three tests for Yes No X	a spouse or dependent child because they meet all	ad" income, or liabilities of nmittee on Ethics.	r assets, "unearnulted with the Cor	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPT exemption
you excluded Yes No X	nther "excepted trusts" need not be disclosed. Have you excluded	see on Ethics and certain o	ad by the Commit spouse, or deper	TRUSTS - Details regarding *Qualified Blind Trusts* approved by the Committee on Ethics and certain other *excepted trusts* r from this report details of such a trust that benefits you, your spouse, or dependent child?	TRUSTS from this
UESTIONS	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	TINFORMATION	r, or trus	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	EXCLU
OMPLETE	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARI	H THE COR	ATTACH THE CORRESPONDING SCHEDULE IF YOU AR	
000 from a Yes X No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	No X	portable Yes	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	D. Did yo liability (n
gement with an 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 filing?	No C	es, ng the Yes	C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	C. Did you or you honoraria, or pen reporting period?
reporting ne date of fling? 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?	Yes No		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?	A. Did you a. Own end o b. Rece asse
	TIONS	F THESE QUES	ER <u>EACH</u> C	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	PRELIN
A \$200 penalty shall be assessed against any Individual who files more than 30 days late.	Period Covered: January 1, A \$20 to Indiv	Staff Filer Type (If Applicable): Shared Principal Assistant	Staff Fil	New Officer or Employee Employing Office:	STATUS
(Office Use Only)	Check if Amendment	2	State: IA District: OJ	New Member of or Candidate for U.S. House of Representatives Candidates – Date of Election:	FILER
18 FEB -8 PH 10: 54 U.S. HOUSE OF REPRESENTATIVES	one	Daytime Telephone		: MEL HALL	Name:
Page 1 of 1 LEGISLATIVE RESOURCE CENTER	FORM B , Candidates, and New Employees	FORM B For New Members, Candidates, and	NTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	UNITE

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느 income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. 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 more than \$1,000 in interest-bearing accounts. For all IRAs end other relirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. 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. Provide complete names of stocks and mutual funds (do not use only ticker symbols). production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income or a detailed discussion of Schedule A requirements nomes and vacation homes (unless there was rental noome during the reporting period); and any financial nitrest in, or income derived from, a federal Exclude: Your personal residence, including second rovide a complete address or description, rental property," and a city and state. or rental and other real property held for investment ivestment Fund, please check the "EIF" box. stirement program, including the Thritt Savings Plan lease refer to the instruction booklet you have a privately-traded fund that is an Excepted you so choose, you may indicate that an asset Assets and/or Income Sources MEL REVOCABLE TAUST generated more than \$200 in "unearned" Examples: (a) each asset held HALL IST SOUND ATTACKED Simon & Schuster ABC Hedge Fund Mega Corp Slock **BLOCK A** for investment 쁶 × Indicate value of assat at close of the reporting period. If you Check all columns that apply. For accounts use a valuation method other than fair market value, please that generate tax-deferred income (such as specify the method used.

Specify the method used.

If an assat was sold during the reporting period and is the "Tax-Deferred" column. Dividends, included only because it generated income, the value should interest, and capital gains, even it be "None."

For accounts, you may check that "Tax-Deferred" column. Dividends, included only because it generated income, the value should rehivested, must be disclosed as income for assets held in tax able accounts. Check third in which you have no interest. None > \$1-\$1,000 8 \$1,001-\$15,000 O \$15,001-\$50-000 0 \$50,001-\$100,000 × m Value of Asset \$100,001-\$250,000 71 **BLOCK B** × 6 \$250,001-\$500,000 \$500,001-\$1,000,000 = \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 _ \$25,000,001-\$50,000,000 * - 1-_ Over \$50,000,000 Spouse/DC Asset over \$1,000,000 E NONE × DIVIDENDS RENT Type of Income INTEREST BLOCKC CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Royallies Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assels for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assels indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if rainvested, 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 essets held by your spouse or dependent child in which you have no interest. × \$1-\$200 = \$201-\$1,000 ≖ ₹ \$1,001-\$2,500 Current Year \$2,501-\$5,000 < s × \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 X Z \$100,001-\$1,000,000 Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 ᆇ BLOCK D ≚ Spouse/DC Income over \$1,000,000* \$1-\$200 = × \$201-\$1,000 = \$1,001-\$2,500 ₹ Preceding Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 × \$15,001-\$50,000 ≦ ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 $\overline{\mathbf{x}}$ \$1,000,001-\$5,000,000 Over \$5,000,000 ≥ Spouse/DC income over \$1,000,000* ≚

