

			בתרי<
UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	LEGISLATIVE RESOURCE CENTER
FINANCIAL	FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	7611 PM _5 AM II: 26
V ₂ +			2014 3 24 - O RIIII - 20
Name: Kat	Name: Kathleen A. Weppner	Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES
FILER	New Member of or Candidate for State NY U.S. House of Representatives District: 28 Candidates - Date of Election: 11/4/2014	Check if Amendment	(Office Use Only)
STATUS	New Officer or Employee Employing Office: Hon, Susan Brooks	Period Covered: January 1, <u>2013</u> to <u>April 30, 2014</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUESTIONS	
A. Did you, your	A. Did you, your spouse, or your dependent child:		

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "Y THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED	D. Did you, your spouse, or your dependent child have any reportable Yes ilability (more than \$10,000) at any point during the reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	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?
RESPONDING SO	No C	No.	No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	J. Did you receive compensation of more than \$5,000 from a single Yes No No	F. Do you have any reportable agreements or arrangements with an outside entity?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
:	Yes V No	Yes No V	Yes V No

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

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Access and/or income Sources Type of Record	မွ	ş	8					38	\$ 5	and	ff you	mten mten	TOTAL	900	Ď,	provi	non	55.0	5	ġ3	Ĝ.	Į	₹ 8 1	5	D d			<u> </u>
None	SUNYRET - CREF STOCK	401A - CREF INFL LINKED BOND	401A - CREF BOND MARKET	CITIZENS BANK - ACCOUNT	BANK OF AMERICA - ACCOUNTS	ABC Hedge Fund			detailed discussion of Schedule A. rements, please refer to the instruction booklet.	that an asset apouse (SP) with anyone (J	I have a privately-traded fund that is an Excepted tment Fund, please check the "EIF" box.	re during the reporting period); and any financial set In, or income derived from, a federal ment program, including the Thrift Savings Plan.	ude: Your personal residence, including second is and vacation homes (unless them was rental	ease, the nature of its activities, and has naphic location in Block A.	n ownership interest in a privately-held business	ental and other real property held for investment, de a complete address or description, e.g., if property," and a city and state.	then \$1,000 in Interest bearing accounts.	enk and other cash accounts, total the amount in transat-bearing accounts. If the total is over 10, list every financial inatitution where there is	occurs that exceeds the reporting thresholds.	all IRAs and other retirement plans (such as i) plans) provide the value for each seast held in	ot use only ticker symbols).	de complete person of stocks and mitted hade	than \$200 in	eet or source of	uty (a) securi asset need for investment or action of income and with a fair market value	s and/or income Sources	BLOCK A	SCHEDULE A - ASSETS & "UNEARNED INCOME"
NONE NONE	`[Ļ							None									>	_		S)	3	ğ					8
Content of Income Column Type of income Column Column Type of income Type of inco		4_	_				1_	<u></u>	\$1-\$1,0	00								•			5		Ž		E 4		l	<u> </u>
