

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.

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 2007. 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>None other than legislative salary</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"/>

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>Not Applicable</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"/>

OFFICE OF
LEGISLATIVE
SERVICES

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"/>

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 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)	Not Applicable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)	HSBC Home Mortgage	Suite 0241, Buffalo, NY 14270-0241	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2)	Wells Fargo Home Mortgage	P.O.Box 17339, Baltimore, MD 21297	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)	Not Applicable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LEGISLATIVE SERVICES

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, NJ	<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) 215 Linden Avenue, Westfield, NJ	Primary residence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) 405 Harrison Avenue, Westfield, NJ	Secondary residence. Sold Aug. 2007	<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"/>

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.

May 13, 2008
Date


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

Thomas H. Kean, Jr.
 For New Jersey Senate
 Calendar Year 2007

<u>II. Unearned Income</u>	<u>Amount</u>			
	<u>Code</u>	<u>Self</u>	<u>Spouse</u>	<u>Child</u>
<i>B. Dividends</i>				
<i>From Steeple View Fund</i>	1	x		x
<i>Through State Street Bank & Trust Company</i>				
Altria Group, Inc	1	x		
American International Group	1	x		
Archstone Smith TR	1	x		
Circuit City Stores, Inc.	1	x		
ConocoPhillips	1	x		
Exxon Mobil Corp.	1	x		
Fannie Mae	1	x		
General Electric Co.	1	x		
Heartland Express, Inc.	2	x		
Hewlett Packard Co.	1	x		
Illinois Tool Works, Inc.	1	x		
Intel Corp.	1	x		
Johnson & Johnson	1	x		
Kraft Food Inc-A	1	x		
Merck & Co., Inc.	1	x		
Nucor Corp.	2	x		
Time Warner, Inc.	1	x		
United Health Group, Inc.	1	x		
Wachovia Corp.	1	x		
BP Amoco PLC-Sponsored ADR	1	x		
Nestle SA Sponsored ADR	1	x		
Alcoa, Inc.	1		x	
American International Group	1		x	
Archstone Smith TR	1		x	
Chubb Corp.	1		x	
Colgate Palmolive Co.	1		x	
ConocoPhillips	1		x	
Fannie Mae	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	
3M Co.	1		x	
Time Warner, Inc.	1		x	
United Health Group, Inc.	1		x	
Wachovia Corp.	1		x	
BP Amoco PLC Sponsored ADR	1		x	
Rio Tinto PLC ADR	1		x	
Encana Corp	1		x	

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 STATE OF NEW JERSEY
 DEPARTMENT OF TREASURY
 TAX DIVISION

Thomas H. Kean, Jr.
 For New Jersey Senate
 Calendar Year 2007

<u>II. Unearned Income (continued)</u>		Amount	Self	Spouse	Child
		<u>Code</u>			
<i>C. Other Income</i>					
<i>Income From, Investments, Partnerships, Trusts & Estates</i>					
1.	Cambridge Trust Company 1336 Massachusetts Avenue Cambridge, MA 02138	1	x	x	
2.	Internal Revenue Services	1	x	x	
3.	Elizabeth S. Kean Trust u/w FBO 22 Grandchildren c/o Fiduciary Trust Company International 600 5th Avenue New York, NY 10020	1	x		
4.	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		
5.	Kean Family Partnership, L.P. P.O. Box 332 Far Hills, NJ 07931	2	x		
6.	DMD Ltd., LP 59E Main Street Holmdel, NJ 07733	1	x		
7.	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
8.	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

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 STATE OF NEW JERSEY
 DEPARTMENT OF TREASURY
 TAX DIVISION

Thomas H. Kean, Jr.
 For New Jersey Senate
 Calendar Year 2007

II. Unearned Income (continued)

C. Other Income (continued)

Proceeds from the Sale of Investments

	Amount			
	<u>Code</u>	<u>Self</u>	<u>Spouse</u>	<u>Child</u>
500 shares Altria Group, Inc.	3	x		
1,500 shares American International Group Inc	4	x		
2,107 shares Archstone-Smith TR	4	x		
300 shares Carmax Inc	2	x		
800 shares Circuit City Stores Inc	1	x		
400 shares Conocophillips	3	x		
800 shares General Electric Co	3	x		
2,500 shares Heartland Express Inc	3	x		
1,000 shares Hewlett - Packard Co	3	x		
1,000 shares Illinois Tools Works	4	x		
500 shares Jacobs Engineering	3	x		
800 shares Johnson & Johnson	4	x		
0.036 shares Kraft Food Inc-A	1	x		
550 shares Merck & Co Inc	3	x		
3,000 shares Nucor Corp	4	x		
600 shares Unitedhealth Group Inc.	3	x		
1,000 shares Transocean Inc	3	x		
293 shsres Archstone-Smith TR	2		x	
0.16 shares Hercules Offshore Inc.	1		x	

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 STATE OF NEW JERSEY
 DEPARTMENT OF TREASURY
 TAX DIVISION
 100 N. MONTGOMERY ST.
 PHILADELPHIA, PA 19106