Yes No X	nt child because	actions, or liabilities of a spouse or dependent child because ith the Committee on Ethics.	d" income, trans lirst consulted w	her assets, "unearne es" unless you have	EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spothey meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION— they meet all thr
Yes No X	disclosed. Have yo	-Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you rom this report details of such a trust benefiting you, your spouse, or dependent child?	e on Ethics and dependent chil	wed by the Committe	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and control of the committee on Ethics and control of the control of t	TRUSTS—Detail excluded from the
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tion in this part must be answered and the schedule attached for each "Yes" response.	t must be ar hed for each	Each question in this par appropriate schedule attac	No	ortable Yes X	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	V. Did you, your : liability (more that if yes, complete
Yes No X	or arrangement wi	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Š	sell, ling Yes X	IV. Did you, your spouse, or a dependent child purchase, sell or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IV. Did you, your or exchange any \$1,000 during th If yes, complete
ate Yes X No	on or before the dat	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Š	arned" ny period? Yes X	Ill. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	III. Did you, your income of more to reportable asset If yes, complete
Yes No X	hild receive any el in the reporting rrce)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	No ×	the Yes	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	II. Did any individulieu of paying you reporting period? If yes, complete
Yes No X	nild receive any nggregating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	N _O	aries or riod? Yes X	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. 	I. Did you or you fees) of \$200 or If yes, complete
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A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 peni against anyo 30 days late	Employing Office: Termination Date:	Officer or Employee	M1Ch1gan 11 Amendment	X Member of the U.S. State: House of Representatives District. X Annual (May 15, 2013)	Filer Status Report Type
2013 AUS -9 PM 12: 58 (Office Use Only)	THE STATE OF THE S	Daytime Telephone:	Daytime T		Kerry Bentivolio	Name: Ke
HAND: 1 or 100 DELIVERED	<u> </u>	Form A For use by Members, officers, and employees	MENT	ENTATIVES LOSURE STATE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	UNITED ST

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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; 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.

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Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
ion	Spouse Salary	NA
Fowlerville Community Schools	Salary	\$37,229.25
Michigan Catholic Conference TERFA	Pension	\$21,301.87
Providence Hospital	Spouse Salary	N/A
SCMS Administrative	Spouse Salary	N/A
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	-Bank Account	Sp Community Choice CU		-Bank Account	Sp Credit Union Advantage			SP SP Mega Corp. Stock	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	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.	vide a complete address or a description, e.g., "renta preperty," and a city and state.	For all IMAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, pro-	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A
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									Spouse/DC Income over \$1,000,000*	¥			= 2	* 2 # 3 *		
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Name Kerry Bentivolio

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Continuation Sheet (if needed)

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NameKerry Bentivolio

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Name Kerry Bentivolio Page 6 of 10

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Name Kerry Bentivolio

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SCHEDULE IV— TRANSACTIONS

Name Kerry Bentivolio

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Type Type										Old Fashioned Santa Co	Old Fashioned Santa Co	Example: Mega Corpor	SP, DC, JT Asset	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. This column is for assets solely held by your spouse or dependent child.	purchase or some of your personner resource, unless it generates remainderned from a portion of an asset is sold, please so indicate (<i>i.e.</i> , "partial sale"). See example below.	in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your parsonal residence unless it entertains central.	
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SCHEDULE V— LIABILITIES

Name Kerry Bentivolio

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

		}					Amount of Liability	t of Li	ability			
0		Liability		A	ОВ	, D	m	F	ဂ	-	_	
٦ <u>,</u>	Creditor	Incurred Mo/Year	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 Over	\$50,000,000 Spouse/DC Liability
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE			×						L
JT	CCO Mortgage	2/7/2003	2/7/2003 Mortgage on 260 White Pine Trl Milford, MI			×						
JT	Charter One	11/8/2010	Home Equity Line of Credit on 260 White Pine Trl, Milford, MI		×							
												<u> </u>
				·								

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her

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 H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375

SCHEDULE VIII—POSITIONS

Name Kerry Bentivolio

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

money) with positions array of the second second	
Position	Name of Organization
Partner	Old Fashioned Santa Co

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement