

A Public Records Access request has been submitted.

Request By: Robert Lewis

Signature: Robert Lewis

Request date: 10/03/2016

Address: WNYC Newsroom; 160 Varick St.; New York, NY 10013

Email: rlewis@wnyc.org

Phone number: 646-829-4293

Personal
Information
Request: NO

Records seeking: Any financial disclosure forms filed by George Anderson, who the Port Authority hired in 2015 to be director of World Trade Center security.

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY PRA # 17420
PUBLIC RECORD ACCESS FORM

Action by (print / type name):

William Shalewitz, Freedom of Information Administrator

Signature:



Date:

11/02/2016

On behalf of the Secretary of the Port Authority, as Records Access Officer and Custodian of Government Records of the Port Authority.

- The requested records are being made available.
- Any responsive records that may exist are currently in storage or archived, and a diligent search is being conducted. The Port Authority will respond by:
- A diligent search has been conducted, and no records responsive to your request have been located.
- The requested records that have been located are not being made available, as they are exempt from disclosure for the following specific reasons:

- Some requested records that have been located are being made available. The remainder are exempt from disclosure for the following specific reasons:

- The request does not reasonably describe or identify specific records; therefore, the Port Authority is unable to search for and locate responsive records. Please consider submitting a new request that describes or identifies the specific records requested with particularity and detail.

- Other:

Material responsive to your request can be found on the Port Authority's website at <http://corpinfo.panynj.gov/documents/17420-O/>. Paper copies of the available records are available upon request.

This form is promulgated by the Port Authority pursuant to the Port Authority Public Records Access Policy and is intended to be construed consistent with the New York Freedom of Information Law and the New Jersey Open Public Records Act. It is intended to facilitate requests for Port Authority public records and does not constitute legal advice.

FINANCIAL DISCLOSURE STATEMENT

PA 3375 / 08-10

Name (Last, First, MI) ANDERSON, GEORGE W.		Employee No. 48955	Title or Position DIRECTOR, WTC5	Service/Level BAND 6
Department CSO/WTC5	Division WTC5	Work Location 4 WTC 17 FL	Work Telephone (212)435-4002	
Marital Status (Check One) <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		If married, spouse's full name (including maiden name where applicable) KATHRYN ANN ANDERSON (NEESCHUSTER)		
Name of Each Unmarried Dependent Child KAITLYN M. ANDERSON				

CERTIFICATION WITH RESPECT TO SPOUSE/UNMARRIED DEPENDENT CHILD(REN)

If you can complete the following certification by checking the box below and signing and dating where indicated, you **need not** provide information regarding your spouse and/or unmarried dependent child(ren) in response to Questions 1, 2, 3, 5, 7, 8a and 10 of the Financial Disclosure Statement. **However, if you complete this certification, you must still answer every question with regard to yourself.**

- To the best of my knowledge, information and belief, my spouse and/or unmarried dependent child(ren) do(es) not have any "financial interest" or "other interest" or other involvement in a "transaction" or with a party thereto that might present a conflict of interest or other breach of ethical standards covered by the Code of Ethics and Financial Disclosure.

Signature George W Anderson Date 11/11/15

Note: This certification may not be submitted with respect to a spouse or child(ren) who also work(s) for the Port Authority. You must also complete the certification on the last page of this statement.

ANSWER EACH OF THE FOLLOWING QUESTIONS COMPLETELY, TO THE BEST OF YOUR ABILITY. READ ALL INSTRUCTIONS BEFORE ANSWERING THE QUESTIONS. IF YOU HAVE ANY QUESTIONS ABOUT COMPLETING THE FORM, CONTACT THE ATTORNEY DESIGNATED UNDER THE CODE OF ETHICS AND FINANCIAL DISCLOSURE.

1. INCOME

List the nature (specific identity) and source (how acquired) of any income in EXCESS of \$1,000 from EACH SOURCE for you and your spouse (i) which was received during the reporting period; or (ii) which you know you or your spouse are entitled to receive in a future year. DO NOT include Port Authority salary or other Port Authority-derived sources.

