

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007**

**FORM A**  
 For use by Members, officers, and employees

Patrick J. Kennedy  
 (Full Name)

(202) 225-4911  
 (Daytime Telephone)

OFFICE OF THE CLERK  
 U.S. HOUSE OF REPRESENTATIVES  
 (Office Use Only)

2008 MAY 15 PM 3:29

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<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representative	<b>State:</b> RI	<b>District:</b> 01	<b>Officer Or Employee</b>		<b>Employing Office:</b>	
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<b>Amendment</b>		<b>Termination</b>		<b>Termination Date:</b>	

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

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<b>I.</b> Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? <i>If yes, complete and attach Schedule I.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<b>VI.</b> Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? <i>If yes, complete and attach Schedule VI.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>II.</b> 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? <i>If yes, complete and attach Schedule II.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<b>VII.</b> Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? <i>If yes, complete and attach Schedule VII.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>III.</b> Did you, your spouse, or a dependent child receive "unearned" income of more than \$1,000 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? <i>If yes, complete and attach Schedule III.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<b>VIII.</b> Did you hold any reportable positions on or before the date of filing in the current calendar year? <i>If yes, complete and attach Schedule VIII.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>IV.</b> Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? <i>If yes, complete and attach Schedule IV.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<b>IX.</b> Did you have any reportable agreement or arrangement with an outside entity? <i>If yes, complete and attach Schedule IX.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>V.</b> Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? <i>If yes, complete and attach Schedule V.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>		

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<b>Trusts--</b> Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Exemptions--</b> 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

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BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
<p>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 assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>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 (JT), in the optional column on the far left.</p>	<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>Citizens Trust Company Accounts, Providence, RI</p> <p>MFB Northern U.S. Government Money Market Fund</p> <p>Chicago, IL</p>	<p>\$1,001 - \$15,000</p> <p>\$15,001 - \$50,000</p>	<p>INTEREST</p> <p>DIVIDENDS</p>	<p>\$1 - \$200</p> <p>\$1,001 - \$2,500</p>	
<p>August 31, 1959 Trust, Edward M. Kennedy, Grantor, FBO Patrick J. Kennedy New York, NY</p>		<p>EXCEPTED TRUST</p>	<p>\$100,001 - \$1,000,000</p>	
<p>Park Holdings Group, LLC (owns oil &amp; gas interests) New York, NY</p> <p>(formerly Arctic Royalty Limited Partnership)</p>	<p>\$100,001 - \$250,000</p>	<p>PARTNERSHIP INCOME</p>	<p>\$15,001 - \$50,000</p>	

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

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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 \$305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly 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 (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 you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Alliance for Health Reform, Washington, DC	Jan. 12-14	Washington DC - Miami, FL - Boston, MA	Y	Y	N	None

**SCHEDULE VIII - POSITIONS**

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Associate Member	Battleship, Massachusetts
Corporate Member	Bradley Hospital
Honorary Member	Mental Health Associates of Rhode Island
Member, Advisory Board	Big Brothers of Rhode Island
Member, Advisory Board	Rhode Island Special Olympics
Member, Advisory Board	University of Michigan Depression Center
Associate Trustee	Joseph P. Kennedy, Jr. Foundation
Member	Park Holdings Group, LLC (formerly Arctic Royalty Limited Partnership)
Ex-Officio Trustee	Providence Performing Arts
Member, Honorary Board	Recycling for Rhode Island Education
Member, Ex-Officio Board of Trustees	Kennedy Center for Performing Arts
Member, Board of Directors	Martin Luther King, Jr. National Memorial Project Foundation, Inc.

# SCHEDULE VIII - POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Advisory Board	Hispanic Family Literacy Institute
Honorary Member	American Sail Training Association
Honorary Member	Newport County Navy League of the United States
Honorary Member	Newport County Community Mental Health Center