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UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT		Form A s, Officers, and Employees	DELIVERED
Name: William R. Kenting Day	time Telephone:_	_	2015 MAY -5 PM 3: 29 PM 0: EFICIONIC PONDO
FILER STATUS Wember of or Candidate for U.S. House of Representatives District:		Officer or Employing Office Employee	LS. HOUSE OF REPRESENTATIVES
REPORT TYPE 2014 Annual (Due: May 15, 2015)	Amendment	Termination  Date of Ter	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QU	JESTIONS		
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?	NO outside e	ou have any reportable agreement o entity during the reporting period or i through the date of filing?	
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?  Yes	No reportabl	ou, your spouse, or your dependent e gift(s) totaling more than \$375 in v uring 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 reporting period?	No reportable	ou, your spouse, or your dependent e travel or reimbursements for trave value from a single source during the	el totaling more than Yes No No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?		y individual or organization make a o lying you for a speech, appearance, period?	
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	1		G SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR 1	RUST INFORMAT	ION - ANSWER EACH	OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offe the Committee on Ethics for further guidance.	aring during the reporting per	od? If you answered "yes" to this q	uestion, please contact Yes No
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Eth this report details of such a trust that benefits you, your spouse, or your dependent child	ics and certain other "except	ed trusts" need not be disclosed. H	lave you excluded from Yes No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income three tests for exemption? Do not answer "yes" unless you have first consulted with the	a, transactions, or liabilities of Committee on Ethics.	fa spouse or your dependent child	because they meet all Yes No

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: William Richard Kenting Page 2 of 13

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: William Richard Kanting Page 3 of 13

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Name: William Richard Kending Page 4 of 17

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SCHEDULE A	- ASSETS	& "UNEARNED	INCOME"

Name: William Rubard Keating Page 5 of 13

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## **SCHEDULE B - TRANSACTIONS**

Name: William lie hard Kenting Page 6 of 17

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### SCHEDULE B - TRANSACTIONS

Name: William R. Keating Page 7 of 13

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### SCHEDULE C - EARNED INCOME

Name: Milliam X & Mart A-t at My Page 6 of 15	Name: William Labor Kenting	Page 8 of 13
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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 amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	
EYCL LIDE: Military nav (euch as National Guard as Decario can) forland retirement apparate and happility regular the Social Security Act	

EXCLUDE: Military 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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

	Source (include date of receipt for honoraria)	Туре	Amount
Examples:	Keane State Sale of Maryland Chill War Roundtable (Cot. 2) Ordan's County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speach Spouse Salary	\$6,000 \$18,000 \$1,000 N/A
C	emme www adth of Macsachusetts	Returnent Pension	111,523
v	-5- Amorays Inc Refinement Plan	Retremet Plan	6,124
	-5- Amerays Inc Retirement Plan Shares Credit Union - Non Employer Companyor	Blay Directors Term Lit has Reymond	477
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Name: William Richard Kenting Page 9 of 13
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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 albing 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.

							Α	moun	t of Li	ability				
SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability		\$15,001- \$50,000	\$50,001- \$100,000	\$100,001-	\$250,001- \$500,000	\$500,000. \$1,000,000	51,000,000-13 55,000,000	\$5,000,001- \$25,000,000	\$25,000,001-	Over \$50,000,000	Over \$1,000,000* × (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/96	Mortgage on Rental Property, Dover, DE				х							
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#### 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, freternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.										
Position	Name of Organization									
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Name:	William	Richard	Kenting	Page_[() of13	

Date	Parties to Agreement	Terms of Agreement				

## 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, Artington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
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SCHEDULE H -	TRAVEL	<b>PAYMENTS</b>	and REIMBU	RSEMENTS
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	Name: Williams Richard Kentin	Page 11 of 13
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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 reimbursed 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 filer.

	Source	Date(s)	City of Departure — Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
_	Government of Chane (MECEA)	Aug 6-11	DC-Bujing Chree-DC	Y	Y	N
- Boamples:	Habilat for Humanity (charity functioner)	Mar 3-4	DC-Boulan-OC	Y	Y	Y
Sh	on Creditulais Director Conten	MC 3/22	Boston Ma - Machie Bay Tama	ica Y	4	٢
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# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

	Source	Activity	Date	` Amount
camples:	Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2014 Aug. 13, 2014	\$2,000 \$500
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