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.

Herbert C. Conaway Jr.
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.)

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Address of Employer</th>
<th>Amount Code</th>
<th>Self</th>
<th>Spouse</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) State of New Jersey</td>
<td>West State Street Trenton, NJ 08625</td>
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<tr>
<td>2) St. Francis Medical Center</td>
<td>601 Hamilton Ave, Trenton, NJ 08609</td>
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<tr>
<td>3) Herb Conaway MD PC</td>
<td>1500 2nd Street Delanco, NJ 08075</td>
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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

<table>
<thead>
<tr>
<th>Property Address</th>
<th>Tenant Name</th>
<th>Amount Code</th>
<th>Self</th>
<th>Spouse</th>
<th>Child</th>
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Page 1 of 4
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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Amount Code</th>
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</table>

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

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<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Amount Code</th>
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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.

<table>
<thead>
<tr>
<th>Name &amp; Nature of Honorarium or Fee</th>
<th>Address</th>
<th>Amount Code</th>
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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.

<table>
<thead>
<tr>
<th>Name &amp; Nature of Reimbursement or Prepaid Expense</th>
<th>Address</th>
<th>Amount Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Conf. of State Legislators</td>
<td>444 N. Capital St. Washington, DC 20001</td>
<td>1 2 3 4 P N G</td>
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</table>
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.

<table>
<thead>
<tr>
<th>Name &amp; Nature of Gift</th>
<th>Address</th>
<th>Amount Code</th>
<th>Self</th>
<th>Spouse</th>
<th>Child</th>
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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.

<table>
<thead>
<tr>
<th>Name &amp; Nature of Liability</th>
<th>Address</th>
<th>Amount Code</th>
<th>Self</th>
<th>Spouse</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Mortgage Service Center</td>
<td>Dept. 6173 Los Angeles, CA</td>
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<td>2) MAHELA</td>
<td>633 Spirit Dr, Chesterfield, MO 63005</td>
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<tr>
<td>3) USAA Bank</td>
<td>10750 McDermott Fwy, San Antonio, TX</td>
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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.

<table>
<thead>
<tr>
<th>Name &amp; Nature of Forgiven Liability</th>
<th>Address</th>
<th>Amount Code</th>
<th>Self</th>
<th>Spouse</th>
<th>Child</th>
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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.

1) 
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.

1) Position Held: Board member
   Name & Address of Entity: Truth Initiative 900 E St. NW Washington, DC 20001

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.

1) Property Address: 26 Water's Edge Dr. Delran, NJ 08075
   Description of Property: primary

2) Property Address: 1500 2nd St. Delanco, NJ 08075
   Description of Property: primary

3) 
4) 

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.)

Date: 5/13/16
Signature of Member or Self-signed Digital certificate