

**LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2012**

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) 847-3901. The completed disclosure form is due May 15, 2013 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 2012. Please note that a minor child is a child under the age of 18. For each entry, mark 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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	STATE OF NEW JERSEY	PO BOX 99, TRENTON, NEW JERSEY 08625	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
3)	_____	_____	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
5)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	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"/>	<input type="checkbox"/>
2)	_____	_____	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	STATE STREET BANK & TRUST CO.	PUBLICLY TRADED SECURITIES - SEE ATTACHED SCHEDULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2)	THE BEEHIVE FUND	P.O.BOX 588, PORTLAND, ME 04112	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

	Name	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	STATE STREET BANK & TRUST CO.	PUBLICLY TRADED SECURITIES - SEE ATTACHED SCHEDULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2)	THE BEEHIVE FUND	P.O.BOX 588, PORTLAND, ME 04112	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	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"/>	

**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 indicate whether source is a profit (P), nonprofit (N), or governmental (G) entity.

	Name & Nature of Reimbursement or Prepaid Expense	Address	Amount Code				Self	Spouse	Child	Check Source			
			1	2	3	4				P	N	G	
1)	RLCC NATIONAL MEETING	1201 F STREET, NW, SUITE 675, WASHINGTON, DC 20004	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	RSLC OPEN HOUSE	1201 F STREET, NW, SUITE 675, WASHINGTON, DC 20004	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	RSLC ANNUAL MEETING	1201 F STREET, NW, SUITE 675, WASHINGTON, DC 20004	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2013 MAY 17 AM 10:43  
 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.

**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	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"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<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	Amount Code				Self	Spouse
			1	2	3	4		
1)	WELLS FARGO HOME MORTGAGE	P.O.BOX 17339, BALTIMORE, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

2013 MAY 17 A 10:43  
 LEGISLATIVE SERVICES

**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	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"/>	<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"/>

**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)	GREENER BY DESIGN LLC	94 CHURCH STREET, STE 301, NEW BRUNSWICK, NJ 08901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	KEAN FAMILY PARTNERSHIP, LP	P.O. BOX 332, FAR HILLS, NJ 07931	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	CLAIMS RECOVERY COMPANY, LLC	5995 SPRINGCREEK ROAD, STE 103, ROCKFORD, IL 61114	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	DMD LTD., LP	59 E MAIN STREET, HOLMDEL, NJ 07733	<input checked="" 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	THE KEAN FOUNDATION INC, FAR HILLS, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	TRUSTEE	NEWARK MUSEUM, 49 WASHINGTON STREET, NEWARK, NJ 07102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	DIRECTOR	COMMUNITY FIRST BANK, 408 ELIZABETH AVENUE, SOMERSET, NJ 08873	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>

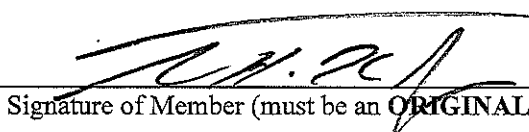
**X. REAL ESTATE:** Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

	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)			<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. 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 15, 2013

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 2012

II. Unearned income	Amount	Self	Spouse	Child
	Code			
<i>B. Dividends</i>				
<i>Through State Street Bank &amp; Trust Company</i>				
<i>(Publicly Traded Securities)</i>				
ALCOA INC	1			X
3 M COMPANY	1			X
ALTERIA GROUP INC	1	X		X
AMGEN INC COM	1			X
CONOCOPHILLIPS	1	X	X	X
EXXON MOBIL CORPORATION	1	X		
GENERAL ELECTRIC CO	1	X	X	X
HEARTLAND EXPRESS INC	1	X	X	X
HEWLETT PACKARD CO COM	1	X		X
ILLINOIS TOOL WORKS	1	X		X
INTEL CORP	1	X	X	X
ISHARES RUSSELL 2000 GROWTH INDEX FD	1			X
ISHARES BARCLAYS 1-3 YR CREDIT BD FD	1	X		
ISHARES CORE TOTAL US BOND MRKT ETF	1	X		
ISHARES TR GS INVESTOP CORP BD	1	X		
VANGUARD SHORT TERM BOND ETF	1	X		
VANGUARD SHORT TERM CORP BOND ETF	1	X		
JOHNSON & JOHNSON COM	1	X	X	X
KRAFT FOODS INC-CL A	1	X		
MERCK & CO INC	1	X	X	X
NESTLE SA SPONSORED ADR REPSTG REG SF	1	X		
TRANSOCEAN LTD	1	X		
NUCOR CORP COM	1	X	X	X
PHILLIP MORRIS INTL INC	1	X		X
PHILLIPS 66-W/I	1	X	X	X
UNITED HEALTH GROUP INC	1	X	X	X
BP AMCO PLC-SPONS ADR	1	X	X	X
GENOVUS ENERGY INC	1		X	X
ENCAVA CORPORATION	1			X
HSEC HLDGS PLC SPONSORED ADR NEW	1			X
ISHARES MSCI EMERGING MKTS INDEX FD	1			X
TEVA PHARMACEUTICAL INDS LTD ADR	1			X
CHUBB CORP COM	1		X	
INTL BUSINESS MACHINES CORP CAP	1		X	
SARA LEE CORP COM	1		X	
RIO TINTO PLC SPONSORED ADR	1		X	
COLGATE-PALMOLIVE COMPANY	1		X	
HILLSHIRE BRANDS CO	1		X	
TIME WARNER INC	1		X	X
TIME WARNER CABLE INC	1		X	X
WELLS FARGO CO	1		X	X

2013 MAY 17 11 11 AM  
 STATE STREET BANK & TRUST COMPANY  
 DIVIDENDS

Thomas H. Kean, Jr.  
 For New Jersey Senate  
 Calendar Year 2012

<u>II. Unearned Income (continued)</u>		<u>Amount</u>	<u>Self</u>	<u>Spouse</u>	<u>Child</u>
		<u>Code</u>			
<b>C. Other Income</b>					
<i>Income From, Investments, Trusts &amp; Estates</i>					
1	Elizabeth S. Kean Trust w/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	1	x		
3	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
4	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

II. Unearned Income (continued)

C. Other Income (continued)

*Proceeds from the Sale of Investments*

		<u>Amount</u>	<u>Self</u>	<u>Spouse</u>	<u>Child</u>
		<u>Code</u>			
	9 SHARES AOL INC	1		x	x
	370 SHARES HEWLETT PACKARD CO COM	3	x		x

LEGISLATIVE SERVICES  
 2012 MAY 14 10:43 AM