/>

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)	107 Essex Ave, Boonton, NJ	Investment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	10 Eisenhower Parkway, Roseland, NJ	Investment	<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.

5/15/15
Date

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

**Richard J. Codey
2014**

Dividends - Section B

Allstate Corp CLBL	Self - 1	Publically Traded
Avon Products Inc	Self - 1	Publically Traded
AXA ADR	Self - 1	Publically Traded
Chevron Corp	Self - 1	Publically Traded
Curtiss Wright Corp	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
Publisc Service Enterprise Group Inc	Self - 1	Publically Traded
Questcor Pharmaceutical	Self - 1	Publically Traded
Sirius XM Radio Inc	Self - 1	Publically Traded
Wells Fargo & Co New	Self - 1	Publically Traded

Investments - Section C (including interest)

Kearney 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
Atlantic City NJ BRD of ED	Self - 1	Publically Traded

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Avon Products Inc	Self - 1	Publically Traded
AXA ADR	Self - 1	Publically Traded
Bergen Cnty NJ IMPT Auth	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
Hudson Cnty NJ IMPT Auth	Self - 1	Publically Traded
JP Morgan Chase & Co.	Self - 1	Publically Traded
Madison Boro, NJ	Self - 1	Publically Traded
Mahwah Twp NJ Gen IMPT	Self - 1	Publically Traded
Mannkind Corp	Self - 1	Publically Traded
Medallion Findl Corp	Self - 1	Publically Traded
MGM Resorts International	Self - 1	Publically Traded
ML Business Deposit Program	Self - 1	Publically Traded
Montclair Twp NJ PKG	Self - 1	Publically Traded
MORRIS CNTY NJ IMPT AUT	Self - 1	Publically Traded
New Jersey Environmental A-R	Self - 1	Publically Traded
NEW JERSEY HEALTH CARE	Self - 1	Publically Traded
New Jersey HCFFA ST	Self - 1	Publically Traded
New Jersey St	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 Transn 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

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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
Parsippany Twnshp NJ BRD	Self - 1	Publically Traded
Passaic Cnty NJ IMPT	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
Puerto Rico Sales Tax Fing Corp	Self - 1	Publically Traded
Questcor Pharmaceuticals	Self - 1	Publically Traded
RMA Money Market Portfolio	Self - 1	Publically Traded
Rutgers St Univ NJ	Self - 1	Publically Traded
Somerset Cnty NJ IMPT A	Self - 1	Publically Traded
Sirius XM Radio Inc	Self - 1	Publically Traded
UBS Bank USA Dep Acct	Self - 1	Publically Traded
Union Cnty NJ IMPT Auth	Self - 1	Publically Traded
Vineland NJ Eletc Util		
Wells Fargo & Co New	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	Richard J. Codey, LLC	Orange, NJ	Self

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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
Member / Owner	Devils Advocate	Newark, NJ	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	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