

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2004

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, 2005 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.

Thomas H. Kean, Jr.
 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 2004. 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)	State of New Jersey	P.O. BOX 207	1 2 ③ 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)		Trenton, NJ 08625	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"/>

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)	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"/>

OFFICE OF LEGISLATIVE SERVICES

MAY 18 10:06

NO. 91187 P. 4/12
 KEAN MUNOZ BRANNICK WESTFIELD
 MAY 10 2005 2:30PM

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)	See Attached Schedule	_____	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)	See Attached Schedule	_____	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)	N/A	_____	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)	N/A	_____	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

No. 9187 P. 6/12
 KEAN MUNOZ BRAMNICK WESTFIELD
 MAY 10 2:51 PM

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 SERVICE OF PROCESS

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)	_____	_____	1	2	3	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)	_____	_____	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 and Nature of Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	N/A	_____	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 and Nature of Forgiven Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	N/A	_____	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"/>

MAY 10 2008 2:31 PM
 NEAN MUNOZ BRAUNICK WESTFIELD
 NO. 3107
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2005 MAY 18 A 10:00
 DIVISION OF
 LEGISLATIVE
 SERVICES

NO. 31071

NEAN MUNUZ BRAVINICK WESTFIELD

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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)	N/A		<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 and Address of Entity	Self	Spouse
1)	N/A		<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"/>

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LEGISLATIVE SERVICES

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)	N/A		<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"/>

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

5/13/05

Date

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

Thomas H. Kean, Jr.
For New Jersey Senate

II. Unearned Income

	<u>Amount</u>			
	<u>Code</u>	<u>Self</u>	<u>Spouse</u>	<u>Child</u>
Dividends - Publicly Traded Securities				
1.) Altria Group, Inc.	1	x		
2.) American International Group	1	x	x	
3.) Archstone-Smith TR	1	x	x	
4.) Burlington Resources, Inc.	1	x	x	
5.) Circuit City Stores Inc.	1	x		
6.) Exxon Mobil Corp.	1	x		
7.) Federal National Mortgage Assoc.	1	x	x	
8.) General Electric Co	1	x	x	
9.) Heartland Express, Inc	1	x	x	
10.) Hewlett Packard Co	1	x		
11.) Illinois Tool Works Inc	1	x		
12.) Intel Corp	1	x	x	
13.) Johnson & Johnson	1	x	x	
14.) Merck & Co, Inc.	1	x	x	
15.) Nui Corp	1	x		
16.) Nucor Corp	1	x	x	
17.) Unitedhealth Group, Inc	1	x	x	
18.) Wachovia Corp.	1	x	x	
19.) Alcoa, Inc.	1		x	
20.) Chubb Corp.	1		x	
21.) Colgate Palmolive Co	1		x	
22.) IBM	1		x	
23.) Sara Lee Corp	1		x	
24.) Schlumberger LTD	1		x	
25.) 3M CO	1		x	
26.) BP PLC- Sponsored ADR	1	x	x	
27.) Nestle SA Sponsored	1	x		
28.) Rio Tinto PLC ADR	1		x	
Other Income				
Income From Partnerships, Trusts & Estates				
1.) Elizabeth S.Kean Trust u/w FBO 22 Grandchildren c/o Fiduciary Trust Company International 600 5th Avenue New York, NY 10020	1	x		
2.) Robert W. Kean Trust w/a 3/14/61 FBO Thomas H. Kean Jr. c/o Fiduciary Trust Company International 600 5th Avenue New York, NY 10020	2	x		
3.) Kean Family Partnership, L.P. P.O. Box 332 Far Hills, NJ 079131	2	x		

Thomas H. Kean, Jr.
For New Jersey Senate

	<u>Amount</u>	<u>Self</u>	<u>Spouse</u>	<u>Child</u>
	<u>Code</u>			
Gain on Sale of Investments				
1.) 300 Shares - Altria Group, Inc	2	x		
2.) 200 Shares - American Intl Group, Inc	2	x		
3.) 120 Shares - Genl Communications Inc CL A	1	x		
4.) 40 Shares - Genl Communications Inc CL B	1	x		
5.) 3400 Shares - Heartland Express, Inc.	4	x		
6.) 271 Shares - Johnson & Johnson	2	x		
7.) 600 Shares - Burlington Resources, Inc.	2	x		
8.) 909 Shares - NUI Corp.	2	x		
9.) 500 Shares - Nucor Corp.	3	x		
10.) .35 Shares - Liberty Media Intl Inc - A	1		x	