



Filing ID #10055454

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Kevin Thomas
Status: Congressional Candidate
State/District: NY04

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2023
Filing Date: 12/4/2023

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
New York State Common Retirement Fund [DB]		\$15,001 - \$50,000	None		
NVIDIA Corporation (NVDA) [ST]		\$1,001 - \$15,000	Dividends	\$1 - \$200	None
The Northwell Health 403(b) Vivo Pharmacy plan [DB]	SP	\$100,001 - \$250,000	None		

* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
NYS Senate	salary	\$125,615.42	\$110,000.00
Northwell Health	spouse salary	\$87,003.54	\$124,226.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Customers Bank	August 2022	Personal loan	\$15,001 - \$50,000
	US Dept of Education	Sep 2002	federal student loan	\$250,001 - \$500,000
	Service Finance Company	December 2022	Home equipment finance	\$10,000 - \$15,000
SP	Bank of America	August 2023	credit card	\$10,000 - \$15,000
SP	US Dept of Education	May 2013	Federal Student Loan	\$50,001 - \$100,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

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?

☐ Yes ☒ 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: Kevin Thomas , 12/4/2023