See instructions on page vi.

NONE

NATURE	SOURCE	SELF	SPOUSE
SALARY	ALLIED BARTON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S.I.P. PROCEEDS	ALLIED BARTON/MASS MOTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NY PD PENSION	NY PD PENSION FUND	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NYC DEFERRED COMPENSATION	NYC DEFERRED COMP. PLAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RENTAL INCOME	205 N. 74 th ST MESA AZ (CONDO)	<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"/>

2. FINANCIAL INTERESTS

List the nature (specific identity) and source (how acquired) of any financial interest in EXCESS of \$1,000 (i) currently held; or (ii) acquired and disposed of during the reporting period, by you, your spouse and each unmarried dependent child.

See instructions on page vii.

NONE

NATURE	SOURCE	SELF	SPOUSE	CHILD
NYC DEFERRED COMP PLAN	NYC DEF. COMP. PLAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INVESTMENT ACCOUNT	MORGAN STANLEY (SEE ADDEN)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BANK ACCOUNT CHECKING/SAVINGS	CITIBANK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIMARY RESID MONTROE NY PRIVATE HOME 50% OWNERSHIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECONDARY RESIDENCE CONDO MESA AZ 25% OWNERSHIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
529 PLAN (FOR KATHY ANDERSON)	NYS SAVES	<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"/>

3. TANGIBLE PERSONAL PROPERTY

List the nature (specific identity) and source (how acquired) of each item of tangible personal property with a value in EXCESS of \$10,000 currently held by you, your spouse and each unmarried dependent child.

See instructions on page viii.

NONE

NATURE	SOURCE	SELF	SPOUSE	CHILD
		<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"/>	<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. BLIND TRUSTS

If you are the beneficiary of a "blind trust" in excess of \$1,000 in value, list the name and address of the trustee for each such trust.

See instructions on page viii.

NONE

NAME/ADDRESS OF TRUSTEE:

5. GIFTS

List separately, for you, your spouse and each unmarried dependent child, respectively, each source of gifts received during the reporting period, when such gift or gifts in the aggregate (when received from the same donor) is/are in EXCESS of \$1,000, EXCLUDING gifts from relatives.

INCLUDE the name and address of the donor, and the nature of each such gift.

See instructions on page viii.

NONE

NAME/ADDRESS OF DONOR	NATURE OF GIFT	SOURCE OF GIFT	SELF	SPOUSE	CHILD
			<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"/>	<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"/>	<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. REIMBURSEMENTS

Identify and briefly describe the source of any reimbursements for, or any assumptions of the cost of, travel-related expenses, when either individually or in the aggregate (when from the same source) such reimbursement(s) or assumption(s) is/are in EXCESS of \$1,000. For purposes of this item, the term "reimbursements" shall mean any travel-related expense provided by non-governmental sources related to your official duties, received or incurred by you during the reporting period. DO NOT include any reimbursement made directly to the Port Authority.

See instructions on page viii.

NONE

SOURCE	DESCRIPTION

7. DEBTS AND LIABILITIES

List all existing debts and liabilities of yours, your spouse and each unmarried dependent child, which are each separately in EXCESS of \$5,000. Include the name and location of the creditor (and guarantor, if applicable), and any collateral pledged to secure payment of any such debt or liability.

See instructions on page viii.

NONE

TYPE OF LIABILITY AND COLLATERAL, IF ANY	NAME/LOCATION OF CREDITOR OR GUARANTOR	SELF	SPOUSE	CHILD
MORTGAGE, ARIZONA CONDO	BANK OF AMERICA, N. A.	<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"/>	<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"/>	<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"/>

8. BUSINESS INTERESTS

a. List any position held during the reporting period by (1) you; (2) your spouse; or (3) each unmarried dependent child for whom the filing of a Federal income tax form was required, as (i) officer, director, trustee, partner, manager or otherwise as employee of; or (ii) consultant, agent or representative for, any private business entity formed for profit. Include the name, address, and a description of the business entity involved.

See instructions on page viii.

