

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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | |

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 checked="" 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"/> | |

2014 MAY - 5 A 10:03
 COOPERATIVE SERVICES

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 Leadership Dinner | 1201 F Street, NW, Suite 675, Washington, DC 2004 | <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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | RLCC National Meeting | 1201 F Street, NW, Suite 675, Washington, DC 2004 | <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 type="checkbox"/> | <input checked="" 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"/> | <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"/> | <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.

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"/> |

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"/> |

OFFICE OF
 LEGISLATIVE
 SERVICES
 2014 MAY -5 A 10:03

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, Suite 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"/> |

See page 4A of 4 for Additional Business Organizations

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) | Director | Community First Bank, 408 Elizabeth Ave., Somerset, NJ 08873-5119 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) | Vice President/Trustee | The Kean Foundation Inc., Far Hills, NJ 07931 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) | Trustee | Newark Museum, 49 Washington Street, Newark, NJ 07102 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4) | Managing Member | The Aston Group, 5995 Springcreek Road, Suite 103, Rockford, IL 61114 | <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) | 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 1, 2014
Date


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

RECEIVED
GENERAL
SERVICES

ADDITIONAL BUSINESS ORGANIZATIONS

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 |
|-----|---|---|-------------------------------------|--------------------------|
| 5) | Kahala Partners Limited Liability Company | 4 Becker Farm Road, Suite 102, Roseland, NJ 07068 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 21) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 22) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 23) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 24) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 25) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 26) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 27) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 28) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 29) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 30) | | | <input type="checkbox"/> | <input type="checkbox"/> |

2014 MAY - 5 A 10-03

LEGISLATIVE SERVICES

ADDITIONAL OFFICES, TRUSTEESHIPS, or DIRECTORSHIPS

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 |
|---------------|---|--------------------------|--------------------------|
| 5) Member | Kahala Partners, LLC, 4 Becker Farm Road, Suite 102, Roseland, NJ 07068 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 21) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 22) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 23) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 24) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 25) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 26) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 27) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 28) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 29) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 30) | | <input type="checkbox"/> | <input type="checkbox"/> |

2014 MAY -5 A 10-03

OFFICE OF
LEGISLATIVE
SERVICES

Thomas H. Kean, Jr.
For New Jersey Senate
Calendar Year 2013

II. Unearned Income

Amount

Code Candidate Spouse Child

B. Dividends

Through State Street Bank & Trust Company

| | | | | |
|--|---|---|---|---|
| ALTRIA GROUP INC | 1 | X | | X |
| CONOCOPHILLIPS | 1 | X | X | |
| EXXON MOBIL CORPORATION | 1 | X | | 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 |
| WELLS FARGO CO | 1 | | X | |
| ISHARES 1-3 YR CREDIT BOND ETF | 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 | | X |
| MERCK & CO INC | 1 | X | X | X |
| NESTLE S A 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 | |
| TIME WARNER INC | 1 | | X | X |
| CHUBB CORP COM | 1 | | X | |
| INTL BUSINESS MACHINES CORP CAP | 1 | | X | |
| CENOVUS ENERGY INC | 1 | | X | X |
| RIO TINTO PLC SPONSORED ADR | 1 | | X | |
| COLGATE-PALMOLIVE COMPANY | 1 | | X | |
| HANESBRANDS INC | 1 | | X | |
| HILLSHIRE BRANDS CO | 1 | | X | |
| TIME WARNER CABLE INC | 1 | | X | X |
| TEVA PHARMACEUTICAL INDS LTD ADR | 1 | | | X |
| ALCOA INC. | 1 | | | X |
| AMGEN INC COM | 1 | | | X |
| ISHARES 2000 GROWTH ETF | 1 | | | X |
| MONDELES INTERNATIONAL -W/I | 1 | X | | X |

2014 MAY -5 A 10:03

OFFICE OF
LEGISLATIVE
SERVICES

Thomas H. Kean, Jr.
 For New Jersey Senate
 Calendar Year 2013

| B. Dividends | (Continued) | <u>Candidate</u> | <u>Spouse</u> | <u>Child</u> |
|---------------------|----------------------------------|------------------|---------------|--------------|
| | ENCANA CORPORATION | | | x |
| | ISHARES MSCI EMERGING MKTS ETF | | | x |
| | HSBC HLDGS PLC SPONSORED ADR NEW | | | x |
| | COMMUNITY FIRST BANK/SOMERSET | 1 | x | |
| | 3M COMPANY | 1 | | x |

II. Unearned Income (continued)

C. Other Income

Income From, Investments, Partnerships, Trusts & Estates

| | | <u>Candidate</u> | <u>Spouse</u> | <u>Child</u> |
|----|---|------------------|---------------|--------------|
| 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 | 1 | x | |
| 3. | Elizabeth W. Kean 1999 Trust Thomas H. Kean, Jr. and Rhonda L. Kean Trustees c/o Rothstein Kass 4 Becker Farm Rod 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 Rod Roseland, NJ 07068 | 1 | | x |

II. Unearned Income (continued)

C. Other Income

Proceeds from the Sale of Investments

| | | <u>Candidate</u> | <u>Spouse</u> | <u>Child</u> |
|--|--------------------------------------|------------------|---------------|--------------|
| | 200 TEVA PHARMACEUTICAL INDS LTD ADR | 1 | | x |

2014 MAY -5 A 10: 03

LEGISLATIVE
 SERVICES