

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2015

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. A completed form must contain an original signature or a self-signed digital certificate 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, 2016 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 2015. 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, fees, pensions and Social Security.)

	Name of Employer	Address of Employer	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	STATE OF NEW JERSEY	PO BOX 207, TRENTON, NJ 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)	COMMUNITY FIRST BANK	408 ELIZABETH AVE, SOMERSET, NJ 08873-5119	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	N.M.P. PLANNING CO., INC.	118-35 QUEENS BLVD, STE 1230, FOREST HILLS, NY 11375	<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"/>
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"/>

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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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4)	COMMONWEALTH OF MASS	1 ASHBURTON PL FL 9, BOSTON, MA 02108	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	

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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 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, 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 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"/>	<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"/>	<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"/>

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"/>	
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	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"/>	
2)	THOMAS H. KEAN PROMISSORY NOTE	49 ROUTE 202, P.O. BOX 810, FAR HILLS, NJ 07931	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3)	STATE STREET BANK & TRUST CO. LOAN	P.O. BOX 5300, BOSTON, MA 02206	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	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)	KEAN FAMILY PARTNERSHIP, LP	49 ROUTE 202, P.O. BOX 810, FAR HILLS, NJ 07931	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	RENDEZVOUS, LLC	126 MAPLE DRIVE, BAY HEAD, NJ 08742	<input checked="" type="checkbox"/>	<input checked="" 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.

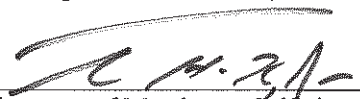
	Position Held	Name & Address of Entity	Self	Spouse
1)	DIRECTOR	COMMUNITY FIRST BANK, 408 ELIZABETH AVE., SOMERSET, NJ 08873	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	VICE PRESIDENT/TRUSTEE	THE KEAN FOUNDATION INC., P.O. BOX 332, FAR HILLS, NJ 07931	<input checked="" type="checkbox"/>	<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)			<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.)

5/16/16
Date


Signature of Member or Self-signed digital certificate

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Thomas H. Kean, Jr.
 For New Jersey Senate
 Calendar Year 2015

II. Unearned Income

Amount
Code Self Spouse Child

B. Dividends
 Through State Street Bank & Trust Company

ALTRIA GROUP INC	1	X		X
AT&T INC	1	X	X	X
BANKUNITED INC	1	X	X	X
CONOCOPHILLIPS	1	X	X	X
EXXON MOBIL CORPORATION	1	X	X	X
GENERAL ELECTRIC CO	1	X	X	X
GOLUB CAPITAL BDC INC	1	X	X	X
HEARTLAND EXPRESS INC	1	X	X	X
ILLINOIS TOOL WORKS	1	X	X	X
INTEL CORP	1	X	X	X
JOHNSON & JOHNSON COM	1	X	X	X
KRAFT FOODS GROUP INC	1	X	X	X
KRAFT HEINZ CO	1	X		X
LINEAR TECHNOLOGY CORP COM	1	X		X
MERCK & CO INC	1	X	X	X
MONDELEZ INTERNATIONAL -W/I	1	X		X
NUCOR CORP COM	1	X	X	X
PHILLIP MORRIS INTL INC	1	X	X	X
PHILLIPS 66	1	X	X	X
UNITED HEALTH GROUP INC	1	X	X	X
BP AMOCO PLC-SPONS ADR	1	X	X	
NESTLE S A SPONSORED ADR REPSTG REG SH	1	X		
TRANSOCEANLTD	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 BOND ETF	1	X		
ALCOA INC.	1		X	X
CHUBB CORP COM	1		X	
COLGATE-PALMOLIVE COMPANY	1		X	
HANESBRANDS INC	1		X	
INTL BUSINESS MACHINES CORP CAP	1		X	
TIME INC	1		X	X
TIME WARNER CABLE INC	1		X	X
TIME WARNER INC	1		X	X
WELLS FARGO CO	1		X	X
CENOVUS ENERGY INC	1		X	X
RIO TINTO PLC SPONSORED ADR	1		X	
3M COMPANY	1			X
AMGEN INC COM	1			X
ISHARES RUSSELL 2000 GROWTH ETF	1			X
ENCANA CORPORATION	1			X
HSBC HLDGS PLC SPONSORED ADR NEW	1			X
ISHARES MSCI EMERGING MKTS ETF	1			X

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Thomas H. Kean, Jr.
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Amount
Code Self Spouse Child

II. Unearned Income (continued)

C. Other Income

Income From Investments, 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
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
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
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

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- II. Unearned Income (continued)**
- C. Other Income**
Gains from Sale of Investments Through State Street Bank & Trust Co.

Amount
Code Self Spouse Child

- 0.448 AT&T INC 1 x
- 644,000 DIRECTV 2 x
- 346,000 KRAFT FOODS GROUP INC 1 x
- 0.200 LIBERTY LILAC GROUP-C 1 x
- 75,000.000 US TREASURY BILLS 01/08/15 1 x
- 75,000.000 US TREASURY BILLS 04/02/15 1 x
- 0.450 ALCOA INC 1 x
- 136,000 DIRECTV 1 x
- 0.312 AT&T INC 1 x
- 100,000 ALCOA INC 1 x
- 0.384 AT&T INC 1 x
- 302,000 DIRECTV 1 x
- 23,000 KRAFT FOODS GROUP INC 1 x
- 100,000 ALCOA INC 1 x
- 0.384 AT&T INC 1 x
- 302,000 DIRECTV 1 x
- 23,000 KRAFT FOODS GROUP INC 1 x

Interest Through State Street Bank & Trust Co.
US TREASURY BILLS 01/08/15 1 x
US TREASURY BILLS 04/02/15 1 x