

**LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005**

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. An original signature is required on page 4; a facsimile, photocopy or stamp signature is not acceptable. Questions should be directed to Legislative Counsel at (609) 292-4625. The completed disclosure form is due May 15, 2006 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.

SEAN KEAN  
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 2005. For each entry, check  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 and fees.)

	Name	Address	Circle Amount				Self	Spouse	Child
			Code						
1)	STATE OF NJ	TRENTON	1	2	③	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	ESCONDON, Fernicola	414 Corlies Ave	1	2	3	④	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	KEAN	Allenhurst NJ 07711	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)			1	2	3	4	<input 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	Circle Amount				Self	Spouse	Child	
			Code							
1)				1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)			1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)			1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)			1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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No. 2937 P. 2

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	Circle Amount Code	Self	Spouse	Child
1) <u>Smith Barney</u>	<u>140 58<sup>th</sup> St. Brooklyn</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	<u>NY 11220</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>PNC BANK</u>	<u>BOX 535 230 P. H. BURGHE</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	<u>PA 15253-5230</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>N/A</u>	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	1 2 3 4	<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	Circle Amount Code	Self	Spouse
1) <u>N/A</u>	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	1 2 3 4	<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 circle whether the source is a profit (P), nonprofit (N), or governmental (G) entity.**

Name & Nature of Reimbursement or Prepaid Expense	Address	Circle Amount Code	Self	Spouse	Child	Circle P, N or G
1) <u>NJ Chamber of Commerce</u>	<u>W. STATE ST Trenton</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P <input checked="" type="checkbox"/> N G
2) <u>(WASHINGTON TRIP)</u>	<u>NJ 08608</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3) <u>Election Fund Assembly</u>	<u>PO BOX 605</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4) <u>SEAN KEAN - various election related personal reimbursements.</u>	<u>Belmar NJ 07719</u>	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P <input checked="" type="checkbox"/> N G

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V. GIFTS: List the name, address, nature and amount for each source of gift in excess of \$250.

Name & Nature of Gift	Address	Circle Amount Code	Self	Spouse	Child
1) <u>N/A</u>		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	1 2 3 4	<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	Circle Amount Code	Self	Spouse
1) <u>New Century Mortgage</u>	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>99 Cherry Hill Rd</u>	<u>Parsippany NJ 07054</u>	1 2 3 ④	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>Direct Loans</u>	<u>US DEPT OF EDUCATION</u> <u>PO BOX 7202 UTICA NY 13504-7202</u>	1 2 3 ④	<input checked="" 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	Circle Amount Code	Self	Spouse
1) <u>N/A</u>	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>

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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.

Name	Address	Self	Spouse
1) <u>NOAH'S KINGDOM Partnership</u>	<u>1604 RT 35 OAKhurst</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) _____	<u>NJ - 07755</u>	<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) <u>see attached</u>	_____	<input checked="" 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) <u>220 CLUB DR Wall</u>	<u>home residence</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>Township</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	<input type="checkbox"/>	<input 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.

5/15/06  
Date

Sean Kean  
Signature of Member (must be an ORIGINAL signature, not a facsimile, stamp or photocopy)

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Sean T. Kean - Financial Disclosure Form 2005

IX Offices, Trusteeships, OR Directorships:

All positions are held by Self:

Prevention First – Leadership Cabinet  
1405 Highway 35  
Ocean, NJ 07712

SCAN Learning Center – Board of Directors  
Monmouth Mall  
Routes 35 & 36  
Eatontown, NJ 07724

Jersey Shore Performing Arts Center – Honorary Director  
92 Lawrence Avenue  
Ocean Grove, NJ 07756

Asbury Park Salvation Army – Board of Directors  
PO Box 527  
Asbury Park, NJ 07712

Brookdale College Irish Heritage Series  
Advisory Council - Brookdale College  
Lincroft nj

Monmouth County Historical Association  
Community Advisory Bd  
70 Court St Freehold NJ 07728