meet Yes No X	your dependent child because they	or liabilities of a spouse or on Ethics.	amed" income, transactions, reulted with the Committee o	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 examption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No X	need not be disclosed. Have you		ımittee on Ethics and certain use, or dependent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "Excepted Trusts" excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
9 Yes No X	inswered "Yes" to this question, please	reporting period? If you an	ial Public Offering during the	IPO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you a contact the Committee on Ethics for further guidance.
ONS	EACH OF THESE QUESTIONS	ANSWER	OR TRUST INFORMATION -	IPO AND EXCLUSION OF SPOUSE, DEPENDENT, O
ORRESPONDING SCHEDULE IF YOU ANSWER "YES"	DRRESPONDING SCHEDU	E C	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
g the Yes No	al or organization donate to charity in lieu of speech, appearance, or article during the	Did any individual or paying you for a spe reporting period?	Yes X 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?
Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$480 in value from a single source during the reporting period?	H. Did you, your spousi reportable travel or reim \$480 in value from a sin	Yes X	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 No X	G. Did you, your spouse, or your dependent children receive any reportable gift(s) totaling more than \$480 in value from a single source during the reporting period?	G. Did you, your spouse, or your dependen any reportable gift(s) totaling more than \$41 single source during the reporting period?	Yes No X	B. Did you, your spouse, or your dependent children purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
withen Yes No X	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 filling?	F. Did you have any re outside entity during the year up through the dat	Yes No	A. Did you, your spouse, or your dependent children:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
			: QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
	Termination Date of Termination:		Amendment	REPORT 2024 Annual (Due: May 15, 2025)
Staff Filer Type: (If Applicable) Shared Principal Assistant	r or Employing Office:	Officer or Employee	MN	FILER STATUS  Member of the U.S.  State:
A \$200 penaity shalf be essessed against any individual who files more than 30 days late.	A \$200 pertindividual (	hone:	Daytime Telephone:	Name: THOMAS EAPL EMARK JR.
50 64461 Psr Edutably 9207	JW 200	:		
ND DELIVERED LO		Form A For Use by Members, Officers, and Employees		UNITED STATES HOUSE OF REPRESENTATIVES 2024 FINANCIAL DISCLOSURE REPORT

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: THOMAS EMPL CHALP IF.

Page 2 of (O

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	Г				CITI	Įţ;	Example		interest-beering accounts, the total is over \$0.000, ust every financial institution where there is more than \$1,000 in interest-beering accounts.  For rental and other real property held for investment, proyetty," and a city and stata.  For an ownership interest in a privately-held business at the name of the business, the nature of its activities, and he property," and a city and stata.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and he property," and a city and stata in property," and a city and state in the name of the business, the nature of its activities, and he prographic location in Block A.  Excitude: Your personal residence, including second fromes and years there was restrained any financial interest in, or income derived from, a federal retitement program, including the Thrift Bevings Plan.  If you choose, you may incluste that an asset or income source is risked your appoint gifty or dependent either program, or that of your appoint gifty or dependent either an asset or income across or is in the optional column on the fersion.  For a detailed eleanasion of Schedule A requirements, please refer to the instruction bookiet.	account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(t) plans) provide the value for each asset held in the	more than \$200 in "unserned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	reprint (s) were seen in the late interestions in properties of income and white fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable exset or source of income that generated	A	
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Name: 1800AR/ COKL COMIR SR.

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### SCHEDULE B-TRANSACTIONS

Name: THOMAS APREL SMACE JK.

