

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2015

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. A completed form must contain an original signature or a self-signed digital certificate 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, 2016 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. Coley
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 2015. 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) <u>State of New Jersey</u> | <u>P.O. 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 Eagle 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>Somar 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) <u>Richard J. Coley, LLC</u> | <u>54 Roseland Ave, Caldwell, NJ 07006</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) <u>Sterling Lord, Literary</u> | <u>65 Bleeker St, New York</u> | <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) <u>91 High St, LLC - 10 Eisenhower Parkway, Roseland, NJ</u> | <u>Transdev</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) _____ | _____ | <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"/> |

2015
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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) | <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"/> |

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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</u> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4) | <u>charitable organizations.</u> | _____ | <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) | <u>Tomar 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"/> |

R/C 5/26/16

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) | <u>None</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"/> |

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) | <u>Lakeland Bank</u> | <u>Bernardsville, NJ</u> | <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"/> |

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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) | <u>None</u> | | <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"/> | |

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) | <i>see attached schedule</i> | | <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) | <i>see attached schedule</i> | | <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) | <i>20 ForJ Lane, Roseland, NJ</i> | <i>Personal Residence</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) | <i>107 Ellex Ave, Boonton, NJ</i> | <i>Investment</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) | <i>10 Eisenhower Parkway, Roseland, NJ</i> | <i>Investment</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4) | | | <input type="checkbox"/> | <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 17, 16
Date

D. Cody
Signature of Member or Self-signed digital certificate

| Richard J. Codey | | 2015 | |
|--|-------------------|------|-----------------------------------|
| Dividends - Section B | | | |
| Alisate Corp CLBL | Self - 1 | | Publicly Traded |
| Avon Products Inc | Self - 1 | | Publicly Traded |
| AXA ADR | Self - 1 | | Publicly Traded |
| Chevron Corp | Self - 1 | | Publicly Traded |
| Curtis Wright Corp | Self - 1 | | Publicly Traded |
| JP Morgan Chase | Self - 1 | | Publicly Traded |
| MannKind Corp New | Self - 1 | | Publicly Traded |
| Medallion Finl Corp | Self - 1 | | Publicly Traded |
| Metropolitan Life | Self - 1 | | Publicly Traded |
| Public Service Enterprise Group Inc | Self - 1 | | Publicly Traded |
| Sirius XM Radio Inc | Self - 1 | | Publicly Traded |
| Wells Fargo & Co New | Self - 1 | | Publicly Traded |
| Investments - Section C (including interest) | | | |
| Kearney Federal Savings | Self / Spouse - 1 | | Kearney, NJ |
| Knights of Columbus | Self - 1 | | New Haven, Conn. - Life Insurance |
| Leverlyn Savings | Self / Spouse - 1 | | West Orange, NJ |
| Met Life | Self - 1 | | Metrick, RI |
| All State Corp | Self - 1 | | Publicly Traded |
| ATLANTIC CITY NJ BRD OF ASSUR | Self - 1 | | Publicly Traded |
| Atlantic City NJ BRD of ED | Self - 1 | | Publicly Traded |
| Avon Products Inc | Self - 1 | | Publicly Traded |
| AXA ADR | Self - 1 | | Publicly Traded |
| Bergen Cnty NJ IMPT Auth | Self - 1 | | Publicly Traded |
| Chevron Corp | Self - 1 | | Publicly Traded |

