

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

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, 2008 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 [X] General Assembly

Provide the following information for yourself, your spouse and minor children (unless otherwise indicated) for calendar year 2007. For each entry, check [X] 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.)

Table with columns: Name, Address, Circle Amount Code, Self, Spouse, Child. Rows include STATE of NJ, Escandon Fernicola, and Sean Kean.

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 with columns: Property Address, Tenant Name, Circle Amount Code, Self, Spouse, Child. Rows include 6 Webb Ave, Ocean Grove NJ, 1 Roseid Ave, and Deal NJ.

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>PNC BANK</u> | <u>PO 535238 Pittsburgh PA</u> | <input checked="" type="radio"/> 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) <u>WACHOVIA BANK</u> | <u>PO 40031 ROANOKE VA</u> | <input checked="" type="radio"/> 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) <u>SMITH BARNEY</u> | <u>388 GREENWICH NY</u> | <input checked="" type="radio"/> 2 3 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) _____ | _____ | 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>none</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>none</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>See Attached</u> | _____ | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P N G |
| 2) _____ | _____ | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P N G |
| 3) _____ | _____ | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P N G |
| 4) _____ | _____ | 1 2 3 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P 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 to you, your spouse or minor child from a named donor connected to the legislative process.

| | Name & Nature of Gift | Address | Circle Amount Code | | | | Self | Spouse | Child |
|----|-----------------------|---------|--------------------|---|---|---|--------------------------|--------------------------|--------------------------|
| | | | 1 | 2 | 3 | 4 | | | |
| 1) | <u>none</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>see attached</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"/> |

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) | <u>none</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"/> |

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>1850 Rt 34 N Suite</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) _____ | <u>401 Wall NJ</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) <u>Escandon Fernicola Keau</u> | <u>414 Corlies Ave</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4) _____ | <u>Allenhurst NJ</u> | <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.

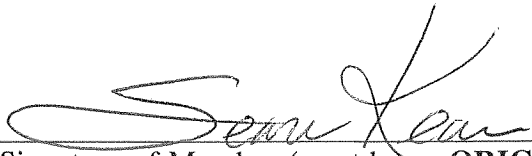
| Position Held | Name & Address of Entity | Self | Spouse |
|------------------------|--------------------------|--------------------------|--------------------------|
| 1) <u>See Attached</u> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) _____ | _____ | <input type="checkbox"/> | <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 NJ</u> | <u>home</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) <u>6 WEBB AVE Ocean Grove NJ</u> | <u>rental</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) <u>1 Roseld Ave Deal NJ</u> | <u>rental</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. 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.

5/13/08
Date


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

2007

Reimbursements or Prepaid Expenses for Travel, Lodging or Subsistence:

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 were less than \$10,000. The specifics of each expense are included in the campaign quarterly filings with NJ ELEC.

| | |
|------------------------------|----------|
| -3/12/07 – campaign expense | \$277.09 |
| - 4/10/07 – campaign expense | \$55.06 |
| - 4/10/07 – campaign expense | \$26.72 |
| - 4/10/07 – campaign expense | \$198.71 |
| - 4/24/07 – campaign expense | \$65.00 |
| -5/26/07 – campaign expense | \$92.23 |
| -8/22/07 – campaign expense | \$42.10 |
| -9/7/07 – campaign expense | \$183.93 |
| -11/22/07 – campaign expense | \$25 |
| -12/1/07 – campaign expense | \$69.57 |

-2/25/07 – reimburse Anheiser Busch Companies
1401 I Street NW Washington DC 20005 / \$46.42
for dinner during Chamber of Commerce Trip

2007

LIABILITIES: Below are listed the name and address of each of Sean Kean's creditors.
Each creditor is owed \$50,000.00 or more:

1. Direct Loans, US Department of Education, PO Box 7202 Utica, NY 13504-7202
(student loans)
2. America's Servicing Co., PO Box 10388 Des Moines, IA 50306-0388 (loan on 1
Roseld Avenue)
3. Carrington Mortgage Services, 1610 E. St Andrew STE B-150 Santa Ana CA
92705 (loan on 220 Club Drive)
4. Chase Home Finance LLC 3415 Vision Drive Columbus OH 43219 (loan on 6
Webb Avenue)

2007

In 2007 Sean Kean held the following OFFICES, TRUSTEESHIPS, DIRECTORSHIPS:

Prevention First
1405 Hwy 25
Ocean, NJ 07712

Monmouth County Historical Association
70 Court St
Freehold, NJ 07728

Salvation Army, Asbury Park Corps
605 Asbury Ave
Asbury Park, NJ 07712

SCAN Learning Center
Monmouth Mall
Routes 36 & 36
Eatontown, NJ 07724

Jersey Shore Arts Center
Main St and Main Ave
Ocean Grove, NJ 07756

Eden Wooley House
163 Monmouth Rd
Oakhurst, NJ 07755

Shore Institute of the Contemporary Arts
20 Third Avenue
Long Branch, NJ 07740