UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and N	FORM B andidates, and New Employees	JUL 2 9 20 179° 1 of 6
Name: Javie Mcled - Skinner	Daytime Telephone:_		2017AUG -9 PM 1:33
New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election: Nev. b	2 2018	Check if Amendment	(Office Use Only)
New Officer or Employee Staff Fil Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant to	Period Covered: January 1, to	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE	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?	& No E. Did yo	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ugh the reporting Yes 🖳 No 📗
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. Did yo outside e	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?	n the current calendar Yes X No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did yo single so	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	or years? Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARE	E IF YOU ANSWER "YES" YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -	INFORMATION - ANS	ANSWER BOTH OF THES	TH OF THESE QUESTIONS
TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" new from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "exce	pted trusts" need not be disclosed. Have you excluded	Have you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent consumer to exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse of the sp	or dependent child because they meet all three tests for	et all three tests for Yes No 🗓

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Wells Furyo Bank auchs	Lampford 10 Sylent Inc	& 84% Rusell Allice That	7/8% The Card	Calpeas 457 Am	ABC Hedge Fund	Examples: Simon & Schuster	SP, Mega Corp Stock	For bank and other cash accounts, total me amount in all inferest-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 rental and other real property held for investment, provide 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. Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period); and any financial interest in, or income derived from, a federal interest in, or income check the "EIF" box. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or 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 which generated more than \$200 in 'unearned' income during the year.	Assets and/or income Sources	BLOCKA
×	×			*	×	Indefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$15,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$1,000,000 \$500,001-\$1,000,000 \$1,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000	> > D	95 95	"Column M is for assets held by your spouse or dependent child in which you have no interest.	or Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please local, specify the method used. The land asset was sold during the reporting period and is led included only because it generated income, the value should be "None."	Value of Asset	вгоск в
R	2			X	Partnership Income	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			"None" if the asset generated no income during the reporting period.	Check all columns that apply. For an that generate tax-deferred income (s 401(k), IRA, or 529 accounts), you may the "Tax-Deferred" column. Divinterest, and capital gains, engineested, must be disclosed as in the column of the column of the capital gains.	Type of Income	вгоск с
*	R			X	x ×	× ×	×	None	Current Year Preceding Year		_	is For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and secapital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

Use additional sheets if more space is required.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Janie Mclerd-Skinner

SCHEDULE C - EARNED INCOME

Name: Janie McLend-Skinner Page 4 of 6

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 more during the reporting period. For both the filer and 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.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff

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

	-		Am	Amount
Source (include date of receipt for nonoraria)	orana)	Туре	Current Year to Filing	Preceding Year
		Honorarium Salary	\$20,000	\$500 \$76,000
Civil War Roundtable (Oct. 2) Ontario County Board of Education		Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
State of Onegon		J.n	#3,900	B
City of Phoenix, OR		Salvy	#30,000	# 12,864
Democratic Party of Oregon		Salary	P	# 2,962
University of Oregon		Salary	\$	# 1,801
State of Oregon	(spouse)	Sponsalary	NIA	N/A
FedEx	(spouse)	Somesalary	N/A	N/A
		,		

SCHEDULE D - LIABILITIES

Name:
Jamie
McLead-Skinner
Ρ

Page_ 5_ of _ 6

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.

Date Liability Type of Liability Type	3	<u>ر</u>	_	h			Z.,.		
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Northead Cont Stock Cont Co		k me	\$	of Education	of Education	First Bank of Wilmington, DE	Creditor		
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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 period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. 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

	7 0	City Minager	Position
		City of Phoenix, OR	Name of Organization

SCHEDULE F - AGREEMENTS

	ENTS	
	Name:	
	: Janle	
	McLood-Skinner	
	Page 6 of 6	

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
h1/1	1/14 Myself + State of California	CalPERS Pension

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.

S	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
Oregin	Organ State Bar, Tigard, OR	legal clark services in klanath County, OR
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