

# LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

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, 2007 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.

JEAN T. 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 2006. 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 Code	Self	Spouse	Child
1)	<u>STATE OF NJ</u>	<u>Trenton NJ</u>	1 2 <b>(3)</b> 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>Escandon Fernicola</u>	<u>414 Corties Ave</u>	1 2 3 <b>(4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>KEAN</u>	<u>Allenhurst NJ</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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

	Property Address	Tenant Name	Circle Amount Code	Self	Spouse	Child
1)	<u>DEAL Condominiums</u>	<u>Sean McKeown</u>	<b>(1)</b> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>1 Roseld Ave Deal NJ</u>		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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**B. DIVIDENDS**

Name	Address	Circle Amount Code	Self	Spouse	Child
1) PNC BANK	6 <sup>th</sup> Ave 1/2 Main St	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	AP NJ	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Smith Barney	140 58 <sup>th</sup> St Brooklyn	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	NY, NY	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) n/a		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	Child
1) n/a		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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**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) Election Fund ASM SEAN KEAR	see attached	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N ①G
2)		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3) Public STRATEGIES IMPACT	see attached	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	①P N G
4) RJ Reynolds	see attached	① 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	①P N G

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.

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	2	3	4			
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	2	3	4		
1)	<u>Freemont Investment Loan</u>	<u>3110 EAST Guasti Rd</u>	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	<u>(loan on 1 Roseld Ave Deal)</u>	<u>ONTARIO, CA 91761</u>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
3)	<u>New Century Mortgage</u>	<u>1610 E ST Andrew STE</u>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
4)	<u>LOAN ON 220 CLUB DR</u> <u>WALL</u>	<u>B-150 SANTA ANA CA</u> <u>92705</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	2	3	4		
1)			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>Escandon Ferricola Kean</u>	<u>414 Corlies Ave Allenhurst NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>Noah's Kingdom Partnership</u>	<u>1800 Rt 34 N Suite</u>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	<u>401 Wall, NJ 07719</u>	<input checked="" 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.

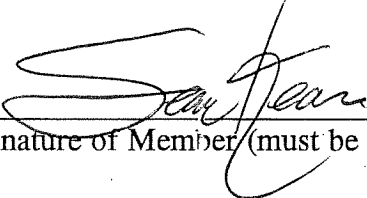
Position Held	Name & Address of Entity	Self	Spouse
1) <u>see attached</u>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	<input type="checkbox"/>	<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 Drive Wall, NJ</u>	<u>home residence</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>1 Roseld Ave Deal NJ</u>	<u>investment</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>Unit B-7</u>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above information is correct and complete to the best of my knowledge.

5/4/07  
Date

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

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Sean Kean

IV Reimbursements or Prepaid Expenses for Travel, Lodging or Subsistence:

1. Election Fund of Assemblyman Sean Kean. PO Box 605 Belmar, NJ. Lora Campbell Esq Treasurer. The following were reimbursed to Sean Kean for campaign related expenses. In total, these reimbursements are less than \$10,000. The specifics of each campaign expense are included in the campaign quarterly filings with NJ ELEC.

- 2/10/06- campaign expense
- 2/25/06- campaign expense
- 4/6/06- campaign expense
- 5/30/06- campaign expense
- 6/19/06- campaign expense
- 10/9/06- campaign expense
- 11/27/06- campaign expense
- 11/27/06- campaign expense

2. Public Strategies Impact, 414 Riverview Plaza, Trenton NJ. Sean Kean reimbursed this entity \$95 for sporting event ticket on 12/17/06.

3. RJ Reynolds Tobacco Co. 401 North Main Street, Winston-Salem, NC 27102. Sean Kean reimbursed this entity \$46.74 for a meal on 6/21/06.

Sean Kean

IX Offices, Trusteeships, or Directorships:

Member of Advisory Council, Brookdale Community College Irish Heritage Series, Brookdale College, Lincroft NJ

Advisory Board Member, Asbury Park Corps of The Salvation Army, Asbury Park, NJ

Leadership Cabinet Member, Prevention First, RT 35, Ocean Township, NJ

Member of the Board of Directors, SCAN Learning Center, Eatontown, NJ

Honorary Director, Jersey Shore Performing Arts Center, Rt 71, Neptune Township, NJ

Community Advisory Board Member, Monmouth County Historical Association

Honorary Trustee, Township of Ocean Historical Museum, Deal Rd, Ocean Township, NJ

Advisory Board, The Shore Institute of the Contemporary Arts, 20 3<sup>rd</sup> Ave, Long Branch, NJ