PRELIMINARY INFORMATION - ANSWER <u>EACH</u>OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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 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? IPO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. 2023 FINANCIAL DISCLOSURE REPORT **UNITED STATES HOUSE OF REPRESENTATIVES** E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any-point during the reporting period? Name: C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: REPORT a. Own any reportable asset that was worth more than \$1,000 at the STATUS Receive more than \$200 in unearmed income from any reportable end of the reporting period? or asset during the reporting period? 2023 Annual (Due: May 15, 2024) Member of the U.S. House of Representatives State: District ¥08 **48** 좋 **7**8 좋 0 Daytime Telephone: 202-225-5 965 × Amendment 퐇 **z** S z 중 For Use by Members, Officers, and Employees X \times \bowtie Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any reportable travel or relimbursements for travel totaling more than \$480 in value from a single source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$480 in value from a single source during the reporting period? 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" eporting period? Employee Officer or Employing Office Date of Termination: Termination PERIOR VILLE BECOMING OF ILE 195 1960 pointly shall by proposed against any individual who files more than 30 days late. 2024 HAY 16(OPPO Sign Buly) HAND DELIVERED Shared Staff Filer Type: (If Applicable) **₹** žes 3 8 **ĕ** 좋 ₩ × Principal Assistant š 풓 종 2 ž 종 ĕ 乜 × X \succ >

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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-	┝	_	Ł	t		╁				For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or the content that (IC), or jointly held with snyone (JT), in the optional column on the far left.	If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal realdence, including second formes and vacation homes (unless there was nanta income during the reporting period); and any financia interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-hold business that is not publicly traded, state the name of the business, the rature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the emount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in Interest-bearing accounts.	were (iv) prains) provide the value for each asset field in the account that exceeds the reporting thresholds.	(do not use only ticker symbols). For all IRAs and other retrement plans (such as	parag ine year. Provide complete names of stocks and mutual funds	production of Income and with a fair market value exceeding \$1,000 at the end of the reporting period, each (p) any other reportable easet or source of income and (p) any other reportable easet or source of income that generated more than \$200 in "uneamed" knowns	Asset
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SCHEDULE A - ASSETS & "UNEARNED INCOME" BLOCK A Assets and/or income Sources A B C D E F G H I J K L W Name: Name: Name: Name: Type of income	BLOCK A Assets and/or Income Sources		SP. ASSET NAME	ASSET RADE	ASSET ASSET P. B. S. T.	ASSET RADE ABONCYW	ASSETI E-TRADE ABONDS: BONDS:	ASSET FOR ST BONDS: OLD SA:	ABSETI ABONEYW BONDS: OLD SAIN MASS CO	ASSET FOR SAV	ABSET HONEYW BONDS: OLD SAN MASS COTONS TO STORY FOR THE	ABSETI FONDS BONDS BONDS OLD SAL BONDS COH-FO TOH-FO T	HONEYW HONEYW MASS COMMASS COM	MASK CHAPE ABOUTS HONEYW BONDS ALD SAL MASK CHAPE TOH-F TOH-F TOH-F TOH-F AN SYS	ASSETT FOR ST	MASSETI ABSETI ABONDS: ALD SA: MASS CO ACH - F. BIRLINGD BIRLINGD ANY SYS LLS VEE MASS LLS VEE MASS MASS LLS VEE MASS MASS MASS LLS VEE MASS	MASSET HONEYW BONDSHIP FOR TOH-FOR MASS COLOSAL WASS COLOSAL WAS COLOSAL	MASSETI ASSETI FONDS: FONDS:	ASSETT FONDS: HONEYW BONDS: OLD SA: MASS CA TOH-FI BIRLINGT MATION NATION NA
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SCHEDULE B - TRANSACTIONS

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																			æ	SP, DC, JT	Column	Capital 6 check the	transactio	Exclude 1	dependen	Report an
																			Example	SP, DC, JT Asset	Kia for sass	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gains' box, unless it was an asset in a tax-deferred eccount, and disclose the cantal cain income on Schedule A.	7. 91	revursion in a capital total. Province a loner description of an exchange transaction. Exclude transactions between you, your spouse, or deparded religions, or the purchase or table of your personal residence, unless it generated rental income. If	cold for in	y purchase,
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SCHEDULE C - EARNED INCOME

