FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC EMPLOYEES

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Detailed instructions for completing this form are available on the Commission's website, nj.gov/ethics/disclosure/financial/.

Public Employees must complete this form in full and file it electronically. Public officers, including members of certain State boards, commissions, authorities and public corporations, are not required to complete this form, but must complete and file form FDS15/2.

Questions should be directed to the State Ethics Commission, PO Box 082, Trenton, NJ 08625-0082, Telephone (609) 292-1892.

292-1892.						
a. General Ir	nformat	ion				
Date of Sta	atement	: May 1	5, 2015	Filli	ng Year: 2015	
First Name	9 :	Chris			M.I.	
Last Name:		Christie	40			
			State Office Add	ress		
Street Addres	ss:	125 West State Stre	et			
P.O. Box:	001					
City:		Trenton	State:	NJ	Zip Code:	08625
State Email A	Address:					
Position Held	d:			Governor		
Department of	or Agend	cy: Office of the G	overnor	222000000000000000000000000000000000000		
Daytime Tele	ephone M	Number:				The second secon
Other com	pensate	d or uncompensated	governmental position	ns you hold:		
None		MONTH PROPERTY AND ADDRESS OF THE PROPERTY		And All Market and Andreas and	the state of the s	
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Please list position ide	entified i	in "a" above), your sp	, business, profession ouse/civil union partne	or employment er er, your domestic	ngaged in by you (o partner, or your de	other than the pendent children.
		Gordon & Co.				
Do you hold occupation (a licens e.g., law	e issued by a State a , real estate, enginee	gency that entitles you ering, medicine, plumb	uto engage in a p ing)? If yes, plea	articular business, se so indicate:	profession, trade or
		Licer	ıse		License is active	License is inactive
		Attorney, State of	of New Jersey		Active	

Do you have any personal contractual or business remployee of your agency?	elationship with another of	ficer or employee or special State officer or
☐ Yes ✓ No		
If yes, please explain.		
c. State Employment - Relatives		
For the purposes of this question, "relative" means parent, child, brother, sister, aunt, uncle, niece, nep stepchild, stepbrother, stepsister, half brother or half marriage or adoption.	hew, grandparent, grandc	hild, son-in-law, daughter-in-law, stepparent,
1. Is any relative employed in a State office or posit	ion?	
☐ Yes ✓ No		
2. If yes, name of relative(s) and employing agency	-	
3. Do you exercise authority, supervision or control Yes No	(including personnel actio	ns) over the individual(s) named above?
d. Ethics Training		
Have you completed ethics training?	√ Yes	No No
2. If yes, indicate nature of training:	✓ in-person	on-line
3. If in-person, training provided by:	agency	State Ethics Commission
4. Date most recent training completed:		December 2, 2014

e. Assets

List all assets, both tangible and intangible, in which you, your spouse/civil union partner, your domestic partner or your dependent children hold an interest as of the date of this statement; provided, however, that when the value cannot be determined as of that date, a separate valuation date shall be specified for the particular asset. Public employees and their spouses/civil union partners or their domestic partners must indicate the value of the asset in accordance with the value classifications listed below. Assets held by dependent children must be identified but need not be valued. If asset is held jointly, the value class of the asset should be disclosed in the Public Employee box. The word "joint" should then be noted in the Spouse/Domestic Partner box. Please fill in each line; indicate not applicable with "N/A" or "None."

the Spouse/Domestic Partner box	A. Ficasc	, an ar cac	or mic, nic
ASSETS (Valued at more than \$1,000)	Public Employee: Indicate Value Class	Spouse/ Civil Union Partner/ Domestic Partner: Indicate Value Class	Dependent Children: Check if Asset is Held
CASH ON HAND IN BANK	В	Joint	N/A
NOTES RECEIVABLE- Indicate Nature of Note on Item h.5 on page 4.	N/A	N/A	N/A
ACCOUNTS RECEIVABLE - Indicate Nature of Account on Item h.5 on page 4.	N/A	N/A	N/A
GOVERNMENT BONDS Itemize on Schedule A	N/A	N/A	N/A
STOCKS & CORPORATE BONDS (Include Mutual Funds) Itemize on Schedule A	N/A	N/A	N/A
INTEREST IN CONTRACTS WITH GOVERNMENT INSTRUMENTALITIES Itemize on Schedule B	N/A	N/A	N/A

If yes, itemize on Schedule B.

ate not applicable with "N/A" or "None."				
ASSETS (Valued at more than \$1,000)	Public Employee: Indicate Value Class	Spouse/ Civil Union Partner/ Domestic Partner. Indicate Value Class	Dependent Children: Check if Asset is Held	
NEW JERSEY REAL ESTATE INTERESTS- Itemize on Schedule C	G	Joint	N/A	
REAL ESTATE INTERESTS OUTSIDE OF NEW JERSEY	N/A	N/A	N/A	
TOTAL VALUE OF PENSION FUNDS (include IRA,Keogh, Annuities, State Pension, etc.)	F	F	N/A	
ACCUMULATED CASH VALUE OF LIFE INSURANCE	Е	E	N/A	
VEHICLES	С	B	N/A	
OTHER ASSETS (Itemize Below)	N/A	N/A	N/A	
	ASSETS (Valued at more than \$1,000) NEW JERSEY REAL ESTATE INTERESTS- Itemize on Schedule C REAL ESTATE INTERESTS OUTSIDE OF NEW JERSEY TOTAL VALUE OF PENSION FUNDS (include IRA,Keogh, Annuities, State Pension, etc.) ACCUMULATED CASH VALUE OF LIFE INSURANCE VEHICLES OTHER ASSETS	ASSETS (Valued at more than \$1,000) NEW JERSEY REAL ESTATE INTERESTS- Itemize on Schedule C REAL ESTATE INTERESTS OUTSIDE OF NEW JERSEY TOTAL VALUE OF PENSION FUNDS (include IRA, Keogh, Annuities, State Pension, etc.) ACCUMULATED CASH VALUE OF LIFE INSURANCE E VEHICLES C OTHER ASSETS	ASSETS (Valued at more than \$1,000) NEW JERSEY REAL ESTATE INTERESTS- Itemize on Schedule C REAL ESTATE INTERESTS OUTSIDE OF NEW JERSEY TOTAL VALUE OF PENSION FUNDS (include IRA,Keogh, Annuities, State Pension, etc.) ACCUMULATED CASH VALUE OF LIFE INSURANCE F VEHICLES C B OTHER ASSETS	

VALUE CLASS

A = greater than \$1,000 but not more than \$5,000

B = greater than \$5,000 but not more than \$25,000

C = greater than \$25,000 but not more than \$50,000

D = greater than \$50,000 but not more than \$100,000

E =greater than \$100,000 but not more than \$250,000

F = greater than \$250,000 but not more than \$500,000

G = greater than \$500,000

f,	Are you, y	your spouse/civil union partner, your domestic partner or your dependent children a blind trust agreement? If yes, please provide the name and address of the Trustee.	√ Yes	No
	Name:	P. Joseph Grasso		
	Address:	661 Hillary Drive, Tiburon, CA 94920		
g.		our spouse/civil union partner or your domestic partner have any interest in any closely oration, partnership, sole proprietorship, or similar business entity?	Yes	√ No

h. Income

Public employees, their spouses/civil union partners or their domestic partners must indicate the source and the value class of their incomes. The sources of income of dependent children must be identified, but the value class of income need not be disclosed. Public employees filing before July 1 of any year must provide this information for the preceding calendar year. Public employees filing after July 1 of any year must provide this information for the 12-month period prior to filing. Income from any source totaling less than \$1,000 need not be disclosed. The following gifts need not be reported: (1) cash gifts of less than \$100 in the aggregate received from a person, (2) non-cash gifts with fair market value of less than \$200 in the aggregate received from a person, and (3) gifts of less than \$3,000 in the aggregate received from a relative. Please fill in each line; indicate not applicable with "N/A" or "None."

