Name: 2015 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** 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. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable flability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "eerned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS 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. 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? IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction 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 REPORT FILER STATUS asset during the reporting period? × × Joseph P. Kennedy III 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for District: State: ₹. ĕ **3** š ě ⋚ Daytime Telephone: × × × × × Amendmen ₹ 중 중 중 중 For Use by Members, Officers, and Employees 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? 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the 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? Form A 202-225-5931 **Employee** Officer or **Employing Office** Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. HAND DELIKEBET 7016 HAY 13 PM 4:41 TO TOMOGUSE ONLY ENTREVED MC **36** ğ š 즇 š ž

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* Filer is a discretionary beneficiary and has never received any income from this trust. Filer has disclosed 100% of the assets of the trust that have a value in excess of \$1,000

Use additional sheets if more space is required.

SCHEDULE A - ASSET

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^{*} Filer is a decretionary beneficiary and has never received any income from this trust. During 2014 the trust divided into two sub trusts, one for the benefit of the reporting individual and one for a family member. The assets for the trust of the other family member are not reported. Filer has disclosed 100% of the assets of the sub trust for his benefit that have a value in excess of \$1,000.

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T	Parametric Emerging Markets FD (Page 5, Item 1)		တ				12/23/2015	×			-							
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J	Eagle Midcap Growth Fund (Page 5, Item 14)		P				10/28/2015		×									
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Generac Holdings Inc. (Page 13, Item 9)	Abbott Labs (Page 12, Item 10)	Keycorp New Com (Page 9, Item 6)	Celegene Corp. (Page 9, Item 5)	Bristol Myers Squibb (Page 9, Item 4)	Wells Fargo (Page 9, Item 1)	Wells Fargo (Page 9, Item 1)	Generac Holdings Inc. (Page 8, ftem 15)	Volkswagon (Page 8, Item 12)	Sanofi Aventis (Page 8, Item 7)	Plum Creek Timber (Page 8m Item 4)	Occidental Pete (Page 8, Item 2)	Morgan Stanley Com (Page 7, Item 16)	Kinder Morgan Inc. (Page 7, Item 11)	JP Morgan Chase (Page 7, Item 8)	JP Morgan Chase (Page 7, Item 8)	Keysight Technologies Inc. (Page 7, Item 7)	to Alphabet CL C (Page 9, Item 3)	Google Inc. CL C (Page 7, Item 5) name changed	Maga Corp. Stock	Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred eccount, and disclose the capital gain income on Schedule A. *Column K is for essets solely held by your spouse or dependent child.	reporting behavior of any security of these property theory by you, you appeared to you dependent child for investment or the production of incomes, include transactions that resulted in a capital loca. Provide a brief description of an auchange transaction. Eclable transactions between you, your spouse, or dependent criticons, or the purchase or sale of your personal residence, unless it generated restal income. If only a control of an asset is sold, clease choose from another set the top of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
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	Google Inc CL A (Page 19, Item 7) Name changed	Generac Holdings Inc. (Page 19, Item 4)	Nextera Energy Inc. (Page 17, Item 6)	Citigroup Inc. (Page 17, Item 5)	Celgene Corp. (Page 17, Item 4)	Morgan Stanley Co. (Page 16, Item 15)	Volkswagon A G ADR (Page 15, Item 4)	BHP LTD Sponsored (Page 15, Item 2)	Plum Creek Timber Co Inc. (Page 14, Item 10)	Occidental Petroleum Corp. (Page 14, Item 8)	Kinder Morgan Inc. (Page 14, Item 1)	Mondelez International Inc. (Page 14, Item 6)	Keysight Technologies Inc. (Page 13, Item 16)	JP Morgan Chase Co. (Page 13, Item 14)	to Alphabet CL C (Page 17, Item 3)	Google Inc. CL C (Page 13, Item 13) name changed	to Alphabet CL A (Page 17, Item 2)	Google Inc CL A (Page 13, Item 12) name changed	Exemple		a pursuit of all asset is sort, present choice palse are as an trype of consorum. Caphal Gaina: if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and discloss its capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	reporting period of any security or the property freed by you, your spouse, or your depositions that of the production of income, include the statescictors that department chall for investment or the production of an exchange instruction, resulted in a cupital loss. Provide a brief description of an exchange instruction, or she produce to the production of challeng, or she produce to append on the production of the product	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
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to Alphabet CL A (Page 21, Item 9)	19, Ite	(Page	age 17,	, Item 5	7, Item	age 16,	Page 1	age 15	nc. (Pa	orp. (P	ge 14, I	Inc. (Pa	Inc. (Pa	Page 1	3 17, Ite	13, Ite	9 17, Ite	13, Iter		Asset	in a capi et in a tau pousse or c	description of the	ansaction
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	Report any	purchase, sa	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the	Ţγ	Type of Transaction	meactic	Š		Date				AT	ount o	of Trai	Amount of Transaction	5			
	dependent resulted in	child for investing a capital loss.	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.			,				>	50	o	•	m	71	၈	=		-	7
	Exclude tra purchase or a portion of	neactions beto sale of your pe an asset is sold	Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated reside income. If only a portion of an easet is sold, please choose "partial sale" as the type of transaction.					pital Gain	(MODAYR) or Quetarly,	•									00	
	Capital Gal	Capital Gaine: If a seles transaction re the "capital gaine" box, unless it was a the capital gain income on Schedule A.	Capital Gains: If a seles transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	chase	•	Lei Saio	hange	ick Box If Co	approach in	001- ,000	,001- ,000	,001- 0,000	0,001- 0,000	0,001- 0,000	0,001- 000,000	000,001- 000,000	003,001- ,000,000	,000,001- ,000,000	# \$50,000,0	r \$1,000,00 buse/DC As
	* Column K	is for assets so	* Column K is for assets adialy hald by your spouse or dependent child.	Pu	Şai	Pa	E×	Çh Ex		\$1, \$18	\$1! \$50								04	
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		Kinder Mo	Kinder Morgan Inc. (Page 19, Item 11)		S				10/23/2015	×										
		Occidental	Occidental Petroleum Corp. (Page 20, Item 1)		တ				10/23/2015	×	<u> </u>		<u>.</u>							
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Nextera Energy Inc. (Page 21, Item 14)

