UNITED STATES HOUSE OF REPRESENTATIVES FOR NEW Mem	FORM B For New Members, Candidates, and New Employees	LEGISLADVE RESOURCE CENTER
Name: Syndra Mandoza Daytime Telephone.	ephone.	2017 JUN 4 PM :58
New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	stant Period Govered: January 1, 2017	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QU	QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting ves No
C. Did you or your spouse have "earned" income (e.g., salaries, horioraria, or pension/IRA distributions) of \$200 or more 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?	rarrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No No.	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	in \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU AIT THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE R		NSWER "YES" EQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT	H OF	THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	1	not be disclosed. Have you excluded Yes 🔲 No 🔀
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, or liabilitie exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	"uneamed" income, or liabilities of a spouse or dependent child because they must be Committee on Ethics.	because they meet all three tests for Yes No 📉

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Sandro Mendozo-Page_ 12

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					ASC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock	more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provides a complete address or description, e.g., "rental property," and a city and state, 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 its geographic location in Block A. Excludes: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial income during the reporting period); and any financial income during the reporting denived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIP box. If you so choose, you may indicate that an asset or shoone source is that of your spouse (SP) or dependent child (CC), or jointly held with anyone (JT), in the optional column on the far left. For a desailed discussion of Schedule A requirements; please refer to the instruction booklet.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is	For all IRAs and other retirement plans (such as 401(i)) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	(a) each esset heid for investment or no of income and with a fair market value ng \$1,000 at the end of the reporting period, any other reportable asset of a reporting period penerated more than \$200 in "unearned" during the year.	Assets and/or income Sources	BLOCK A
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SCHEDULE C - EARNED INCOME

Name:
Sandra Mendoza
Page 4 of 8

					ZONC	Ontario County Board of Education		ฟD (July 15)	Source (include date of receipt for honoraria)		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 morand filer'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 EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. Members and employees compensated at or above the "senior staff" rate was \$27,485. The 2017 limit is \$27,765. In addition, certain types of income (nota professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.
						Spouse Salary	Salary	Honorarium	Type	•	ent by the U.S. governnd income exceeding \$1, secsived under the Solary apply to you after you after your addition, cert
3						N/A	\$20,000	\$6	Current Year to Filing	Am	tent) totaling \$200 or more during the 200. See examples below. 200. See examples below. 2016 and Security Act. 2016 The 2016 ain types of income (notably honorangle).
						VIN	\$76,000	\$500	Preceding Year	Amount) totaling \$200 or more during the reporting period. For both the filer. See examples below. Security Act. re on House payroll. The 2016 limit on outside earned income for types of income (notably honoraria, director's fees, and payments for

SCHEDULE D - LIABILITIES

Name: Sandra Mendoza Page 5 of 8

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. New 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 liable); 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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	·	01/8	5/96	Date Liability Incurred MO/YR			ary by your apout
		College loams	Mortgage on Rental Property, Dover, DE	Type of Liability			se or dependent crime.
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		X		Over \$50,000,000			
				Over \$1,000,000* (Spouse/DC Liability)	~		

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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Unith Policy Mostatute Greated Schools	Board Member Scoretara
City of los angely	Sr. Program Manager
Name of Organization	Position

SCHED

SCHEDUI Identify the dat continuation or employer. Data	SCHEDULE F AGREEMENTS Identify the date, parties to, and general terms of any agreement or arrangement that you had continuation or deferral of payments by a former or current employer other than the U.S. governous. Parties to Agreement	SCHEDULE F - AGREEMENTS Name: Sd. C.
Date	Parties to Agreement	Terms of Agreement
	None	

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

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two 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.

a constitutions		
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	None	

Name: Dando Mandoza Page 7

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Name: Sandra Mandoza

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