VALUE CLASS A = greater than \$1,000 but not more than \$5,000 B = greater than \$5,000 but not more than \$25,000 C = greater than \$25,000 but not more than \$50,000 D = greater than \$50,000 but not more than \$100,000 E = greater than \$100,000 but not more than \$250,000 F = greater than \$250,000 but not more than \$500,000 G = greater than \$500,000	Public Employee: Indicate Value Class	Spouse/ Civil Union Partner/ Domestic Partner: Indicate Value Class	Dependent Children: Check if Asset is Held
All compensated employment of whatever nature, including current State or other employment. Please list commencement and, if applicable, termination date. Be sure to include the name of the employer(s): //			
Public Employee - Governor	E		
Spouse - Angelo, Gordon & Co.		G	
	<u></u>		
All directorships and other fiduciary positions for which compensation has or will be received:			
N/A			
3. All contractual arrangements producing or expected to produce income, including but not limited to buyout agreements and severance payments:			
AG Net Lease Realty Fund	N/A	В	
4. All capital gains: (Itemize on Schedule D)			
Chris Christie Blind Trust	В	N/A	N/A
Mary Pat Christie Blind Trust	N/A	A	N/A
5. All honoraria, lecture fees, gifts and other gratuities (cash or non-cash) and other miscellaneous sources of income, including but not limited to Social Security and pensions, interest, dividends, royalties, rents and accounts and notes receivable:			
Chris Christie Blind Trust (interest, dividends, and royalties)	А	N/A	N/A
Mary Pat Christie Blind Trust (interest, dividends, and royalties)	N/A	A	N/A
McNeil-PPC, Inc. (royalties)	В	Joint	N/A

i. List any offices, trusteeships, directorships or positions of any nature, whether compensated or uncompensated, held by you, your spouse/civil union partner, your domestic partner or dependent children, with any firm, corporation, association, partnership or business.

If such firm, corporation, association, partnership or business does business with a casino or does business with the State, or is regulated, licensed or inspected by any State agency, please identify the State agency or casino.

Position Held	Firm, Corporation, Association, Partnership or Business	State Agency	Casino	Indicate whether held by public employee, spouse, civil union partner, domestic partner, or dependent children.
Chair, Operating Bd.	Hurricane Sandy NJ Relief Fund	N/A	N/A	Spouse
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Obligation of: (check)

j. Liabilities

List all of your liabilities and those of your spouse/civil union partner, your domestic partner or your dependent children and identify the creditor. List value class of liabilities of public employee and spouse/civil union partner or domestic partner only. Include all liabilities that have been forgiven by any creditor within the last twelve months, stating the name of the creditor to whom the liability was owed. Liabilities include, but are not limited to, notes, accounts payable, past due taxes, mortgages or liens, and loans on life insurance.

The following liabilities need not be reported: less than \$10,000 owed to a relative; less than \$1,000 owed to any other person; loans secured by a personal motor vehicle, household furniture or appliances where the loan did not exceed the purchase price of the item and the outstanding balance did not exceed \$10,000 as of the close of the preceding calendar year; and revolving charge accounts where the outstanding liability did not exceed \$10,000 as of the close of the preceding calendar year. Indicate not applicable with "N/A" or "None."

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Description (Type of obligation and nature of security, if any)	Creditor	Value Class	Check if Forgiven in Past 12 Months	Public Employee:	Spouse / Civil Union Partner / Domestic Partner:	Dependent Children:
Home Equity Line	Peapack Gladstone Bank	F		Х	Joint	N/A
			,			
	I				<u> </u>	

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C = greater than \$25,000 but not more than \$50,000

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E = greater than \$100,000 but not more than \$250,000

F = greater than \$250,000 but not more than \$500,000

G = greater than \$500,000

SCHEDULE A - STOCKS AND BONDS HELD

List the type and value class of securities owned by you, your spouse/civil union partner or your domestic partner; list the type of stocks and bonds of your dependent children; list the name of the company, mutual fund, holding company or government agency issuing the stocks and bonds. If your ownership interest exists through a mutual fund or holding company, you need not list the individual stocks so owned; you must, however, list the mutual fund or holding company. If your ownership interest exists through a beneficial interest in a trust, list the stocks and bonds so owned if you have such knowledge; otherwise list the name of the trustee. Indicate not applicable with "N/A" or "None."

		Н	eld by:(che	ck)	Valu	dicate ue Class leld by	
Type of Security (Stock or Bond)	Name of Issuing Company, Mutual Fund, Holding Company or Government Agency	Public Employee:	Spouse / Civil Union Partner / Domestic Partner:	Dependent Children:	Public Employee:	Spouse / Civil Union Partner / Domestic Partner:	Percentage Ownership*
Blind Trust	P. Joseph Grasso	х	х	N/A	N/A	N/A	
	Andrew						
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*Individuals who own more than 10% of the total stock of any company must disclose the percentage of ownership.