Page 4 of 10

				-									gp Example Maga Corp. Stock	sp, oc, rr Asset	Capital Gains: If a sales transaction resulted in a capital gain in access of \$200, check the "capital gains" box, unless it was an asset in a txx-deferred account, and disclose the capital gain income on Schedula A.  *Column K is for a seets solely hald by your spouse or dependent children.	dependent children for investment or the production of income, Include trensactions: that resulted in a capital loss. Provide a larief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial eats" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or rest property held by you, your spouse, or your
														_	Purchase		¥
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															Over \$1,000,000* {Spouse/DC	*	

### SCHEDULE C - EARNED INCOME

Name: Atomps GARC CAMP DA. 4 **'**2 0

List the source, type, and amount of eamed 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.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

		1	
	Source (include date of receipt for honoraria)	Туре	Amount
1	Keens Serve	Approved Teaching Fee	\$6,000
Examples:	State of Maryland	Legislative Pension	\$18,000
	CMI Wer Roundtable (Oct. 2)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Selary	NVA
		2	

#### SCHEDULE D-LIAB

00 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent children. Mark the highest amount owed during the reporting period. Ired 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	Name: (HOMB) LAME Of the highest report at any time during the reporting period by you, your spouse, or your dependent children. Mark the highest red to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your	APPLL endent chile. Excludes	Christ P- 3P.  dran. Mark the highest amount or Any mortgage on your personal re	Page of to
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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 children. Mark the highest amount Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal 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 or the children, perent, or sibiling 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, \*Column K is for liabilities held solely by your spouse or dependent children.

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AMCRICAN CXYPSIS	1 ST NATIONED BRINK VICTORIA	First Bank of Wilmington, DE	Creditor		
		6/20	Date Liability Incurred MO/YR		
CARD TIARAS	M19 PRIMARY RCI.	Montgage on Rental Property, Dover, DE	Type of Liability		
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#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held d consultant of any corporation, firm, partnership, or other busined in any religious, sociel, fraternal, or political entities (sue	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.
Position "	Name of Organization

#### SCHEDULE F - AGREEMENTS

Name About Styl Sans Te. Page 7 of 10
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			Date	identify the date deferrat of paym	
			Parties to Agreement	identify the date, parties to, and general terms of sny agreement overrangement that you have with respect to future amployee welter defeoral of payments by a former erquinent erapleyer other than the U.S. Government; or continuing panticipation in an amployee welter	
			Terms of Agreement	identify the date, parties to, and general terms of sny agreement overlangement that you have with respect to future employment a leave of absence during the period of Government service; centinument of continuing participation in an employer welfare of benefit plan mainteined by a former employer.	

#### SCHEDULE G - GIFTS

Réport the source (by name), a brief description, and the value of all gifts totaling more than \$480 required by you, your apouse, or your dependent children from any source during the year. Exclude: Sifts from relatives, gifts of personal hospitality from an included lywhich may not include a registered to by by local meets, and gifts to a spouse or dependent children that are totally independent of his or her relationship to you. Sifts with a value of \$192 or less read not be added towards the \$480 disclosers threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethios.

!	Source	Description	Value
Drample:	Me, Joseph Brieth, Arlington, NA	Silver Platter (prior determination of general triandably received from the Committee on Etgics)	\$500

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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identify the source and list travel itherary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$480 received by you, your spouse, or your dependent children 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 Degorations Act (FGDA, 5 U.S.C. 8 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent children that is totally independent of his or her relationship to the

	Вецгев	Data(s)	City of Departme-Destination-Oity of Return	Lodging*	Feed? (V/A)	Family Hamber Included? (V/B)
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Exemples:	Hebitot for Humaniky (Charity Fundralaer)	Mer. 3-4	DC-Boxton-DC	~	<b>-4</b>	*
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## SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONGRARIA

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Listationsoutce, activity (i.e., speach, appearance, or expote), date, and ambunt of any payment mode by the sponsor of an event to a charitable organization in dea of paying an honogalum to you. Assparate confidential list of sharifles receiving such payments must be filled directly with the Committee on Ethica.	vent to a charitable organization in lieu	of paying an honometum to y	ou. Aseparate
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speach	Feb. 2, 2024	\$2,000
	Artiste	AUG. 13, 2024	\$500

Name: THOMAS CAMPL GANGE JF.

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