Page 8 of 12

List the source, type and emount of serred income from the plant of current emblograment) building \$2000 or more during the reporting period. For a spouse, list SCLLUBE, Milloy pay (such as National Guard or Reserve pay), feederal entirement popularing \$1,000.5 See exemples below. ***RECHELL LIMITS and FROSERTED NATIONATE.************************************				
wide date of receipt for honoraria) Type Approved Teaching Fas Lugilanthe Prenation Spouse Salary PとUSION ### PASSION	List the source, type the source and amo EXCLUDE: Military INCOME LIMITS an addition, certain type	, and amount of earned income from any source (other than the filer's current employment by the U.S. govern unt of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples be pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the S depay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the S de PROHIBITED INCOME: The 2023 limit on outside earned income for Members and employees compensated as of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary re	ment) totaling \$200 or more during the n slow. locial Security Act. d.at or above the "senior staff" rate was\$3 lationship) are totally prohibited.	eporting period. For a spouse, list 1,815 . The 2024 limit is \$31,815. In
Approved Teaching Fies Legislative Fundon Spotate Speech Spotate Speech Spotate Stary PENSIBN		Source (include date of receipt for honoraria)	Туре	Amount
Legitative Parsion Spouse Speech Spouse Statery PENSIBN		Koene State	Approved Teaching Fee	\$6,000
Spouse Speech Spouse Balary PEUSION	Examples:	State of Maryland	Legislative Penalon	000.01
PENSION PENSION		Civil War Rouindtable (Oct. 2)	Spouse Speech	\$1,000
PENSION		Ontario County Board of Education	Spouse Salary	N/A
	NCHADA	LEGISLATURE	PENSION	HUROW 229 015\$
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SCHEDULE D - LIABILITIES

Name: Page Q Q

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 property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or 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 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. *Column K is for liabilities held solely by your spouse or dependent child.

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				Example			-
	-		NoNE	First Bank of Wilmington, DE	Creditor		
				§/20	Date Liability Incurred MO/YR		
				Mortgage on Rented Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
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					\$50,001- \$100,000	n	
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				,	\$1,000,001- \$5,000,000	6	Amount of Liability
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					Over \$50,000,000	•	
					Over \$1,000,000° (Spouse/DC Liability)	×	

SCHEDULE E - POSITIONS

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 reference, consist fratement or notified fauth as political antities and commonly profit organizations and positions solds of an honorary partner.

		NONE	Position Name of Organization	resignts need in any resignus, social, maternal, or political entities (such as political perities and campaign organizations); and positions solely of an honorary nature.
				honorary nature.

SCHEDULE F - AGREEMENTS

Name: Page_ 6 Q

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

Date	Parties to Agreement	Terms of Agreement
1986-	AN ON'S STAD AN SO NING -9861	BOOK ROYALTIES
1989-	NV LEGIS CARSON CITY ALV	PENSION

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$480 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$192 or less need not be added towards the \$480 disclosure 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 Ethics.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$500
	NONC		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: 7770S	
Page // of /2	

Identify the source and list travel timerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$480 received by you, your spouse, or your dependent child 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 expertses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a speuse or dependent child that is totally independent of his or her relationship to the filer.

86urca	Data(a)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (YNI)
Government of Chine (MECEA)	Aug 8-11	DC-Bejing, China-DC	٧	٧	Z
Exemples: Habitat for Humanity (Chartly Fundraiser)	Ner. SA	DC-Boston-DC	۲	4	٧
ASPEN WSTITUTE	AVE 13-19		~	Y	Y
NATROBI, KENYA		LAS (166AS-MA) ROB)- LAS VEGIS			

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

•	Name: TTUS	
	Page 12 of 12	

ist the source	lst the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	f an event to a charitable organization	in lieu of paying an honorar	um to you. A separate
	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC XYZ Magezine	Speech	Feb. 2, 2023 Aug. 13, 2023	\$2,000
	NONE			
:		-		