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| Richard J. Codey 2015 | | |
|-------------------------------------|----------|-----------------|
| Curtiss Wright Corp..... | Self - 1 | Publicly Traded |
| Gloucester Cnty NJ Impt..... | Self - 1 | Publicly Traded |
| Hudson Cnty NJ IMPT Auth..... | Self - 1 | Publicly Traded |
| J.P. Morgan Chase & Co..... | Self - 1 | Publicly Traded |
| Madison Boro, NJ..... | Self - 1 | Publicly Traded |
| Marlwall Twp NJ Gen IMPT..... | Self - 1 | Publicly Traded |
| Marlkind Corp..... | Self - 1 | Publicly Traded |
| Medallion Fincl Corp..... | Self - 1 | Publicly Traded |
| Mercer Cnty NJ Impt Auth..... | Self - 1 | Publicly Traded |
| MGM Resorts International..... | Self - 1 | Publicly Traded |
| Mt. Business Deposit Program..... | Self - 1 | Publicly Traded |
| Monroe Twp Middlesex..... | Self - 1 | Publicly Traded |
| Montclair Twp NJ PKG..... | Self - 1 | Publicly Traded |
| MORRIS CNTY NJ IMPT AUT..... | Self - 1 | Publicly Traded |
| New Jersey ECON DEV AUTH..... | Self - 1 | Publicly Traded |
| New Jersey Environmental A.R..... | Self - 1 | Publicly Traded |
| NEW JERSEY HEALTH CARE..... | Self - 1 | Publicly Traded |
| New Jersey HCFEA ST..... | Self - 1 | Publicly Traded |
| New Jersey INST TECH..... | Self - 1 | Publicly Traded |
| New Jersey St..... | Self - 1 | Publicly Traded |
| New Jersey St EDL Facs..... | Self - 1 | Publicly Traded |
| New Jersey St Tpk Auth..... | Self - 1 | Publicly Traded |
| New Jersey St Transport Tr..... | Self - 1 | Publicly Traded |
| Newton, NJ..... | Self - 1 | Publicly Traded |
| NJ ECO DV UTH SCH FACS SR GG..... | Self - 1 | Publicly Traded |
| NJ ECONOMIC DEV FACS SER A REV..... | Self - 1 | Publicly Traded |
| NJ Health Care..... | Self - 1 | Publicly Traded |
| NJ Healthcare FFA Ry Rmk..... | Self - 1 | Publicly Traded |
| NJ ST EDL FAC AU RV..... | Self - 1 | Publicly Traded |
| NJ ST EDL FAC Au Ry Coll..... | Self - 1 | Publicly Traded |

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| Richard J. Codey 2015 | | |
|--|--------------------------------|---|
| NJ Trans Trust Fund Auth | Self - 1 | Publicly Traded |
| Nuverra Environmental Solutions | Self - 1 | Publicly Traded |
| Pacific Health Laboratories Inc | Self - 1 | Publicly Traded |
| Persippany Twnshp NJ BRD | Self - 1 | Publicly Traded |
| Passaic Cnty NJ IMPT | Self - 1 | Publicly Traded |
| Port Auth NY & NJ | Self - 1 | Publicly Traded |
| Public Service Enterprises | Self - 1 | Publicly Traded |
| RMA Money Market Portfolio | Self - 1 | Publicly Traded |
| Rutgers St Univ NJ | Self - 1 | Publicly Traded |
| Sirius XM Radio Inc | Self - 1 | Publicly Traded |
| Somerset Cnty NJ IMPT A | Self - 1 | Publicly Traded |
| Sparta TWP NJ BRD ED | Self - 1 | Publicly Traded |
| UBS Bank USA Dep Asst | Self - 1 | Publicly Traded |
| Union Cnty NJ IMPT Auth | Self - 1 | Publicly Traded |
| Vneland NJ Elec Util | Self - 1 | Publicly Traded |
| Wells Fargo & Co New | Self - 1 | Publicly 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 |
| 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 |

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| Richard J. Codey 2015 | | |
|---|--------------------------------|--|
| | | |
| Offices, Trusteeship or Directorship - Section IX | | |
| License Holder | Codey Funeral Home | Estate of Patricia Codey Self |
| Member / Owner | Jonar 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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LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT AMENDMENT FOR CALENDAR YEAR

(May only be filed after regular statement has been filed)

Richard J Codey
PRINT NAME

CHECK APPROPRIATE HOUSE: Senate General Assembly

Indicate the category of information that is being amended for yourself, your spouse, or minor children (under age 18) for calendar year 2015 and provide all required details. See detailed instructions and form as originally filed.

Amount Codes: 1=less than \$10,000; 2=\$10,000 - \$24,999.99; 3=\$25,000 - \$49,999.99; 4=\$50,000 or more; *if applicable

| Category | Source/Detail/Profit (P), Nonprofit (N), or Governmental (G) Entity* | Self/Spouse/Child* | Amount Code* |
|---------------|--|--------------------|--------------|
| Earned Income | 1061 Broadway LLC - P | Self/child | 4 |
| | | | |
| | | | |
| | | | |
| | | | |

I certify that the above information is correct and complete to the best of my knowledge.

| | |
|--------------------------|---|
| <u>6/30/2016</u> Date | <u>Richard J. Codey</u> Member's Original Signature or Self-Signed Digital Certificate |
|--------------------------|---|