Page 1 of 1

A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1, 2017 to 1/25/2019	Staff Filer Type: (If Applicable) Shared Principal Assistant	New Officer or Employee Employing Office:		
(Office Use Only)	1	Feb 27, 2018	Candidates - Date of Election:		FILER STATUS
	Check If Amendment	State: AZ District: 08	New Member of or Candidate for U.S. House of Representatives	X	
2020 JAN 23 PH 4: 51	Daytime Telephone: <u>202-225-4576</u>	Daytime Telepi	Name: <u>Hon. Debbie Lesko</u>	lon. De	Name: L
The Control of the Co	For New Members, Candidates, and New Employees	For New Mem	FINANCIAL DISCLOSURE STATEMENT	L DISCLO	FINANCIA
Page 1 of 1	FORM B	ENTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	STAT	UNITED

A Did you, your spouse, or your dependent child: a. Our any reportable seaset that was worth more than \$1,000 at the b. Receive more than \$200 in unserned income from any reportable asset during the reporting pendor? C. Did you or your spouse, have "serned" income (e.g., salaries, honoratis, or pendoriPR) additional of \$200 or more during the exporting pendor? P. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? P. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? ATTACH THE CORRESPONDING SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE
--

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWERBOTH OF THESE QUESTIONS

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS - Details assarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain offier "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 X	Yee No X



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Name: Hon. Debbie Lesko

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dependent child (L Ş æ å 将 For an ownership interest in a privately-held busin that is not publicly traded, state the name of business, the nature of its activities, and For rantal and other raci properly held for investment provide a complete address or description, e.g. tertal property," and a only and state. Provide complete names of stocks and mutual fack do not use only taken symbols). dentity (a) each asset haid for investment or production of income and with a fair market valual ucceeding \$1,000 at the end of the reporting period, jud (p) any other reportable asset or source of income which generated more than \$200 in 'unearned' income during the year. for bank and other cash accounts, total the amount at misrest-bearing accounts. If the total is own (5,000, list every financial institution where there for a detailed discussion of Schedula A requirent blease refer to the instruction booklet. you so choose, you may indicate that an asset come source is that of your spouse (SP) spendent child (DC), or jointly held with anyone (J) the optional column on the far left. scome during the reporting period); and any fine statest. In. or income derived from, a fe statests in program, including the Thrift Savings (chade: Your personal residence, including secon xnes and vacation homes (unless there was resi interest-bearing accounts. If the total is, 000, list every financial institution where the then \$1,000 in interest-bearing accounts. r all IRAs and other retroment plans (such 1(k) plans) provide the value for each asset held secount that exceeds the reporting thresholds. a podeu nov graphic location in Block A. ME IRAGE AND Assets and/or income Sources BANK (AZCSH) - ONE AZ CREDIT UNION CASH ¥ WF (DBF) - THE DIVERSIFIED BOND FUND WF (SV) - THE STABLE VALUE FUND (2025) - THE 2025 RETIREMENT FUND inorprovi RP (AMRP) - AMEX RETIREMENT PLAN privately-traded Simon & Schuder Maga Cosp Stock BLOCK > Fund. please check tund that 6 1 1 1 1 1 1 Ŗ × Indicate value of asset at close of the reporting period it you use a valuation method other than fetr market value, plaese specify the method used. If an easel was sold during the reporting period and is include only because it generated income, the value should b None *Column NH is for assets held by your apouse shilld in which you have no interest. shild in which you \$1-\$1,000 • × × \$1 001-515,000 9 × × \$15,001-\$50,000 0 × m Value of Asset \$50,001-\$100,000 \$100,001-\$250,000 71 BLOCK 8 \$750 001-\$500,000 × କ \$500.001-\$1.000.000 3 \$1,000,001-\$5,000,000 \$5,000 001-\$25,000,000 ٠. * \$25,000 001-\$50,000,000 Over \$50,000,000 -Spoura-DC Asset over \$1,000,000 ŧ ou Check all columns that apply. For accounts and that generate but deformed income (such as 401th, IRA, or 529 accounts), you may check the Tax-Deferred column. Dividends, but indexest, and capital gains, even it be indexest, must be disclosed as income for easets held in taxable accounts. Chock for the caset generated no income during the reporting period. NONE × × DIVIDENDS RENT Type of income INTEREST BLOCK C CAPITAL GAINS **EXCEPTED BLIND TRUST** × × × × TAX-DEFERRED Royalisas Other Type of Income (Specify: e.g., Partnership Income or Ferm Income. For assets for which you checked "Tax-Defensed" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividents, interest, and capital guide, even if individented, must be disclosed as income for assets held in turable accounts. Check "None" if no income was earned or perveraited. × × × × × None 'Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-5200 × \$201-\$1,000 2 \$1 001-52 500 ₹ Current Year × \$2,501-\$3,000 < \$5,001-\$15,000 5 S \$15,001-\$50,000 \$50,001-\$100,000 ž \$100,001-\$1,000,000 × i \$1,000,001-\$3,000,000 Amount of Income Over \$5,000,000 × BTOCK D Ŧ Spouse/DC Income over \$1,000,000* ĕ × × $\overline{\mathbf{x}}$ × į × \$1-\$200 = \$201-\$1,000 5 × \$1 001-\$2,500 ₹ Preceding Year \$2,501-\$5,000 < -\$5 001-\$15.00G \$ Ş \$15,001-\$50,000 Ş \$50,001-\$100,000 \$100,001-\$1 000.000 × \$1,000,001-\$5,000,000 × × Spouse/DC Income over \$1,000,000 ×