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Abbott Labs (Page 21, Item 8)

Bristol Myers Squibb (Page 21, Item 11)

Citigroup Inc. (Page 21, Item 13)

Celgene Corp. (Page 21, Item 12)

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	Joseph P. Kennedy III
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a portion	or sale of	your pen	counter sensembors cement you, your spotes, or oppetions cristins, or me parties or sale of your presonal residence, unless it persualed residence. If only a portion of an asset is sold, please choose "perfail sale" as the type of transaction.						(MODAMR) or Custonly.										••	
Cape of the cape o	dens: Fa	Man on St	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check in the "topidal gains" box, unless it was an asset in a tox-deferred account, and declose the capital gains come on Schedule A. The capital gain from on Schedule A.	hase		ni Salo	ange	k Box If Ca eded \$200	weetly, or co-		001- 000				,001- 00,000	00,001- 10,000	00,001- 000,000	000,001- 100,000	\$50,000,0	\$1,000,00 uee/DC Ae
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SCHEDULE C - EARNED INCOME

	Name:
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National Partnership For V	Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Educ	┙		List the source, type, and amoun the source and emount of any he EXCLUDE: Military pay (such as NCOME LIMITS and PROHIBIT ypes of income (notably honorar	
National Partnership For Women and Families. Washington, DC	omer of medicate Chill Wer Roundlabe (Oct. 2) Onlario County Board of Education		Source (include date of receipt for honoraria)	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 a spouse, list the source and emount of any horizonia; list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Alliftary pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	
Spouse Salary	Spouse Spech Spouse Seary	Approved Teaching Fee	Туре	nment) totaling \$200 or more during the elow. Social Security Act. sated at or above the "senior staff" rate totally prohibited.	
A/N	\$1,000 \$1,000 NA	\$8,000	Amount	reporting period. For a spouse, list was \$27,225. In addition, certain	

	Approved Teaching Fee	\$19,000
Chil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Spisech	\$1,000 N/A
National Partnership For Women and Families. Washington, DC	Spouse Salary	N/A

SCHEDULE D - LIABILITIES

Name: Joseph P. Kennedy III Page 32 2 ၾ

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. 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 belance at the close of the reporting period exceeded \$10,000.

**Column K is for liabilities held solely by your spouse or dependent child.

								≥	Amount of Liability	of Lie	FIII	į		
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P. 38	11-11-11-11-11-11-11-11-11-11-11-11-11-	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$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
	Example	First Bank of Wilmington, DE	598	Mortgage on Rental Property, Dover, DE				×						
Τľ	Wells Fargo Bank, N.A.	Bank, N.A.	04/2013	Mortgage on Personal Residence, DC						×				
듸	Wells Fargo Bank, N.A.	Bank, N.A.	07/2013	Mortgage on Personal Residence, MA					×					
SP	Sallie Mae.	Sallie Mae, Wilkes Barre, PA	11/2006	Student Loan	×									
ф	Aspire Res	Aspire Resources, Des Moines, IA	09/2006	Student Loan		×								
क्ष	Harvard Un	Harvard University, Cambridge, MA	09/2006	Student Loan	×								-	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

Position	Name of Organization
Member Board of Directors	Robert F. Kennedy Memorial
Director	Robert F. Kennedy Children's Action Corps.
Member Board of Directos	Sooner Foundation
Member Advisory Board	Brigham and Women's Hospital - Ann Romney Center for Neurologic Diseases
Member Senior Advisory Committee	Harvard University Institute of Politics

SCHEDULE F - AGREEMENTS

Name:
Joseph P. Kennedy III
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continuation of	site, parties to, and general terms of any agreement or errangement that you hav or deferral of payments by a former or current employer other than the U.S. gove	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 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
	NONE	

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal ittendable received from the Efrica Committee)	\$600
NONE			

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

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Name: Joseph P. Kennedy III	
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filter.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Viti)	Food? (Y/N)	Family Member Included? (YA)
	Government of Chine (NECCSA)	Aup 6-11	DC-Brilling, Chine-DC	۲ .	*	z
Clarge	Hitchil for Numerity (charty fundation)	Mar. 3-4	DC-Buston-DC	4	۲	₹
NONE						
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	
Joseph P. Kennedy III	
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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	sor of an event to a charitable organ	ization in lieu of paying an	honorarium to you. A
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb, 2, 2015	\$2,000
NONE			