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Alphabetinc CL C	Alabahan Si	Constal Property Constant	Change & Cox Intl Stock Fund	Cnevron Corporation	CISCO Systems Inc	Costco Wholesale Corp	Conocophillips	Check Point Software Tech Ltd	American Express Co	Allstate Corp	Abbott Labs	Abbvie Inc	Apple Inc	American Cent Int T/F Bond-ins	Federated Govt Obli Fd-prm	willieliouse ix illuep 3.000% 2/15/23	West Des Moines (A 3.000% 6/01/21	Waukee IA Cmnty Sch 3.000% 6/01/27	waukee IA Cmnty Sch 3.000% 6/01/23	Waukee IA 3.000% 6/01/18	Warwick PA Sch Dist 3.375% 2/01/19	Wapakoneta OH City 3.000% 12/01/22	Virginia St Clg Bldg 3.000% 9/01/26	Tulsa OK 3.750% 3/01/20	Springfield MO Spl 3.000% 5/01/25	Shawnee Cnty KS Unif 3.000% 9/01/22	Saint Michael MN 3.000% 2/01/22	Saint Cloud MN 3.000% 2/01/22	Portland OR 4.250% 6/15/19	Plano TX Indep Sch 4.000% 2/15/21	Payne Cnty OK Indep 2.000% 6/01/21	Oregon St 3.000% 5/01/20
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61,623	\$ 67,353.54		\$ 3,381,104.65	\$				
2,062	1446.848	Dividends	116,582.56	❖	464287655	MW	iShares Russell 2000 ETF	1/8/2018
16,128	13255.34	Dividends	646,312.80	Ş	464287598	IWD	iShares Russell 1000 Value ETF	1/8/2018
219,0	7396.236	Dividends	698,232.74	÷	464287614	JWF	iShares Russell 1000 Growth ETF	1/8/2018
4501	1319.329	Dividends	113,206.94	ş	464287507	ПH	iShares Core S&P Mid-Cap ETF	1/8/2018
72	78.3384	Dividends	83,064.82	ş	316071109	FCNTX	Fidelity Contrafund	1/8/2018
780	794.76185	Dividends	116,808.51	s	749255139	BPAIX	Boston Partners All Cap Value Fund	1/8/2018
2,405	2286.338	Dividends	103,447.07	₹ >	922042858	VWO	Vanguard MSCI Emerging Markets ETF	1/8/2018
	6440.28	Dividends	258,218.10	❖	464287465	EFA	iShares MSCI EAFE ETF	1/8/2018
1	725.05251	Dividends	56,573.83	ş	649280773	FNWFX	Amer Fnds New World-f3	1/8/2018
186	1555.941345	Dividends	\$ 106,802.14	÷	922907803	XUSWV	Vanguard SH Trm Tax Ex-adm	1/8/2018
23,485	23829.45405	Dividends	. 843,842.88	ş	922907878	XUIWV	Vanguard Intm Trm T/e Fd-adm	1/8/2018
4,733	8028.890622	Dividends	217,198.85	ş	670650699	XIHVN	Nuveen Short Dur H/y Muni-i	1/8/2018
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L/8/2018	Federated Govt Obli Fd-prm	GOFXX	608919718	÷	394.26	
1/8/2018	Federated High Yield Bond Fund	FIHBX	31420B300	ጭ	19,080.26	
1/8/2018	Metropolitan West Total Return Bond Fund	MWTIX	592905509	\$	33,631.87	_
1/8/2018	Nuveen Preferred Securities Fund	NPSRX	670700400	↔	3,225.57	_
1/8/2018	Vanguard S/T Invest Gr-adm	VFSUX	922031836	₹	73,859.40	
1/8/2018	Amer Fnds New World-f3 *	FNWFX	649280773	⊹	2,006.52	
1/8/2018	Dodge & Cox Intl Stock Fund	DODFX	256206103	s	3,069.70	
1/8/2018	iShares MSCI EAFE ETF	EFA	464287465	Ş	1,808.25	
1/8/2018	Boston Partners All Cap Value Fund	BPAIX	749255139	÷	10,755.87	
1/8/2018	Fidelity Contrafund	FCNTX	316071109	₹	12,102.94	
1/8/2018	Sterling Stratton Small Cap Value	STSCX	85917K546	᠕	2,901.85	
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SCHEDULE C - EARNED INCOME