NONE NONE	×	<u> </u>	ļ	×	<u> </u>		1	_	+	-									,	l	3		왉	, §	1	L		<u>2</u>
NONE	\vdash		 	ļ				<u> </u>	+					*1						l	5	7	8	3		Ļ		∑
NONE	\vdash	+	-	ـــ	×	├	╀	×	+ -	-											Ý		250	Ì	3	<u> </u>		Ź
NONE	-	<u> </u>	×	├		_	╀	┝	+										_	1	3	Ī	=	1 6	Ž ,	. E	BI-O	_
NONE	\vdash	-	-	 	<u> </u>	~	╀	-	+	-										ł	90	7	3	2	<u>9</u> 8	, J	옸	
NONE	\vdash	-	╁┈			 	+-															2		}	2 9	2		Z
NONE	\vdash	+	╁	├		-	╀														1	2	3	Ì	3 6	*		Ó
Content of Income Column Type of income Column Column Type of income Type of inco	-	+	-	┼─-	 		+	\vdash	+					·					_		5	5	3	ĺ	* ma	Ŀ		3
NONE	\vdash	+	+	 			╀	 											_		Į	Ì	\$	Ì	5 P			II,
NONE	-	-	1	-			╁	-	+		800 80	O'							-	Ĭ	į		ž.	Į	활용			
Amount of Income Amount of Income	\vdash	+	+		-		۲	-	+	•				•			_		_			_						
Amount of Income Amount of Income	H	+	+		_	\vdash	╁	┰	+										-		3		3	13	2			
None Color assess for which you checked "TocChalmont of Income and capital gilling, which you checked "TocChalmont in Block C, you may check the "None" thore there is stated the capital gilling, which you checked the "None" thore there is stated the capital gilling, which you checked the "None" thore there is stated the capital gilling which you declare the capital gilling which you declare the capital gilling which you may check the "None" thore there is stated to your spouse or capital gilling which you may check the "None" thore there is stated to your spouse or dependent of the propose of the stated as income for assess held in your spouse or dependent child in which you have no interest. None	\vdash	+-	1	├		-	┢	<u> </u>						-					-		ĝ	ě	!"	87			1	
Amount of Income Amount of Income	-	+	1	-	•		╀	_	+										_		8 4	3	夏夏	1 2	8 4	`₹		
None Color assess for which you checked "TocChalmont of Income and capital gilling, which you checked "TocChalmont in Block C, you may check the "None" thore there is stated the capital gilling, which you checked the "None" thore there is stated the capital gilling, which you checked the "None" thore there is stated the capital gilling which you declare the capital gilling which you declare the capital gilling which you may check the "None" thore there is stated to your spouse or capital gilling which you may check the "None" thore there is stated to your spouse or dependent of the propose of the stated as income for assess held in your spouse or dependent child in which you have no interest. None	\vdash	┼	-	×	×		╀	_	+	 									_		3 5	-	7 E	Ž,		. .	Ë	Name:
None Color assess for which you checked "TocChalmont of Income and capital gilling, which you checked "TocChalmont in Block C, you may check the "None" thore there is stated the capital gilling, which you checked the "None" thore there is stated the capital gilling, which you checked the "None" thore there is stated the capital gilling which you declare the capital gilling which you declare the capital gilling which you may check the "None" thore there is stated to your spouse or capital gilling which you may check the "None" thore there is stated to your spouse or dependent of the propose of the stated as income for assess held in your spouse or dependent child in which you have no interest. None	┢	+-		ļ			ļ		CAPITA	L GAINS									_		9	2	į		9 8	· 🗿	Š	3
