

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. Daniel T. Kildee

Status: Member State/District: MI05

FILING INFORMATION

Filing Type: Annual Report

Filing Year: 2017

Filing Date: 04/17/2018

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		
401K Plan, Center for Community Progress ⇒ Transamerica High Yield Bond Fund 1		\$15,001 - \$50,000	None		
Federal Retirement Thrift Savings Plan G Fund		\$50,001 - \$100,000	None		
Fidelity Target Retirement Fund 2025	SP	\$50,001 - \$100,000	None		
Huntington Bank saving account	JT	\$15,001 - \$50,000	None		
Sun America Adjustable Life Insurance Policy		\$15,001 - \$50,000	None		П

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

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

Source	Туре	Amount	
Genesee County Employee Retirement System	pension from county government service	\$58,277.04	
American Bar Association	spouse salary	N/A	

SCHEDULE D: LIABILITIES

(Owner	Creditor	Date Incurred	Туре	Amount of Liability	
J	T	Mastercard	December 2010	credit card debt	\$8,040.25	

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

Trip Details				Inclusions			
Source	Start Date	End Date	Itinerary	Days at Own Exp.	Lodging?	Food?	Family?
The Aspen Institute, Inc.	02/18/2017	02/27/2017	Washington, DC - New Delhi, India - Hyderabad, India - Washington, DC	1	∀	V	▽

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

 $\textbf{IPO:} \ \ \textbf{Did} \ \ \textbf{you} \ \ \textbf{purchase} \ \ \textbf{any} \ \ \textbf{shares} \ \ \textbf{that} \ \ \textbf{were} \ \ \textbf{allocated} \ \ \textbf{as} \ \ \textbf{a} \ \ \textbf{part} \ \ \textbf{of} \ \ \textbf{an} \ \ \textbf{Initial} \ \ \textbf{Public} \ \ \textbf{Offering?}$

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C 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?

∇es 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

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: Hon. Daniel T. Kildee, 04/17/2018