

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

Name: Edward Jenkins

Daytime Telephone: 202-225-3452

FILER STATUS



New Member of or Candidate for U.S. House of Representatives

State: MD  
District: 03

Candidates - Date of Election: \_\_\_\_\_



New Officer or Employee  
Employing Office: \_\_\_\_\_



Check if Amendment

Period Covered: January 1, 2014 to 12/31/2014

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

**HAND DELIVERED**

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2015 JUN 15 PM 4:30

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

## 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? or  
b. Make more than \$200 in unearned income from any reportable asset during the reporting period?

Yes ☒ No ☐

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes ☒ No ☒

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 ☒ No ☐

F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?

Yes ☒ No ☐

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 ☐ No ☒

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☐ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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 your 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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

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**Use additional sheets if more space is required**

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Edward J. Dennis

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																								
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
	Clearbridge Agg Growth																																													
	Clearbridge App C																																													
	Clearbridge Divd Growth																																													
	Clearbridge Large Cap																																													
	Clearbridge Mid Cap																																													
	Clearbridge Small Cap																																													
	Dayles Pass Growth																																													
	Tampa Bay Growth																																													
	Western Asset Cap Bd																																													
	Western Asset Growth																																													
	BBIT Inc Deposit Inv																																													
	BDIT Cheating Inv																																													
	SPIT Davis Price Dividend																																													
	Northwestern Mutual Life																																													
	First Security Bank of Ky																																													

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**Use additional sheets if more space is required.**





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Amount of Liability

## SCHEDULE E – POSITIONS

Name of Organization

**Use additional sheets if more space is required**

# SCHEDULE F - AGREEMENTS

Name:

EVAN JENKINS

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
4/17/14 to renewed annually	Sell & Eye Care Council WV State Med. Assn.	Leave of absence during WV leg. Session to perform duties / functions as a state senator

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

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services