None Color assess for which you checked "TocChalmont of Income and capital gilling, which you checked "TocChalmont in Block C, you may check the "None" thore there is stated the capital gilling, which you checked the "None" thore there is stated the capital gilling, which you checked the "None" thore there is stated the capital gilling which you declare the capital gilling which you declare the capital gilling which you may check the "None" thore there is stated to your spouse or capital gilling which you may check the "None" thore there is stated to your spouse or dependent of the propose of the stated as income for assess held in your spouse or dependent child in which you have no interest. None			<u> </u>				ļ.,	<u> </u>	EXCEPT	ED/BLIND TRUS	T								_		B 2		Ť	30	돌	· 💆	G	"
Amount of Income Amount of Income	ľ	×	×			Parties TO	Royal				ncify: e.į	g., Parlneral	hip inco	me or Fam	n inco	ome)		-	-		riod.	a accou	M Non	ou many ch Dividen	For accou	8		Kathleen A. Weppner
Over\$5,000,000 Max	<u> </u>	1				3.8	1	_	<u> </u>											_				<i>\$</i> ×	8 2			1 \$\overline{\pi}\$
Over\$5,000,000 Max	×	×	×	×		L.	L	ļ	+													٤	2	1	₹ \$			ž
Over\$5,000,000 Max	<u> </u>	+	-		×	_	┞	×	+									_						į				<u> </u>
Cover\$5,000,000 Max	\vdash	+	1				┝		+													8		?	3.4			}
Cover\$5,000,000 Max	\vdash	+-	\vdash	H			 -	\vdash											္ပါ			ĝ		ţ				₽
Cover \$5,000,000 Max	-	+	\vdash	-		*	Ĥ	 	+										ş۱			900		3	₹¥			₫
Cover\$5,000,000 Max	\vdash	+-	\vdash		_	Ĥ	H	\vdash	-									-	ĭ			į		:3	<u> </u>			"
Cover\$5,000,000 Max	-	+	 		-		\vdash	 	 	· · · · · · · · · · · · · · · · · · ·		•			-			- -	ᅎ	l				3	00 % 00 %			
Cover\$5,000,000 Max	-	+	†	-				 			···								٩	Ī		Š	1 8		37			
Cover\$5,000,000 Max		T	<u>† </u>				Ħ	Н			-							-				Š		Å	Š	≥		
\$1,000,001-\$5,000,000 × 5,000,000 × 5,000,000 × 5,000,000 × 5,000,000		1					Н		Over\$5,	000,000			-		-							Š		į.	A SE	ᅙ		
\$1,000,001-\$5,000,000 × 5,000,000 × 5,000,000 × 5,000,000 × 5,000,000		I					П		Spousef	OC Income over S	1,000,0	00"					_		_ [9		8	g 4.	¥	<u>B</u>	
\$1,000,001-\$5,000,000 × 5,000,000 × 5,000,000 × 5,000,000 × 5,000,000	×	×	×				Г		None									- 1				100	1	Ş.	音の	皇	욁	1
\$1,000,001-\$5,000,000 × 5.000,000 × 5.000,000 × 5.000,000 × 5.000,000		Γ,	Ĺ	×	×				\$1-\$200									_=[2		ğ	₹ 0	8	۲	1
\$1,000,001-\$5,000,000 × 5,000,000 × 5,000,000 × 5,000,000 × 5,000,000								×	\$201-\$1	.000					_		_	-				1	i	- A.	To you	3	1	
\$1,000,001-\$5,000,000 × 5,000,000 × 5,000,000 × 5,000,000 × 5,000,000									\$1,001-\$	2,500					_			₹	إچ			W100		3	E P			Page
\$1,000,001-\$5,000,000 × 5,000,000 × 5,000,000 × 5,000,000 × 5,000,000									\$2,501-\$	5,000								_ <	륈			ý		ő	8 9		J	
\$1,000,001-\$5,000,000 × 5,000,000 × 5,000,000 × 5,000,000 × 5,000,000		igsquare					×		\$5,001-\$	15,000								≤	≗			1		₫	× Ç.			~
\$1,000,001-\$5,000,000 × 5,000,000 × 5,000,000 × 5,000,000 × 5,000,000		<u> </u>	L.	L		×	Ц	<u> </u>	+										51			8	}	į	¥ 2,			
\$1,000,001-\$5,000,000 × 5.000,000 × 5.000,000 × 5.000,000 × 5.000,000	L	 	<u> </u>				Ш											≨	<u>₹</u>				Ī	2				욕
\$1,000,001-30,000,000 X 5 # 5 # 7 1		ــ	<u> </u>				Ц		 									<u>×</u> _	٦			9	į	2				
	L	↓_	<u> </u>	\bigsqcup			Ц		+									_						5	# §			11
	ļ	 	ļ	ļļ			Ц	L	+										ļ						ğ			11
								Ц.,	Spouse	DC Income over 1	1,000,0	90"				· · · · ·		鱼	_	Ļ		_		Ĭ.	*			1