NONE

POSITION	BUSINESS	SELF	SPOUSE	CHILD
MEMBER, BOARD OF DIRECTORS	JDT CORP. MONROE NY (SEE APP)	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. BUSINESS INTERESTS (cont'd)

b. With respect to (i) you; and (ii) **relatives**, any of whom are associated with any private business entity formed for profit, if it is known that the entity has done, is doing, or intends to do business with the Port Authority or its subsidiaries, list the name, address and a description of the business involved. **(This question must be answered regardless of any certification made with regard to your spouse or unmarried dependent child(ren)).**

See instructions on page viii.

NONE

POSITION	BUSINESS	BUSINESS WITH PORT AUTHORITY OR SUBSIDIARY	BUSINESS WITH PORT AUTHORITY	
			SELF	RELATIVE
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

9. AGREEMENTS FOR FUTURE EMPLOYMENT

Describe the terms of, and the parties to, any contract, promise or other agreement between you and any person, firm or corporation with respect to employment after leaving Port Authority office or position.

See instructions on page ix.

NONE

PARTIES	TERMS



FINANCIAL DISCLOSURE STATEMENT - ADDENDUM PAGE

PA3375 / 03-09

Please use this area for any additional information. Indicate the number(s) of the question(s) to which the additional information applies.

Name: GEORGE W. ANDERSON

Date: 11/11/15

Q2 COMMON STOCKS

ALPHABET INC	AT&T	BAKERSFIELD INC	BRISTOLMYERS SQUIBB	CARDINAL HEALTH
CORNING CORP	CHEVRON	DANAHER CORP	DUKE ENERGY	DUNKIN' DONUTS
ELI LILLY	FACEBOOK	GE	HONOLULU	JPMORGAN
KIMBERLY CLARK	KARTRHEUS	LENNAR CORP	MEDTRONIC	MICROSOFT
MOBILETE NV	NESTLE	PEPSICO	ROCKWELL COLLINS	SCHLUMBERGER
SOLARA ENERGY	UNITEDHEALTH	VERIZON	VODAFONE	WELLS FARGO
WILLIAMS	ZURICH INSURANCE GROUPS			

ETF'S

GUGGENHEIM S+P 500	ISHARES COMMOD + STEELS	ISHARES INTERIM CREDIT
ISHARES MORNINGSTAR	ISHARES SMALL CAP	VANGUARD EUROPEAN
WISDOMTREE EUROPE HEDGED		
MUTUAL FUNDS		
WORLD AGGREGATE INT RT F	5YR DURATION INC F	
METROPOLITAN WEST TOT RET BD I		

Q8 ANCIENT ORDER OF HIBERNIANS PRATERNA HALL + BUILDING
 8-10 NORTH MAIN STREET MONROE NY 10450

FINANCIAL DISCLOSURE STATEMENT

PA 3375 / 03-15

Name (Last, First, MI) <i>ANDERSON, GEORGE W.</i>		Employee No. <i>48955</i>	Title or Position <i>DIRECTOR</i>	Service/Level <i>6</i>
Department <i>CSO</i>	Division <i>WTC SECURITY</i>	Work Location <i>4 WTC 17 FLR</i>	Work Telephone <i>(212) 435-4002</i>	
Marital Status (Check One) <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		If married, spouse's full name (including maiden name where applicable) <i>KATHRYN S. ANDERSON (nee SCHUSTER)</i>		
Name of Each Unmarried Dependent Child <i>KAITLYN</i>				

CERTIFICATION WITH RESPECT TO SPOUSE/UNMARRIED DEPENDENT CHILD(REN)

If you can complete the following certification by checking the box below and signing and dating where indicated, you **need not** provide information regarding your spouse and/or unmarried dependent child(ren) in response to Questions 1, 2, 3, 5, 7, 8a and 10 of the Financial Disclosure Statement. **However, if you complete this certification, you must still answer every question with regard to yourself.**

To the best of my knowledge, information and belief, my spouse and/or unmarried dependent child(ren) do(es) not have any "financial interest" or "other interest" or other involvement in a "transaction" or with a party thereto that might present a conflict of interest or other breach of ethical standards covered by the Code of Ethics and Financial Disclosure.