VALUE CLASS

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- C = greater than \$25,000 but not more than \$50,000
- D = greater than \$50,000 but not more than \$100,000
- E = greater than \$100,000 but not more than \$250,000
- F = greater than \$250,000 but not more than \$500,000
- G = greater than \$500,000

SCHEDULE B - INTEREST IN CLOSELY HELD CORPORATIONS OR SIMILAR BUSINESS ENTITIES

partnership, sole pro business entity. "Inte	ivil union partner or your don prietorship, or similar busine erest" means ANY ownership le with "N/A" or "None."	ss entity, please provide	the requested inforr	mation for each
Interest held by:	Public Employee	Spouse / Civil Un	ion Partner [Domestic Partner
Business Name:	N/A			
Address:	,			
City:		State:		
General description of b	usiness activity of entity:			
Duties and responsibiliti	es of your State position:			·
transactions involving the as compliance with regu	UMENTALITIES: ove do business with any of e sale, conveyance, or renta slatory procedures. In additio estic partner, or dependent o	al of any goods or service n, if you indicated on pa	es, and does not incl ge 3, Assets, that yo	lude such activities ou, your spouse/civil
instrumentality, please of	check the appropriate instrun	nentality.		
State of Ne	ew Jersey	Yes*	No	
New Jerse	y Local Government Entity			
Interstate	Entity (New Jersey members	ship)		
	*If you checked "yes" for any contract(s) with the governm		de copies of the	
	entract, or agreement with the and competetive bidding?	e government entity	Yes	No No

SCHEDULE C - NEW JERSEY REAL ESTATE INTERESTS

icate not applical	ole with "N/A" o	or "None."			Не	eld by: (ched	:k)	Valu	dicate le Class leld by
County		dividuals or Entities Sharing Interest	Current Use*	Acquisition Date	Public Employee:	Spouse / Civil Union Partner / Domestic Partner:	Dependent Children:	Public Employee:	Spouse / Civil Union Partner / Domestic Partner:
Morris	. (Chris & Mary Pat Christie	Residential	9/1998	Х	Joint	N/A	G	Joint
								- ,	
								!	
		VALUE A = greater than \$1,000 B = greater than \$5,000 C = greater than \$25,00 D = greater than \$50,00 E = greater than \$100,00 F = greater than \$250,00 G = greater than \$500,00	but not more than but not more than 0 but not more than 0 but not more than 00 but not more than 00 but not more than	n \$25,000 an \$50,000 an \$100,000 han \$250,000					
2. Do any indiv	er or dependen	oove as sharing a real estat t children of the public emp dividual and indicate if the	loyee work for t	the same Si	tate ag	ency as t	he pub	lic	

County Government Instrumentality Tenant Government Instrumentality with Proceeding Pending

N/A

Instrumentality Tenant Government Instrumentality with Proceeding Pending

Instrumentality Tenant Government Instrumentality with Proceeding Pending

SCHEDULE D - CAPITAL GAINS

idicate not ap	icable with "N/A" or "None."			Gai	Gain Received By: (check)		
Item Sold	Description (e.g., real property, stock name)	Date Acquired	Date Sold	Name of Purchaser If Known	Public Employee:	Spouse / Civil Union Partner / Domestic Partner.	Dependent Children:
N/A	Chris Christie Blind Trust	N/A	N/A	N/A	Х	Joint	
N/A	Mary Pat Christie Blind Trust	N/A	N/A	N/A	Х	Joint	
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ATTESTATION

I hereby certify that I have read the foregoing statement and any addendum pages attached hereto and to the best of my knowledge and belief, they are true, correct and complete. I further certify that I have not and will not transfer any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest therein. I understand that I am subject to penalties for perjury.

Enter your authentication code:	
Enter your full name:	Chris Christie
	,
This Financial Disclosur	e Statement was prepared by (check one):
Public Employee	
Spouse / Civil Union P	artner
Domestic Partner	
	Public Employee with the assistance of counsel

Other (Please identify)