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Kathleen A. Weppner

Page 3

of 6

r	Ė	i			,	1		¥	¥	왂	8	¥	왕	& &	SP SP	≒8 \$				
		t		<u> </u>	1					+	+	_	-	-						
		ĺ						PA - NATIONAL INTEG LIFE INBURANCE	PUTRET - PUTNAM GROWTH & INCOME A	PUTRET - GEORGE PUTNAM BALANCED FD A	PUTRET - PUTNAM INVESTORS FUND - A	401K - LINCOLN (NY) PORTFOLIO NOS	KALRET - KELEIDA HEALTH PENSION GTH PL	SUNYPET - CREF INFL UNKED BOND	SUNYPIET - CREF BOND MARKET				Assets and/or income Sources	
								₹	Ś	Ė	喜	8	南	٩	1.01				9	
		l				1	ŀ	🗧	Ĕ	ğ	₹	2	P	#	#	≥			Ē.	m
	ļ					1		퍨	8	इ	3	공	Į.	₹	9	4			=	BLOCK A
		l				İ		1 2	3	ξ	ä	4	Ē	】	Š	ASSET NAME	i		8	×
		1						量	2	Ę	🖁	ĕ	N. N.	8	🗿	ra.			3	
İ		l			1			8	Š	Š	Š	Ź	Ş	₹					Ş	
								8	>	7	>	İ	1						ğ	
		⊢		-	\vdash		1	_		>	\vdash	<u> </u>	<u> </u>	-		Q			ä	
H		_			-	+	ļ .	-		!	-	-				-				_
-	-		ļ		╄	 	 	├	ļ		-	₩	-	╀	H		None >			
	-	 		├	╁	-		-	-	\vdash	┢	-	\vdash				\$1-\$1,000 a			
		├─		-	┼	\vdash	<u> </u>	\vdash	-	-			-	×	×					
	-				-	 	 		×	×	×	×		\vdash	\vdash		\$15,001-\$50,000 c			
-	<u> </u>	\vdash		-	\vdash	\vdash	├				-		-	┼─			\$100,001-\$250,000			_
-		-	\vdash		\vdash	\vdash	 	×	\vdash	-	-		×	\vdash	\vdash	 	\$250,001-\$500,000		•	6
	 	\vdash	\vdash	\vdash	├─	┼	\vdash	_	\vdash	\vdash	 	\vdash	 	\vdash			\$2500,001-\$1,000,000 =		Ž	BLOCK B
-	-	-	-		\vdash		\vdash	\vdash			\vdash	\vdash	\vdash	-			\$1,000,001-\$5,000,000 -	\dashv	Value of Asset	_
-					1			\vdash	-	\vdash	\vdash			\vdash	\vdash	\vdash	\$5,000,001-\$25,000,000	\neg	-	
		 	-		\vdash	 	1	-		 			-	 			\$25,000,001-\$50,000,000	-1		
					\vdash	\vdash	\vdash					\vdash	\vdash	\vdash	\vdash		Over \$50,000,000 ~			
		┢		\vdash	\vdash			-	-	 	 						Spoume/DC Asset over \$1,000,000° =	-1		
					-		┢				┢						NONE	+		_
	-	\vdash		\vdash	├		-			\vdash	├							\dashv		
		 			┝	_		<u> </u>	_	-	-	-		\vdash			DIVIDENDS	\dashv		
		 	ļ		_	1	\vdash	<u> </u>	_		<u> </u>	-	<u> </u>				RENT	4	Type of Income	
						ļ.,	<u> </u>				ļ						INTEREST	_	š	ළ
				<u> </u>	ļ	L	<u> </u>				ļ		<u> </u>	ļ			CAPITAL GAINS		<u>\$</u>	BLOCK C
			<u> </u>		L			<u> </u>									EXCEPTED/BLIND TRUST		음	ဂ
								×	×	×	×	×	×	×	×		TAX-DEFERRED		\$	
												ŀ					Other Type of Income (Specify: e.g.,	ı		
																	Partnership Income or Farm Income)			
								×	×	×	×	×	×	×	×		None -	П		
																	\$1-\$200 ==			
											L.						\$201-\$1,000 ==			
					<u>L</u>												\$1,001-\$2,500 <			
						L											\$2,501-\$5,000 <	Current Yo		
					L	<u>L</u>	L										\$5,001-\$15,000 ≤	3		
						ļ	ļ				L	<u> </u>]				
						_	<u> </u>		L	<u> </u>		<u> </u>	<u> </u>				\$50,001-\$100,000 <u>≦</u>			
					L	ļ	L		<u>L</u>		<u> </u>	<u> </u>		<u> </u>			\$100,001-\$1,000,000 😾		_	
		<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>		ļ	<u> </u>	<u> </u>	L_	<u> </u>	<u> </u>	<u> </u>			\$1,000,001-\$5,000,000 ×		ş	
		<u> </u>	<u> </u>				ļ		<u> </u>		<u> </u>	<u> </u>		\vdash			Over \$5,000,000		Amount of Income	20
		<u> </u>		ļ.,				ļ.,		<u></u>	_	_	<u> </u>	Ļ			Spouse/DC Income over \$1,000,000* 걸		<u>~</u>	BLOCKD
		<u> </u>		<u> </u>	ļ	 	ļ	×	×	X	×	×	×	X	×		None -		Ž	ŝ
		ļ		<u> </u>	├	1	<u> </u>		<u> </u>	<u> </u>	—	<u> </u>	<u> </u>	\vdash			\$1-\$200 ==		ğ	
L		_	ļ	ļ		 	-		<u> </u>	<u> </u>	-	_					\$201-\$1,000		2	
		<u> </u>			\vdash	\vdash	\vdash	<u> </u>		<u> </u>							\$1,001-\$2,500 < \$2,501-\$5,000 <	ş		
		-				-			<u> </u>		-	-				-	\$2,501-\$5,000 < \$5,001-\$15,000 ≤	ĕ		
\vdash	_					<u> </u>	-	-		ļ				 		-	\$15,001-\$15,000 S	Preceding Year		
		<u> </u>	-			├	-						 	Н			\$50,001-\$100,000 ≦	ζΙ		
-		\vdash			 		-	-	\vdash	\vdash		├-	\vdash	\vdash			\$100,001-\$1,000,000 R	Ĕ		
			-		-	-	-			 	-		 				\$1,000,001-\$5,000,000 ×			
		-	<u> </u>		 	-	-				-	\vdash		H	_		51,000,000 ×			
				ı	1	ŧ	1	i .	[l .		<u> </u>					trisonium D	1		
		<u> </u>			\vdash								l				Spouse/DC Income over \$1,000,000*	1		

