

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

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LEGISLATIVE RESOURCE CENTER

18 MAR -9 PM 1:22

U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

Name: Kerry L. Bentivoglio Daytime Telephone \_\_\_\_\_

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives Candidates - Date of Election: <u>8-7-18</u>	State: <u>Michigan</u> District: <u>11</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> New Officer or Employee Employing Office: _____	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	Period Covered: January 1, _____ to _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

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? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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?

Yes ☐ No ☒

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

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# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income																								
SP, DC, JT	ASSET NAME	EF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
			None	\$1-\$1,000	\$1,001-\$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 Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
SP	6% Stock																																														
	Whole Life Policy																																														
	Permanent Life Ins																																														
SP	Ascension Healthcare Pension																																														
SP	Ascension Healthcare (match Pension)																																														
SP	ME SP - Grandchild																																														
	contribution by Based 9-10																																														
SP	ME SP - Grandchild																																														
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