Name: MEL HALC Page of Page o
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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 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. 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. List the source, type, and amount of earned income from any source (other than the and filer's spouse, list the source and amount of any honoraria. List only the source EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

					***	for curlent YEAR - SEE NOTE	SPECIALITY CARE MEMT CO LLC	Ontario County Board of Education	Examples: State of Maryland Civil War Roundtable (Oct. 2)	ABO Take Associate Ball (1997)	Source (include date of receipt for honoraria)
,							SALANY	Spouse Salary	Honorarium Salary	lype	Time
							7,700850	N/A	\$0 \$20,000	Current Year to Filing	
							342,890	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

SCHEDULE D - LIABILITIES

Name: MEL HALL Page 1	Page) of)	
the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting d by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence ehold furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and sure spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period.	wed during the reporting in your personal residence are personally liable); and the reporting period as of the reporting period	

Report liabilities of over \$10,000 owed to any one creditor at any time during t period. New Members: Members are required to report all liabilities secured (unless you rent it out or are a Member); loans secured by automobiles, house liabilities owed to you by a spouse or the child, parent, or sibling of you or you have the child, parent, or sibling of you or you have the child, parent, or sibling of you or you have the child, parent, or sibling of you or you have the child, parent, or sibling of you or you have the child, parent, or sibling of you or you have the child, parent, or sibling of you or you have the child, parent, or sibling of you or you have the child, parent, or sibling of you or you have the child, parent, or sibling of you or you have the child, parent, or sibling of you or you have the child. exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

					SP, DC, JT		
				Example			
			N/A	First Bank of Wilmington, DE	Creditor		
			 	5/98	Liability Incurred MO/YR	Date	
				Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000		
					\$50,001- \$100,000	ი	
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					\$5,000,001- \$25,000,000	×	
]					\$25,000,001- \$50,000,000	-	
_			_		Over \$50,000,000	<u>.</u>	
		 •			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.

		020	Position
		SPECSALTY CARE MEMT COLCC	Name of Organization

SCHEDULE F - AGREEMENTS

ent or arrangement that you have with respect to: future employment; a leave of absence during the period of government service:	
pect to: f	Name:
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ent; a leave of	WEL HALL
absence durin	
g the period o	
f government	Page of
service;	_ of
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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 Identify the date, parties to, and general terms of any agreem

Date	Parties to Agreement	Terms of Agreement
-	Ma	

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.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
SPECSALTY CARE	CEO
MCMT CO LLC	
NASHUSLLE TENN	

Name: MEC HAL Page_ <u>s</u>

1-5 ths NOTE NUMBER EARNED INCOME INCLUTES SECONLTY CAME MEMT CO .t. sweams from Stock oftsay LLC CONVENT YEAR NOTES