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Name: Hon. Debble Lesko

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Name: Hon. Debbie Lesko

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SCHEDULE C - EARNED INCOME

Name: Hon. Debbie Lesko Page (C) 1 of 3

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retrement programs, and benefits received under the Social Security Act. 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 both the filer and filler's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside samed income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		- C		
			Am	Amount
v	Source (include date or receipt for nonorana)	type	Current Year to Filing	Preceding Year
	ABC Trade Association, Battimore, MD (July 15)	Honorarium	\$0	\$500
n vanados:	State of Manyland	Salary	\$20,000	\$79.000
	CIVII War Roundteble (Oct. 2)	Spouse Speech	8	\$1,000
	Ordano County Board of Education	Spouse Salery	Z.>	ΨA
AMERICAN EXPRESS	ESS	SPOUSE SALARY	N/A	N/A
ARIZONA SENATE		SALARY	\$1272.67	\$24000

SCHEDULE D - LIABILITIES

Name: Hon. Debbie Lesko Page (D) 1 of Ç

8 2 rent it out or ere a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabile); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10.000. 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 properly including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you *Column K is for liabilities held solely by your spouse or dependent child NONE Fusi Bank of Witnengton, UE Creditor Liability Incurred MO/YR Date 5 Mortgage on Kental Property, Dover, Dt. Type of Liability \$10.001-\$15,000 \$15.001-\$50,000 œ \$50,001-\$100,000 n \$100,001-0 \$250,000 Amount of Liability \$250.001-\$500,000 m \$500.001-711 \$1,000,000 \$1,000,001-Ç \$5,000,000 \$5,000,001-\$25,000,000 ¥ \$25,000,001-\$50,000,000 Over \$50,000,000 _ Over \$1,000,000* * (Spouse/DC Liability)

SCHEDULE E - POSITIONS

Name: Hon. Debbie Lesko Page_ (E) 1 S w

COMMUNITY ADVISORY COUNCIL REPRESENTATIVE CHAIRMAN 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, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. TREASURER **Position** FAITH HOUSE DOMESTIC VIOLENCE SHELTER (NON COMPENSATED) SENATE REPUBLICAN LEADERSHIP FUND PAC (RESIGNED FROM THIS POSITION PRIOR TO RUNNING FOR CONGRESS) AMERICAN LEGISLATIVE COUNCIL (NO LONGER SERVING IN THIS POSITION) AZ STATE SENATE (COMPENSATED - RESIGNED POSITION IN JANUARY 2018) Name of Organization

SCHEDULE F - AGREEMENTS

Name: Hon. Debbie Lesko

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ME AND STATE OF ARIZONA 1/12/2009 Participation in State of Arizona Pension Plan.	Date	Parties to Agreement	Terms of Agreement
	1/12/2008		Participation in State of Arizona Pension Plan.

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

Name: Hon. Debbie Lesko Page (<u>J) 1</u> of <u>3</u>

NONE Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and the prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C. Example Source (Name and City/State) Doe Jones & Smith, Hometown, Homestate **Brief Description of Duties** Accounting Services

FILER NOTES (Optional)

Name: Hon. Debbie Lesko

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NOTE NUMBER	NOTES
1	US Savings Bonds - Value is listed as amount due upon cashing out such bonds based on their total value including interest as of the data reported. Income listed is the interest income once the bond has been redeemed.
2	Please note the AZ State Pension does not provide for any information as to holdings.
3	Note: no positions are compensated except for the one indicated.