

JOSEPH P. KENNEDY III
4TH DISTRICT, MASSACHUSETTS

COMMITTEE ON ENERGY AND COMMERCE
SUBCOMMITTEE ON HEALTH
SUBCOMMITTEE ON COMMERCE, MANUFACTURING,
AND TRADE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

Congress of the United States
House of Representatives
Washington, DC 20515-2104

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May 12, 2017

The Honorable Karen L. Haas
Clerk
U.S. House of Representatives
Legislative Resource Center
Room 135
Cannon House Office Building
Washington, DC 20515

Dear Ms. Haas:

This letter is to amend my 2015 Financial Disclosure form and to provide explanation for the amendment. Upon preparing my 2016 Financial Disclosure, I discovered an inadvertent omission in my 2015 form.

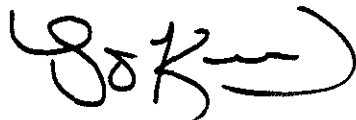
As part of the assets listed as part of the Eleanor Brewster Trust U/A date 12/19/1936 (beginning on page 12 of my 2015 Financial Disclosure form), Brandywine Private Equity Partner (2014) LP should have been included.

I have attached page 15 amended, along with page 30 that corresponds with the correction.

Additionally, my 2015 Financial Disclosure included a clerical error in listing one of the assets name properly. On page 16, "BrandyWine Private Equity Partner (2006) LP" should have been listed as "BrandyWine Private Equity Partner (2008) LP".

I have attached page 16 amended with the correction.

Sincerely,



Member of Congress

HAND
IVERED

LEGISLATIVE RESOURCE CENTER
2017 MAY 12 PM 3:52
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

**UNITED STATES HOUSE OF REPRESENTATIVES
2016 FINANCIAL DISCLOSURE STATEMENT**

Form A
For Use by Members, Officers, and Employees

Name: Joseph P. Kennedy III Daytime Telephone: 55931

LEGISLATIVE RESOURCE CENTER
2017 MAY 12 PM 3:52
(Office Use Only)
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>MA</u> District: <u>04</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
	REPORT TYPE	<input type="checkbox"/> 2016 Annual (Due: May 15, 2017)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

2015 Amended *

Page 15 of 35

Prüfung (2014) U9

Use additional sheets if more space is required.

2015 Amended *

Page 18 of 35

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

2015 Annual *

Name: Joseph P. Kennedy III

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.		Type of Transaction		Check Box if Capital Gain Exceeded \$200	Date	Amount of Transaction										
SP, DC, JT	Asset	SP	Partial Sale	Exchange		Partial Sale or Exchange, if applicable	A	B	C	D	E	F	G	H	I	J
	Example: Mega Corp. stock				X	2015		X								
	Google Inc. CL C (Page 23, Item 9) name changed to Alphabet CL C (Page 25, Item 10)			EE		10/22/2015		X								
	KeySight Technologies Inc. (Page 23, Item 13)				X	10/22/2015	X									
	Kinder Morgan Inc. (Page 23, Item 14)					10/22/2015	X									
	Mondelez International Inc (Page 24, Item 4)					10/22/2015	X									
	Wells Fargo and Co. (Page 24, Item 14)					10/22/2015	X									
	BHP LTD Sponsored (Page 24, Item 15)				X	20/2015	X									
	Morgan Stanley Co. (Page 24, Item 9)				X	01/5/2015	X									
	Plum Creek Timber Co. Inc. (Page 24, Item 8)				X	20/2015	X									
	Volkswagen A G ADR (Page 25, Item 1)					02/22/2015	X									
	Celgene Corp (Page 25, Item 11)					10/22/2015	X									
	Generalship Private Equity Partners (2014) LP (Page 15, Item 16)					5/15/15	X									

Use additional sheets if more space is required.