



Filing ID #10003467

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Mr. Daniel T. Kildee
Status: Member
State/District: MI05

FILING INFORMATION

Filing Type: Amendment Report
Filing Year: 2013
Filing Date: 06/19/2014

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
401K Plan, Center for Community Progress ⇒ RDTDX America Funds 2025 TDRF R3		\$50,001 - \$100,000	None		<input type="checkbox"/>
401K Plan, Center for Community Progress ⇒ Transamerica High Yield Bond Fund 1		\$15,001 - \$50,000	None		<input type="checkbox"/>
Federal Retirement Thrift Savings Plan G Fund		\$15,001 - \$50,000	None		<input type="checkbox"/>
Fidelity Retirement Retirement Fund 2025	SP	\$50,001 - \$100,000	None		<input type="checkbox"/>
Real estate at 405 Greenfield, Flint, Michigan	JT	\$15,001 - \$50,000	None		<input type="checkbox"/>
LOCATION: Flint, MI, US					
Sun America Adjustable Life Insurance Policy		\$15,001 - \$50,000	None		<input type="checkbox"/>

* Asset class details available at the bottom of this form.

SCHEDULE B: TRANSACTIONS

Asset	Owner	Date	Tx. Type	Amount	Cap. Gains > \$200?
American Funds Investment Company of America		01/7/2013	S	\$1,001 - \$15,000	<input type="checkbox"/>
Fidelity Contrafund		01/7/2013	S	\$1,001 - \$15,000	<input type="checkbox"/>
JP Morgan Mid-Cap Value A Fund		01/7/2013	S	\$1,001 - \$15,000	<input type="checkbox"/>
Nationwide International Index Fund A		01/7/2013	S	\$1,001 - \$15,000	<input type="checkbox"/>

SCHEDULE C: EARNED INCOME

Source	Type	Amount
Genesee County Employee Retirement System	Pension	\$54,772
Nationwide Retirement Solutions, Inc.	457 distribution	\$17,401
Disability Rights International, Inc.	spouse salary	N/A
Harlequin Enterprises	spouse income	N/A
Demand Media Studios	spouse income	N/A

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Mastercard	December 2010	credit card debt	\$15,001 - \$50,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

SCHEDULE A AND B ASSET CLASS DETAILS

- 401K Plan, Center for Community Progress

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?

☐ Yes ☒ No

COMMENTS

CERTIFICATION AND SIGNATURE

☒ 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: Mr. Daniel T. Kildee , 06/19/2014