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: Kathleen A. Weppner	
Page 4 of 6	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honorana. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

2014. In addition,	INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	mbers and employees compensa fessional services involving a fidu	ted at or above the "senior staff" raciary relationship) are totally prohibit	re the "senior staff" rate was \$26,955. It is unchanged in hip) are totally prohibited for Members and senior staff.
		1	Am	Amount
	Source (include date of receipt for nonorana)	i ype	Current Year to Filing	Preceding Year
	ABC Trade Association, Baltimore, MD (July 15)	Honoradum	\$6	\$500
Examples:	State of Maryland	Salary	\$20,000	\$76,000
	Civil Will Roundiable, Rudmond, VA (CC. 2) Ontario County Board of Education	Spouse Spiery	N/A	\$1,000 N/A
DENNIS WEDDNER AND DO				
		SPOUSE SALARY	NA	NA
KALEIDA HEALTH		SPOUSE SALARY	NA	NIA
UNIVERSITY GYNECOLOGISTS & OBS	LOGISTS & OBS	SPOUSE SALARY	NA	NA
DENNIS WEPPNER, MD PC)PC	SALARY	\$12,478.00	\$35,050.00
GENZYME CORPORATION	юн	SPOUSE - ADVISORY FEE	NA	N/A
:				

SCHEDULE D - LIABILITIES

ne: Kathleen A. Weppner
Page 5 of 6

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.

			Example First Bank of	se, or Creditor		:	Committee of the contract of t
			First Bank of Wilmington, DE	-		;	Committee to the manage start accept by your spouds of depotitions of district
			5/98	Date Liability Incurred MO/YR			on your above
		:	Mortgage on Rental Property, Dover, DE	Type of Liability			e echoimen conn.
	•			\$10,001- \$15,000	>		
				\$15,001- \$50,000	œ 		ŀ
				\$50,001- \$100,000	n		
			×	\$100,001- \$250,000	0	\	
				\$250,001- \$500,000	m	Amount of Liability	
				\$500,001- \$1,000,000	71	t of Li	
				\$1,000,001- \$5,000,000	6	ability	
				\$5,000,001- \$25,000,000	*		
		-		\$25,000,001- \$50,000,000	-		
				Over \$50,000,000	د		
				Over \$1,000,000* (Spouse/DC Liability)	*		

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, pertner, 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 listed in Schedule C; 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 calenda	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
Vice President	DENNIS WEPPNER, MD PC

SCHEDULE F - AGREEMENTS

ime:	Kathleen A. Weppner	
Page of	6 6	

AID BY ONE SOURCE	SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	SCH
Terms of Agreement	Date Parties to Agreement	Dat
ve with respect to: future employment, a leave of absence during the period of government service; emment, or continuing perticipation in an employee welfare or benefit plan maintained by a former employer	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absent continuation or defenal of payments by a former or current employer other than the U.S. government, or continuing participation in an employee welf	Identify continu

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
Doe Jones & Smith, Hometown, Homestate	Accounting Services
ENTERCOM, BUFFALO, NY	RADIO HOST (2012)
DENNIS WEPPNER, MD PC, BUFFALO, NY	HR Supervisor (2012)