



Filing ID #10077641

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

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

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2025
Filing Date: 05/12/2026

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
Catholic Health [PE] COMMENTS: Defined Benefit Plan		Undetermined	None		☐
NBT Checking [BA]		\$1,001 - \$15,000	Interest	\$1 - \$200	☐
Northwest Bank [BA]		\$1,001 - \$15,000	Interest	\$1 - \$200	☐
Sisters Federal Credit Union [BA]		\$1,001 - \$15,000	Interest	\$1 - \$200	☐
State of New York [PE] COMMENTS: Defined Benefit Pension Plan		Undetermined	None		☐
Thrivent [WU]		\$1,001 - \$15,000	None		☐
Fidelity 403B ⇒ Fidelity Freedom 2045 Fund: Class K (FSNZX) [MF]		\$250,001 - \$500,000	Tax-Deferred		☐
Nest 529 - Child 1 ⇒ Growth Static A [5F] LOCATION: NE		\$1,001 - \$15,000	Tax-Deferred		☐

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
Nest 529 - Child 2 ⇒ Growth Static A [5F] LOCATION: NE		\$1,001 - \$15,000	Tax-Deferred		☐
Nest 529 - Child 3 ⇒ Growth Static A [5F] LOCATION: NE		\$1,001 - \$15,000	Tax-Deferred		☐

* 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 B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

Source	Type	Amount
Catholic Health	salary	N/A

SCHEDULE D: LIABILITIES

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

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

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

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

Trip Details					Inclusions		
Source	Start Date	End Date	Itinerary	Days at Own Exp.	Lodging?	Food?	Family?
American Israel Education Foundation	08/06/2025	08/14/2025	Buffalo - Israel - Buffalo	9	☒	☒	☒

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

SCHEDULE A AND B INVESTMENT VEHICLE DETAILS

- Fidelity 403B - Nest 529 - Child 1 LOCATION: NE - Nest 529 - Child 2 LOCATION: NE - Nest 529 - Child 3 LOCATION: NE

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

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

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 , 05/12/2026