

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.

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 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 Code				Self	Spouse	Child
			1	2	3	4			
1)	State of New Jersey	P.O. Box 207	1	2	<input checked="" type="checkbox"/> 3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2)	_____	Trenton, New Jersey 08625	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"/>	

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	2	3	4			
1)	Not Applicable	_____					<input type="checkbox"/>	<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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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) Not Applicable		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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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) Not Applicable		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 in excess of \$250.

	Name & Nature of Gift	Address	Circle Amount				Self	Spouse	Child
			Code						
1)	Not Applicable		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				Self	Spouse
			Code					
1)	HSBC	Suite 0241, Buffalo, NY 14270-0241	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	Wells Fargo	P.O. Box 17339, Baltimore, MD 21297-1339	1	2	3	4	<input checked="" type="checkbox"/>	<input checked="" 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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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				Self	Spouse
			Code					
1)	Not Applicable		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) Not Applicable		<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) Vice President/Trustee	Kean Foundation, Far Hills, New Jersey	<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"/>

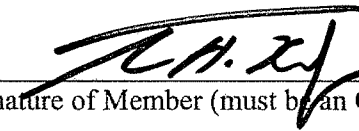
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

Property Address	Description of Property	Self	Spouse	Child
1) 405 Harrison Avenue, Westfield, NJ 07090	Primary Residence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) 215 Linden Avenue, Westfield, NJ 07090	Secondary Residence	<input checked="" type="checkbox"/>	<input checked="" 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.

X 5/12/06
Date

X 
 Signature of Member (must be an ORIGINAL signature, not a facsimile, stamp or photocopy)
 Thomas H. Kean, Jr.

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II. Unearned Income

Amount
Code Self Spouse Child

Dividends

Through Investors Bank & Trust Company

Altria Group, Inc	1	x		
American International Group	1	x		
Archstone Smith TR	1	x		
Burlington Resources, Inc.	1	x		
Circuit City Stores, Inc.	1	x		
Exxon Mobil Corp.	1	x		
Federal National Mortgage Assoc.	1	x		
General Electric Co.	1	x		
Heartland Express, Inc.	1	x		
Hewlett Packard Co.	1	x		
Illinois Tool Works, Inc.	1	x		
Intel Corp.	1	x		
Johnson & Johnson	1	x		
Merck & Co., Inc.	1	x		
Nucor Corp.	1	x		
Time Warner, Inc.	1	x		
United Health Group, Inc.	1	x		
Wachovia Corp.	1	x		
Nestle SA Sponsored ADR	1	x		
BP PLC Sponsored ADR	1	x		
Alcoa, Inc.	1		x	
American International Group	1		x	
Archstone Smith TR	1		x	
Burlington Resources, Inc.	1		x	
Chubb Corp.	1		x	
Colgate Palmolive Co.	1		x	
Federal National Mortgage Assoc.	1		x	
General Electric Co.	1		x	
Heartland Express, Inc.	1		x	
Intel Corp.	1		x	
IBM Corp.	1		x	
Johnson & Johnson	1		x	
Merck & Co., Inc.	1		x	
Nucor Corp.	1		x	
Sara Lee Corp.	1		x	
Schlumberger, Ltd.	1		x	
3M Co.	1		x	
Time Warner, Inc.	1		x	
Todco-A	1		x	
United Health Group, Inc.	1		x	
Wachovia Corp.	1		x	
BP PLC Sponsored ADR	1		x	
Rio Tinto PLC ADR	1		x	

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II. Unearned Income (continued)

	<u>Amount</u>	<u>Self</u>	<u>Spouse</u>	<u>Child</u>
	<u>Code</u>			

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 u/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 07931	2	x		
4. Elizabeth W. Kean 1999 Trust Thomas H. Kean, Jr. and Rhonda L. Kean, Trustees c/o Rothstein, Kass 4 Becker Farm Road Roseland, NJ 07068	1			x
5. Trust FBO Meredith Kean Thomas H. Kean, Jr. and Rhonda L. Kean, Trustees c/o Rothstein, Kass 4 Becker Farm Road Roseland, NJ 07068	1			x

Proceeds from the Sale of Investments

0.700 shares -- Discovery Hldg Co., CL A Com	1	x		
600 shares -- Altria Group, Inc.	3	x		
1,200 shares -- Circuit City Stores	2	x		
1,000 shares Flextronics Int'l, Ltd.	2	x		
0.098 shares -- Discovery Hldg. Co., CL A Com	1	x		