



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 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 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"/>	<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"/>

**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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	VARIOUS TRUSTS	SEE ATTACHED SCHEDULE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3)	THE BEEHIVE FUND	P.O. BOX 588, PORTLAND, ME 04112	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4)			<input type="checkbox"/>	<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 LEADERSHIP DINNER	1201 F STREET NW, STE 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	RLCC NATIONAL MEETING	1201 F STREET NW, STE 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 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"/>	<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"/>

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**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"/>	
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"/>	

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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)	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 LIMITED PARTNERS, 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.

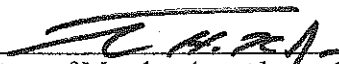
	Position Held	Name & Address of Entity	Self	Spouse
1)	DIRECTOR	COMMUNITY FIRST BANK, 408 ELIZABETH AVE., SOMERSET, NJ 08873	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	VICE PRESIDENT/TRUSTEE	THE KEAN FOUNDATION INC., P.O. BOX 332, FAR HILLS, NJ 07931	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	EXECUTIVE COMMITTEE MEMBER	RLCC, 1201 F STREET NW, STE 675, WASHINGTON, DC 20004	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	TRUSTEE	NEWARK MUSEUM, 49 WASHINGTON ST, NEWARK, NJ 07102	<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 6, 2005  
Date

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

**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 LLC	4 BECKER FARM ROAD, SUITE 102, ROSELAND, NJ 07068	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6)	ASTON GROUP, LLC	5995 SPRING CREEK RD, ROCKFORD, IL 61114	<input checked="" 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"/>

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Thomas H. Kean, Jr.  
 For New Jersey Senate  
 Calendar Year 2014

**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	X
EXXON MOBIL CORPORATION	1	X		X
GENERAL ELECTRIC CO	1	X	X	X
HEARTLAND EXPRESS INC	1	X	X	X
ILLINOIS TOOL WORKS	1	X		X
INTEL CORP	1	X	X	X
WELLS FARGO CO	1		X	X
ISHARES 1-3 YR CREDIT BOND ETF	1	X		
ISHARES CORE US AGGREGATE BO	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 GROUP INC	1	X		X
MERCK & CO INC	1	X	X	X
NESTLE S A SPONSORED ADR REPSTG REG SH	1	X		
TRANSOCEAN LTD	1	X		
NUCOR CORP COM	1	X	X	X
PHILLIP MORRIS INTL INC	1	X		X
PHILLIPS 66	1	X	X	X
UNITED HEALTH GROUP INC	1	X	X	X
BP AMOCO PLC-SPONS ADR	1	X	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
ALCOA INC.	1			X
AMGEN INC COM	1			X
ISHARES RUSSELL 2000 GROWTH ETF	1			X
MONDELES INTERNATIONAL -W/I	1	X		X
ENCANA CORPORATION	1			X
ISHARES MSCI EMERGING MKTS ETF	1			X
HSBC HLDGS PLC SPONSORED ADR NEW	1			X
3M COMPANY	1			X
BANKUNITED INC	1	X	X	X
TIME INC	1		X	X
GOLUB CAPITAL BDC INC	1	X		
LINEAR TECHNOLOGY CORP COM	1	X		

Thomas H. Kean, Jr.  
For New Jersey Senate  
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**II. Unearned Income (continued)**

**C. Other Income**

*Income From, Investments, Trusts & Estates*

		Amount			
		<u>Code</u>	<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	2	x		
3.	Elizabeth W. Kean 1999 Trust Thomas H. Kean, Jr. and Rhonda L. Kean Trustees c/o McCabe Heidrich & Wong 4 Gatehall Drive Parsippany, NJ 07054	1			x
4.	Trust FBO Meredith Kean Thomas H. Kean, Jr. and Rhonda L. Kean Trustees c/o McCabe Heidrich & Wong 4 Gatehall Drive Parsippany, NJ 07054	1			x

**II. Unearned Income (continued)**

**C. Other Income**

*Gains from Sale of Investments Through State Street Bank & Trust Co.*

		Amount			
		<u>Code</u>	<u>Candidate</u>	<u>Spouse</u>	<u>Child</u>
0.200	LIBERTY BROADBAND CORP RTS 1/09/15	1	x		
575.000	ISHARES 1-3 YR CREDIT BOND ETF	1	x		
200.000	ISHARES CORE US AGGREGATE BO	1	x		
150.000	VANGUARD SHORT TERM BOND ETF	1	x		
0.311	LIBERTY VENTURES-SER A	1		x	
100.000	DE MASTER BLENDERS	1		x	
20.000	HILLSHIRE BRANDS CO	1		x	
0.375	TIME INC	1		x	x
1.250	LIBERTY BROADBAND CORP	1	x		
75,000.000	US TREASURY BILLS 10/09/14	1	x		

*Interest Through State Street Bank & Trust Co.*

US TREASURY BILLS 10/09/14	1	x		
DE MASTER BLENDERS 1753 NV	1		x	