UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	NOV 10 2017 LEGISLATIVE RESOURCE CENTER
Name: MARK L WICKS	Daytime Telephone	17 DEC-1 AKII: 27
New Member of or Candidate for State: U.S. House of Representatives Candidates – Date of Election: 5	MONTANA Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant to 20,31,3017.	A \$200 penalty shall be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> 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 unearmed income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting yes No X
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 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?	ortable agreement or arrangement with an reporting period or in the current calendar Yes 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 you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	1 \$5,000 from a Yes No No
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	DEPENDENT, OR TRUST INFORMATION - 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" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed.	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 ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they meet all three tests for ittee on Ethics.	et all three tests for Yes No 🔏

SCHEDULE A -- ASSETS & "UNEARNED INCOME"

584 If you so choose, you may indicate that an asset income source is that of your spouse (SP) dependent child (DC), or jointly held with anyone (Jin 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 the account that exceeds the reporting thresholds that is not publicly traded, business, the nature of or rental and other real property held for investment or description, e.g. more than \$1,000 in interest-bearing accounts For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in do not use only ticker symbols) oroduction 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 requireme 3 dentify (a) each asset held for investment vestment Fund, please check the "EIF" you have a privately-traded fund that is an Excepte omes and vacation homes (unless there was renicome during the reporting period); and any finance xclude: Your personal residence, including secon eographic location in Block A. rovide complete names of stocks and mutual funds thement program, including the Thrift Savings Plan ease refer to the instruction booklet Shop Rudyard My Assets and/or Income Sources House Investions Fair Luveries ownership interest in a privately-held busing property," and a city and state. Exemples: generated more than \$200 in "uneamed 9/ots or income Simon & Schuste ABC Hedge Fund Mega Corp Stock BLOCK A Catha is MI ढ state the name activities, 8 X and of g. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None" specify the method used. Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please *Column M is for assets held by your spouse or dependen child in which you have no interest. None \$1-\$1 000 • \$1,001-\$15,000 c \times \$15,001-\$50-000 0 \$50,001-\$100,000 ш × Value of Asset \$100,001-\$250,000 т BLOCK B \$250,001-\$500,000 G \$500,001-\$1,000,000 I _ \succ \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ے \$25,000,001-\$50,000,000 $\overline{}$ Over \$50,000,000 _ Spouse/DC Asset over \$1,000,000* Z 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income Check all columns that apply. For accounts that generate tax-deferred income (such as imes imesNONE luring the reporting period × DIVIDENDS × RENT Type of Income INTEREST BLOCK C Name: CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED MARK Partnersh Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) \succ \times 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 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 or dependent child in which you have no interest \$1-\$200 \$201-\$1,000 = ➣ \$1,001-\$2,500 7 < **Current Year** \$2,501-\$5,000 × ≤ \$5,001-\$15,000 ¥ × \$15,001-\$50,000 \$50,001-\$100,000 ≨ \$100,001-\$1,000,000 ヌ Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 × BLOCK D ¥ Spouse/DC Income over \$1,000,000* None \$1-\$200 = × \$201-\$1,000 = Page \$1.001-\$2.500 ₹ Preceding Year < \$2,501-\$5,000 ≲ \$5,001-\$15,000 $\overline{\mathsf{x}}$ ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 앜 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MARK L WICKS

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SCHEDULE C - EARNED INCOME

Name: MARK WICK	
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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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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	•	Am	Amount
Source (include date of Jedelpt for Honoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech	\$0 \$0	\$76,000 \$1,000
			•
UDPS Inverness MT 59530	Salary	21000	25,200
USPS GILLFORD MT S9525	Spouse Salacy	15,400	08481
PTI Hause MT	Salary		less than
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SCHEDULE D - LIABILITIES

reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting y real property including mortgages on their personal residence. Exclude : Any mortgage on your personal residence old furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	Name: MARK WICKS Page 1 of	
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(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. Report liabilities of over \$10,000 owed to any one creditor at any time during the period. New Members: Members are required to report all liabilities secured by

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	11	Bas	727	(E)	fas	Example			
		Boar Paw Credit Union	Chryslec Financial	Capital Ove Cinancial	Farm Service Agency	First Bank of Wilmington, DE	Creditor		
	6/16	12/16	2/16	4/15	3/14	5/98	Date Liability Incurred MO/YR		
	Personal hour	Trailer loan	Car loan	Cas loan	Cattle loan	Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. 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, fratemal, 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

Position	Name of Organization

SCHEDULE F - AGREEMENTS

mont that you have with respect to: future amplement a leave of absence during the posted of approximant service.	Name: MARK L WICKS	
of covernment service:	Pageof	

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dentify 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	
amployer.	

			Date
		none	Parties to Agreement
			Terms of Agreement

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
USPS	PS	Hichway Contract Route Contractor