

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

**FORM B**  
For New Members, Candidates, and New Employees

JAN 23 2020 Page 1 of 10

LEGISLATIVE RESOURCE CENTER

Name: Gordon J. Kinkle Daytime Telephone: \_\_\_\_\_

2020 FEB -3 AM 11:23

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
LEGISLATIVE RESOURCE CENTER  
Office Use Only

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>FL</u> District: <u>9th</u> Candidates - Date of Election: <u>3/17/20</u>	<input type="checkbox"/> Check if Amendment	Period Covered: January 1, 2019 to <u>1/19/2020</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New Officer or Employee	Employing Office: _____	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant		

## 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. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input 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"/>
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"/>	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"/>
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 type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**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 dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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**Assets and/or Income Sources**

Indicate the value of each asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."

For all IRAs and other cash accounts, total the amount in the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.

For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.

For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.

**Value of Asset**

**Type of Income**

**Amount of Income**

**Current Year**

**Preceding Year**

Examples: Mega Corp Stock, Simon & Schuster, ABC Hedge Fund

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\*

NONE, DIVIDENDS, RENT, INTEREST, CAPITAL GAINS, EXCEPTED/BLIND TRUST, TAX-DEFERRED, Other Type of Income (Specify: e.g., Partnership Income or Farm Income)

None, \$1-\$200, \$201-\$1,000, \$1,001-\$2,500, \$2,501-\$5,000, \$5,001-\$15,000, \$15,001-\$50,000, \$50,001-\$100,000, \$100,001-\$1,000,000, \$1,000,001-\$5,000,000, Over \$5,000,000, Spouse/DC Income over \$1,000,000\*

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SP, DC, JT, EIF

Examples: Mega Corp Stock, Simon & Schuster, ABC Hedge Fund

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None, \$1-\$200, \$201-\$1,000, \$1,001-\$2,500, \$2,501-\$5,000, \$5,001-\$15,000, \$15,001-\$50,000, \$50,001-\$100,000, \$100,001-\$1,000,000, \$1,000,001-\$5,000,000, Over \$5,000,000, Spouse/DC Income over \$1,000,000\*

None, \$1-\$200, \$201-\$1,000, \$1,001-\$2,500, \$2,

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

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Gordon J. Kinzler

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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
	None																																													
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	Spouse/DC Income over \$1,000,000*																																													





# SCHEDULE D - LIABILITIES

Name: Jordan J. Kinze

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$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	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/16	Mortgage on Rental Property, Dover, DE				X							
	<u>None</u>													

# SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
<u>Owner + President</u>	<u>Jordan J. Kinze M.D. S.C</u>
<u>Immediate Past President</u>	<u>Elmhurst Regional Hospital Medical Staff, Elmhurst, IL</u>
<u>Council</u>	<u>United States Army Reserve</u>
<u>Board of Director</u>	<u>Elmhurst Department Surgery Center Elmhurst, IL</u>
<u>Member</u>	<u>Elmhurst Hospital Physician Advisory Council (uncompensated)</u>

# SCHEDULE D - LIABILITIES

Name: Graden T. Kline

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$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	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/16	Mortgage on Rental Property, Dover, DE				X							
	None													

# SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Executive Committee member	Chicago Unemployed Study (uncompensated)
Committee member	Elmhurst Memorial Healthcare Medical Executive Committee (uncompensated)
Committee member	Elmhurst Memorial Healthcare Medical Staff Relations Committee (uncompensated)
Committee member	Elmhurst Memorial Healthcare Veterans' Council (uncompensated)
Member	Medical Staff Quality Oversight Committee of Elmhurst Hospital (uncompensated)



# SCHEDULE F -- AGREEMENTS

Name: Gordon T. Kuntze

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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
	<i>None</i>	

# 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
<i>Example: Doe Jones &amp; Smith, Hometown, Homestate</i>	<i>Accounting Services</i>
<i>None</i>	<i>All included in schedule C</i>

Names: Gordon J. Kinzler Page 10 of 10

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