	in contact
UNITED STATES HOUSE OF REPRESENTATIVES For Use by Members,	Form A For Use by Members, Officers, and Employees 2019 FEB - 8 PM 1:38mly) TAX
	(Office use Unity)
Name: KRIST/ K NOEW Daytime Telephone:	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER Member of the U.S. State: SD STATUS House of Representatives District: AL	Officer or Employing Office: Staff Filer Type: (If Applicable) Employee Shared Principal Assistant
REPORT 2018 Annual (Due: May 15, 2018) Amendment	Termination Date of Termination: /-2-/9
PRELIMINARY INFORMATION - ANSWER EACH OF THESE 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? or b. Receive more than \$200 in unearned income from any reportable asset 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 Yes No X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes No No No reportable gift(s) source during the reporting period?	и, your spouse, or your dependent child receive any egift(s) totaling more than \$390 in value from a single Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honorarie, or pension/IRA distributions) of \$200 or more during the reporting period? H. Did you, your reporting period?	alue from a single source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? I. Did any individual lieu of paying you reporting period?	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the Yes No X
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	H THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	ION - ANSWER EACH OF THESE QUESTIONS
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.	od? If you answered "yes" to this question, please contact Yes 🔲 No 🗶
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?	ed trusts" need not be disclosed. Have you excluded from Yes
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.	a spouse or your dependent child because they meet all Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000 fait every financial institution where there is more than \$1,000 in interest-bearing accounts 누芹택 If you report a privately-traded fund that Excepted investment Fund, please check the If you so choose, you may indicate that an income source is that of your spouse (dependent child (DC), or jointly held with Exclude: Your personal residence, including second fromes and vacation fromes (unless there was rental income during the reporting period); and any filteral interest in, or income derived from, a federal interest in, or income derived from, a federal 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 rental and other real property held for investment, provide a complete address or description. e.g., "rental proporty," and a city and state. For all IKAs and other retrement plans (such 401(k) plans) provide the value for each asset hek the account that exceeds the reporting thresholds. production of income and with a fair market value acceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" For a detailed discussion of Schedule requirements, please refer to the instruction booklet. (JT), in the optional column on the far left. geographic location in Block A. (do not use only licker symbols) income during the year. etirement program, including the Thrift Savings Plan Provide complete names of stocks and mutual funds ntify (a) each asset held for investment Assets and/or income Sources a detailed FRANITO FALLS GLACIAL Examples energy LLC COPYLE FALLS HI TONUMLES ENERGY LK æ BLOCK A ABC Hedge Fund and with a fair market value Simon & Soluster Mega Corp. Stock FALLS tate the name of the activities, and of Schedule MASS (SP) asset or (SP) or enyone # 15 E 4 × indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method None you have no interest > If an asset was sold during the reporting period and is included only because it generated income, the value should be "Nona." Column M is for assets held by your spouse or dependent child in which \$1-\$1,000 **-**\$1,001-\$15,000 O X \$15,001-\$50,000 0 \$50,001-\$100,000 ш × Value of Asset \$100,001,\$250,000 'n BLOCK B \$250,001-\$500,000 ø × \$500,001-\$1,000,000 * \$1,000,001-\$5,000,000 _ \$5,000,001,\$25,000,000 -\$25,000,001-\$50,000.000 _ Ower \$50,000 000 , Spouse/DC Asset over \$1,000,000 that generate tax-deferred income (such as 401(A), IRA or m. 529 accounts), you may check the "Tax-Deferred" catolinin. Dividends, interest, and capital gains, Olividends, must be displaced as income must be research should in taxable accounts. Check "None" and if the assets held in taxable accounts. Check "None" and if the asset generaled no income during the remodular £ NONE DIVIDENDS × RENT INTEREST Type of Income CAPITAL GAINS BLOCKC EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm income) For assets for which you checked "Tax-Deferred" in Black C, you may check the "Nove" column. For all other assets indicate the category of income by checking the appropriate box before. Dividents, interset, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. None "Column XII is for assets held by your spouse shild in which you have no interest. \$1-\$200 000 \$201-\$1,000 × - 11 🖟 **.** \$1,001-\$2,500 ₹ × Amount of income \$2,501,\$5,000 ~ \$5,001-\$15,000 ≤ BLOCK D \$15,001-\$56,000 ¥ \$50,001-\$100,000 ≨ \$100,001-\$1,000,000 耍 \$1,000,001-\$5,000,000 × Ş dependen Over \$5,000,000 × Spouse/DC Asset with Income over \$1,000,000 × Leave this column blank if there are no transactions that exceeded \$1,000. If only a portion of an asset was sold, please indicate as indicate if the asset had seet had purchases (P), sales (S), or exchanges (E) follows: (S (part)). in the reporting S(pert) Transaction 5, 5(part), BLOCK E 9

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Name: KRISTI L NOEM

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SCHEDULE C - EARNED INCOME

ince (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 spouse extract income exceeding \$1 000. See examples below	
t employment	Name:
by the U.S. government	Name: KRISTI L NOEM
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ing \$200 or more during the	Noem
reporting period.	Page Sof 6
For a spouse, lis	of 6
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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. gove the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples 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: The 2017 limit on outside earned 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.	ensated at or above the "senior staff" rational and a full clary relationship) are totally prohibits.	e was \$27,765. The 2018 limit is ted.
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000 \$18,000
LXAMPIGS: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Selary	\$1,000 N/A
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SCHEDULE D - LIABILITIES

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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 child. Mark the highest amount owed during the reporting period. If thembers: 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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Exemple DA KO A BA A BA	
Creditor Exemple First Bank of Wilmington, DE DAKOTA BANK ABERDEEN SO BANK of AMERICA	
Date Liability Incurred MO/YR S/15	
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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 religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature

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				Position
			$\mathcal{N}\mathcal{A}$	Name of Organization