

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: 2024

Filing Date: 05/14/2025

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
Catholic Health [PE]		Undetermined	None		
COMMENTS: Defined Benefit Plan					
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]		Undetermined	None		
COMMENTS: Defined Benefit Pension Plan					
Thrivent [WU]		\$1,001 - \$15,000	None		
Fidelity 403B ⇒ Fidelity Freedom 2045 Fund: Class K (FSNZX) [MF]		\$100,001 - \$250,000	Tax-Deferred		
Nest 529 - Child 1 \Rightarrow 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 \Rightarrow Growth Static A [5F] LOCATION: NE	\$1,001 - \$15,000	Tax-Deferred	
Nest 529 - Child $3 \Rightarrow$ 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 $\underline{ \text{https://fd.house.gov/reference/asset-type-codes.aspx}}.$

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

Source	Туре	Amount
Catholic Health	salary	N/A

SCHEDULE D: LIABILITIES

Owner Creditor	Date Incurred	Туре	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

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 G: GIFTS

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS None disclosed.
SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA None disclosed.
SCHEDULE A AND B INVESTMENT VEHICLE DETAILS
o 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?

CERTIFICATION AND SIGNATURE

O Yes No

None disclosed.

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, 05/14/2025