

# LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2010

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, 2011 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 2010. Please note that a minor child is a child under the age of 18. 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 of Employer	Address of Employer	Circle Amount Code	Self	Spouse	Child
1) <u>CAMPBELL FOLEY LAW FIRM</u>	<u>601 BANGS AVE ASBURY PARK</u>	1 2 3 <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>Tinton FALLS BOROUGH</u>	<u>556 Tinton AVE TF</u>	1 2 <u>3</u> 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>HOWELL TOWNSHIP</u>	<u>251 Preventorium Rd</u>	1 2 <u>3</u> 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>UNION BEACH Borough</u>	<u>600 POOLE AVE</u>	<u>1</u> 2 3 4	<input checked="" 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 Code	Self	Spouse	Child
1) <u>6 WEBB AVE, NEPTUNE NJ</u>	<u>LAURA LAYTON</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>301 MAIN ST ALLENHURST NJ</u>	<u>- MULTIPLE COMMERCIAL</u>	1 <u>2</u> 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	<u>tenants</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	<u>SK 5/12/11</u>	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SEAN T. KEAN  
PRINT NAME

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Provide the following information for yourself, your spouse and minor children (unless otherwise indicated) for calendar year 2010. Please note that a minor child is a child under the age of 18. 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 of Employer	Address of Employer	Circle Amount Code	Recipient		
				Self	Spouse	Child
1)	STATE of NJ	STATEHOUSE Trenton	1 2 (3) 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Asbury PARK Bd of Ed	ASBURY PARK	1 2 (3) 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	LONG BRANCH Bd of Ed	LONG BRANCH	1 2 (3) 4	<input type="checkbox"/>	<input checked="" 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 Code	Self	Spouse	Child
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"/>

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>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"/>

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

Name	Address	Circle Amount Code	Self	Spouse	Child
1) <u>PNC BANK</u>	<u>MAIN ST AVON NJ</u>	<u>1</u> 2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>WELLS FARGO</u>	<u>1600 Hwy 35 Ocean NJ</u>	<u>1</u> 2 3 4	<input type="checkbox"/>	<input checked="" 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) <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"/>

**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>Election Fund</u>	<u>PO BOX 605 BELMAR NJ</u>	2 3 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2) <u>SEAN KEAN -</u>	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3) <u>CAMPAIGN</u>	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4) <u>EXPENSES</u>	_____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G

JEAN KEAN

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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>CHASE BANK - Home Mortgage</u>	<u>BOX 78420 Phoenix AZ</u>	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>CHASE BANK - rental Mortgage</u>	<u>Box 78420 Phoenix AZ</u>	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>VERTIGO GROUP LLC - rental mortgage</u>	<u>201 MAIN ST ALLENBURST NJ</u>	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>BANK of AMERICA - Home MORTGAGE</u>	<u>BOX 5170 SIMI VALLEY CA</u>	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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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>KILDOR LLC*</u>	<u>1015 NEW BRUNSWICK AVE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) _____	<u>WALL TWP NJ</u>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>* KILDOR LLC OWNS 10%</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>OF 301 MAIN LLC</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.

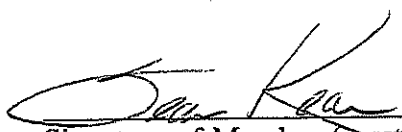
Position Held	Name & Address of Entity	Self	Spouse
1) <u>NJ Education ASSOC</u>	<u>Trenton NJ</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) <u>Mt. - Ocean Dev COUNCIL</u>	<u>4814 OUTLOOK DR WALL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) <u>COUNCIL STATE GOVERNMENTS</u>	<u>2760 Research PK LEXINGTON KY</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) <u>MUMMOUTH CO BAR ASSOC</u>	<u>Court House Freehold NJ</u>	<input checked="" 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) <u>1015 NEW BRUNSWICK AVE WALL</u>	<u>Home</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>6 WEBB AVE NEPTUNE NJ</u>	<u>RENTAL</u>	<input checked="" type="checkbox"/>	<input checked="" 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. 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.

4/15/11  
Date

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

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)	_____	_____	<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"/>

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>NJ Municipal Prosecutor Assoc.</u>	<u>1245 White Horse Rd</u> <u>HAMILTON NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	<u>REPUBLICANS FOR ENVIRONMENTAL PROTECTION</u>	<u>971 So. Centerville Rd</u> <u>STURGIS MI</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

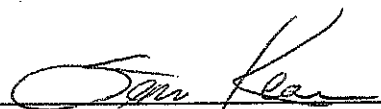
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

	Property Address	Description of Property	Self	Spouse	Child
1)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	_____	_____	<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"/>

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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.

4/15/11  
Date

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