



Filing ID #10062077

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. Timothy Kennedy
Status: Member
State/District: NY26

FILING INFORMATION

Filing Type: New Filer Report
Filing Year: 2024
Filing Date: 06/3/2024

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Catholic Health [PE] COMMENTS: Defined Benefit Plan		Undetermined	None		
Child 1 ⇒ Growth Static A [5F] LOCATION: NE		\$1,001 - \$15,000	Dividends	\$1 - \$200	\$1 - \$200
child 2 ⇒ Growth Static A [5F] LOCATION: NE		\$1,001 - \$15,000	Dividends	\$1 - \$200	\$1 - \$200
Child 3 ⇒ Growth Static A [5F] LOCATION: NE		\$1,001 - \$15,000	Dividends	\$1 - \$200	\$1 - \$200
Fidelity 403B ⇒ Fidelity Freedom 2045 Fund: Class K (FSNZX) [MF]		\$100,001 - \$250,000	Tax-Deferred		
Northwest Bank [BA]		\$1,001 - \$15,000	Interest	\$1 - \$200	\$1 - \$200
Sisters Federal Credit Union [BA]		\$1,001 - \$15,000	Interest	\$1 - \$200	\$1 - \$200

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
State of New York [PE] COMMENTS: Defined Benefit Pension Plan		Undetermined	None		
Thrivent [WU]		\$1,001 - \$15,000	None		

* Investment vehicle details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Catholic Health	salary	N/A	N/A
New York State Seante	Salary	\$47,190.00	\$142,000.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Evans Bank	September 2020	mortgage	\$100,001 - \$250,000
	Evans Bank	October 2021	HELOC	\$15,001 - \$50,000
	Jet Blue	January 2024	credit card	\$10,000 - \$15,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Senator	New York State

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
December 2004	New York State and myself	Pension to be paid upon eligibility

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

SCHEDULE A INVESTMENT VEHICLE DETAILS

- Child 1
LOCATION: NE
- child 2
LOCATION: NE
- Child 3
LOCATION: NE
- Fidelity 403B

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?
☐ Yes ☒ No

COMMENTS

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. Timothy Kennedy , 06/3/2024