

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2016

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, 2017 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 2016. 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	PO Box 207 Trenton, New Jersey	<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 Education	179 Eagle Rock Avenue, West Orange, New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	Jomar Agency, LLC	300 Executive Drive West Orange, New Jersey	<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	54 Roseland Ave. Roseland, New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	Codey - Mackey LLC	300 Executive Drive West Orange, New Jersey	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	81 High Street Associates, LLC 10 Eisenhower Parkway, Roseland, New Jersey	Trans Dev - 10 Eisenhower Parkway,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2)	107 Essex Avenue LLC 107 Essex Avenue, Boonton, New Jersey	Codey - Mackey LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	

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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 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"/>

C. INCOME from investments, trusts and estates (including capital gains).

	Name	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)			<input type="checkbox"/>	<input 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"/>
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 honorariums and fees for speaking engagements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)	are not accepted, Such payments are requested to be		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)	made to mental health organizations in the name of		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)	the organization making payment.		<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)	Jomar LLC	300 Executive Drive West Orange, New Jersey	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Codey- Mackey LLC	300 Executive Drive West Orange, New Jersey	<input checked="" 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)	Richard J Codey LLC	54 Roseland Avenue, Roseland, New jersey	<input checked="" 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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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)	Lakeland Bank	Bernardsville, New Jersey	<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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Self Spouse

Self Spouse

VIII. BUSINESS ORGANIZATIONS: List the name and address of all business organizations in which you or your spouse held an interest.

	Name	Address
1)	See attached schedule	
2)		
3)		
4)		

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
1)	300 Executive Drive West Orange, New Jersey	
2)		
3)		
4)		

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 <input type="checkbox"/>	Spouse <input type="checkbox"/>	Child <input type="checkbox"/>
1)	20 Ford Avenue, Roseland, New Jersey	Personal Residence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	107 Essex Avenue, Boonton, New Jersey	Investment Property	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	10 Eisenhower Parkway, Roseland, New Jersey	Investment Property	<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.)

5/15/17
Date

Richard J. Codey
Signature of Member or Self-signed digital certificate

Richard J. Codey
2016

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Dividends - Section B		
Allstate Corp CLBL	Self - 1	Publically Traded
AXA ADR	Self - 1	Publically Traded
Chevron Corp	Self - 1	Publically Traded
Curtiss Wright Corp	Self - 1	Publically Traded
Metropolitan Life	Self - 1	Publically Traded
Public Service Enterprise Group Inc	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
Lewellyn Savings	Self / Spouse - 1	West Orange, NJ
Met Life	Self - 1	Warwick, RI
All State Corp	Self - 1	Publically Traded
AXA ADR	Self - 1	Publically Traded
Banco Santander Cent	Self - 1	Publically Traded
Bergen Cnty NJ IMPT Auth	Self - 1	Publically Traded
Chevron Corp	Self - 1	Publically Traded
Curtiss Wright Corp	Self - 1	Publically Traded
Ft Capita Series 29 CAS	Self - 1	Publically Traded
Hertz Rent A Car	Self - 1	Publically Traded
Hudson Cnty NJ IMPT Auth	Self - 1	Publically Traded
Investors Bank Corp	Self - 1	Publically Traded
Kearny Financial Corp	Self - 1	Publically Traded
JP Morgan Chase & Co.	Self - 1	Publically Traded
Medallion Fincl Corp	Self - 1	Publically Traded
Mercer Cnty NJ Impt Auth	Self - 1	Publically Traded
ML Business Deposit Program	Self - 1	Publically Traded
Monroe Twp Middlesex	Self - 1	Publically Traded
Montclair Twp NJ PKG	Self - 1	Publically Traded
New Brunswick NJ PKG	Self - 1	Publically Traded
New Jersey ECON DEV AUTH-RV	Self - 1	Publically Traded
New Jersey Environmental A-R	Self - 1	Publically Traded
NEW JERSEY HEALTH CARE F BE/R	Self - 1	Publically Traded
New Jersey HCFEA RV,RMKT	Self - 1	Publically Traded
New Jersey INST TECH SRA	Self - 1	Publically Traded

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Richard J. Codey

2016

New Jersey SI EDL Facs A SRC	Self - 1	Publicly Traded	
New Jersey SI EDL Facs A SR D	Self - 1	Publicly Traded	
New Jersey SI EDL Facs Auth Rev Princeton	Self - 1	Publicly Traded	
New Jersey State	Self - 1	Publicly Traded	
New Jersey St Tpk Auth	Self - 1	Publicly Traded	
NJ Health Care CRE FFA	Self - 1	Publicly Traded	
NJ Hlticare FFA Ry Rmkt	Self - 1	Publicly Traded	
NJ ST EDL FAC AU RV WILLIAM	Self - 1	Publicly Traded	
NJ St EDL FAC Au RV Coll	Self - 1	Publicly Traded	
NJ Trans Trust Fund Auth	Self - 1	Publicly Traded	
Nuverra Environmental Solutions	Self - 1	Publicly Traded	
Pacific Health Laboratories Inc	Self - 1	Publicly Traded	
Parlspary 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 Enterprise	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 RV	Self - 1	Publicly Traded	
Sparta TWP NJ BRD ED	Self - 1	Publicly Traded	
UBS Bank USA Dep Acct	Self - 1	Publicly Traded	
Union Cnty NJ IMPT Auth	Self - 1	Publicly Traded	
Vineand NJ Eleic Ulll	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

Offices, Trusteeship or Directorship - Section IX

Richard J. Codey
2016

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

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