Signature *George W. Anderson* Date *4/27/2016*

Note: This certification may not be submitted with respect to a spouse or child(ren) who also work(s) for the Port Authority. You must also complete the certification on the last page of this statement.

ANSWER EACH OF THE FOLLOWING QUESTIONS COMPLETELY, TO THE BEST OF YOUR ABILITY. READ ALL INSTRUCTIONS BEFORE ANSWERING THE QUESTIONS. IF YOU HAVE ANY QUESTIONS ABOUT COMPLETING THE FORM, CONTACT THE ATTORNEY DESIGNATED UNDER THE CODE OF ETHICS AND FINANCIAL DISCLOSURE.

1. INCOME

List the nature (specific identity) and source (how acquired) of any income in EXCESS of \$1,000 from EACH SOURCE for you and your spouse (i) which was received during the reporting period; or (ii) which you know you or your spouse are entitled to receive in a future year. DO NOT include Port Authority salary or other Port Authority-derived sources.

See instructions on page vi.

NONE

NATURE	SOURCE	SELF	SPOUSE
PENSION	NYC POLICE PENSION FUND	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PENSION VSF	NYC POLICE PENSION FUND	<input checked="" type="checkbox"/>	<input type="checkbox"/>
INTEREST INCOME	MORGAN STANLEY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SALARY	ALLIED BARTON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SIP PROCEEDS	ALLIED BARTON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
INTEREST DIVIDEND INCOME	NYC DEFERRED COMP PLAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REALIZED CAP GAINS	SALE OF DAVIDEN STOCK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REALIZED CAP GAINS	SALE OF 1 SHARES MORGANSTAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. FINANCIAL INTERESTS

(CONTINUED)

List the nature (specific identity) and source (how acquired) of any financial interest in EXCESS of \$1,000 (i) currently held; or (ii) acquired and disposed of during the reporting period, by you, your spouse and each unmarried dependent child.

See instructions on page vii.

NONE

NATURE	SOURCE	SELF	SPOUSE	CHILD
SAVINGS	CITIBANK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHECKING	CITIBANK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHECKING	CITIBANK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHECKING	CITIBANK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINGLE FAMILY HOME MANORDE NY 100% OWNED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUG 1988 4 BDRM - PURCH. W/ MORTGAGE - PAID OFF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VACATION CONDO MESA AZ AUG 2000 2 BDRM 50% OWNED - PURCHASED W/ MORTGAGE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(CONTINUED)

3. TANGIBLE PERSONAL PROPERTY

List the nature (specific identity) and source (how acquired) of each item of tangible personal property with a value in EXCESS of \$10,000 currently held by you, your spouse and each unmarried dependent child.

See instructions on page viii.

NONE

NATURE	SOURCE	SELF	SPOUSE	CHILD
		<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"/>	<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. BLIND TRUSTS

If you are the beneficiary of a "blind trust" in excess of \$1,000 in value, list the name and address of the trustee for each such trust.

See instructions on page viii.

NONE

NAME/ADDRESS OF TRUSTEE:

5. GIFTS

List separately, for you, your spouse and each unmarried dependent child, respectively, each source of gifts received during the reporting period, when such gift or gifts in the aggregate (when received from the same donor) is/are in EXCESS of \$1,000, EXCLUDING gifts from relatives.

INCLUDE the name and address of the donor, and the nature of each such gift.

See instructions on page viii.

NONE

NAME/ADDRESS OF DONOR	NATURE OF GIFT	SOURCE OF GIFT	SELF	SPOUSE	CHILD
			<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"/>	<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"/>	<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. REIMBURSEMENTS

Identify and briefly describe the source of any reimbursements for, or any assumptions of the cost of, travel-related expenses, when either individually or in the aggregate (when from the same source) such reimbursement(s) or assumption(s) is/are in EXCESS of \$1,000. For purposes of this item, the term "reimbursements" shall mean any travel-related expense provided by non-governmental sources related to your official duties, received or incurred by you during the reporting period. DO NOT include any reimbursement made directly to the Port Authority.

See instructions on page viii.

NONE

SOURCE	DESCRIPTION

7. DEBTS AND LIABILITIES

List all existing debts and liabilities of yours, your spouse and each unmarried dependent child, which are each separately in EXCESS of \$5,000. Include the name and location of the creditor (and guarantor, if applicable), and any collateral pledged to secure payment of any such debt or liability.

See instructions on page viii.

NONE

TYPE OF LIABILITY AND COLLATERAL, IF ANY	NAME/LOCATION OF CREDITOR OR GUARANTOR	SELF	SPOUSE	CHILD
VACATION CONDO MORTGAGE	BANK OF AMERICA, MESA, AZ	<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"/>	<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"/>	<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"/>

8. BUSINESS INTERESTS

a. List any position held during the reporting period by (1) you; (2) your spouse; or (3) each unmarried dependent child for whom the filing of a Federal income tax form was required, as (i) officer, director, trustee, partner, manager or otherwise as employee of; or (ii) consultant, agent or representative for, any private business entity formed for profit. Include the name, address, and a description of the business entity involved.

See instructions on page viii.

NONE

POSITION	BUSINESS	SELF	SPOUSE	CHILD
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. BUSINESS INTERESTS (cont'd)

b. With respect to (i) you; and (ii) **relatives**, any of whom are associated with any private business entity formed for profit, if it is known that the entity has done, is doing, or intends to do business with the Port Authority or its subsidiaries, list the name, address and a description of the business involved. **(This question must be answered regardless of any certification made with regard to your spouse or unmarried dependent child(ren)).**

See instructions on page viii.

NONE

POSITION	BUSINESS	BUSINESS WITH PORT AUTHORITY OR SUBSIDIARY	BUSINESS WITH PORT AUTHORITY	
			SELF	RELATIVE
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

9. AGREEMENTS FOR FUTURE EMPLOYMENT

Describe the terms of, and the parties to, any contract, promise or other agreement between you and any person, firm or corporation with respect to employment after leaving Port Authority office or position.

See instructions on page ix.

NONE

PARTIES	TERMS

Q1

NATURE

INDUSTRY - COLLEGE SAVINGS FUND (FOR DAUGHTER'S TUITION)

SOURCE

NYS COLLEGE SAVINGS PROGRAM TRUST

SELF

SPOUSE

X

Q2 (CONTINUED ON REVERSE)

PURCHASE

- ALLETE INC
- APPLE
- AT&T
- BANK UNITED
- BRISTOL MERRILL SERVICES
- CARDINAL HEALTH
- CHEVRON
- CITIGROUP
- DANAMER
- DARDEN RESTAURANTS
- DURE ENERGY
- DUNKIN BRANDS
- ELI LILLY
- JP MORGAN CHASE
- KENCO
- KIMBERLY CLARK
- KRAFT FOODS
- KRAFT HEINZ
- LENNAR CORP
- LODGE ABOTT FET RATE F
- LODGE ABOTT ENERGY DURE F
- MARKET VECTORS OILSUC
- MEDTRONIC
- FIN SECT SPDR FD
- UNITED HEALTH
- VANGUARD EUROPE ETF
- VERIZON
- WELLS FARGO
- WILLIAMS CO
- WISDOMTREE EUROPE HEDGED
- WISDOMTREE GLOBAL EQUITY
- ZURICH INS GRP LTDADR

X



X

Q2 (CONTINUED)

<u>NATURE</u>	<u>SOURCE</u>	<u>SELF</u>	<u>SPOUSE</u>
NYSDCP STATIC ALLOCATION FUND	PURCHASE	X	
NYSDCP BOND FUND	PURCHASE	X	
NYSDCP EQUITY INDEX FUND	PURCHASE	X	
NYCDP MIDCAP EQUITY FUND	PURCHASE	X	
NYCDP INTL EQUITY FUND	PURCHASE	X	
NYCDP SMALLCAP EQUITY FUND	PURCHASE	X	