PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: FILEMON VELS 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. 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. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the 2018 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: 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? reporting period? REPORT TYPE FILER STATUS b. Receive more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? 2018 Annuai (Due: May 15, 2019) House of Representatives Wember of the U.S. State: District: Yes <u>§</u> Yes Z Yes V Yes Vo Daytime Telephone: 202, 225, 540 \$ Amendment For Use by Members, Officers, and Employees 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? I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any source during the reporting period? Form A Employee Officer or Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. O'S' HEAT WELL SEVING ACCOUNTS LEGISLATIVE RESOURCE CENTER 2019 AUGALG JANJAKiy38 OFFICE OF THE OLESK HAND DELIVEREPage 1 of 9 Shared Staff Filer Type: (If Applicable) Yes 89 ¥es Yes řes **8**9 š 7 Principal Assistant Š Š Š Š <u>ح</u> 8

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE A - ASSETS & "UNEARRED INCOME" Name: FLECO A Assist anticle theories Sources Assist anticle theories Ass		الأ	3	4	五	7		-	웃	For if yy	568	G P	d than e pa	<u> </u>	7	G
SSETS & "UNEARNED INCOME"	72	7	7	7	1	_		Exa	Т	encountry to bank hearth of the service a perty. Ood in the service a perty. It is not all the service as a service a perty. It is not a perty of the service and on it is not a perty of the service and on it is not a perty of the service and on it is not a perty of the service and on the service a		not u	ductio	. S	ı	Ω̈́
Name: TURMON IN COME"	2	$\hat{\mathbf{z}}$	Ø.	ď,	1	1		39 of		and candinate the bear finance in the computation of the contract		se on	ny of	. 2	ı	蘆
Name: TURMON IN COME"	6	7	2.7		1.0	2			ဗို	other ming a control of the rest-be est-be e	Provide and	lette n	incor 000 s		ı	2
Name: TURMON IN COME"	12	~]	3	Wá	1/	5	- 8	ŝ	Me	cash account and the same and t		er sy	ne at the porta		욛	듀
SSETS & "UNEARNED INCOME"	12	ò	Z.	30/	£ .	~	E .	20	ga Co	accounts. In the high accounts accounts in the high accounts account accounts account accounts account accounts account accounts account account accounts account accounts account accounts account accounts account accounts account account accounts account account account accounts account account accounts account account account account accounts account ac	Value	m of s	nd w		Š	 ➤
SSETS & "UNEARNED INCOME"	~	:\ I	Z,	-		3	8	Schus	p. Sto	unts the private of the state o		s).	Sec of the		>	Ĺ
Name:	Li	4	0	Z	Z	Ŧ	Δ.	2	9	total is total in total in total in total in total in total is the eld for ription in the and if the and if the hint is the eld in that is the eld are spon in the eld are spon in the eld are	each Fach	and	fair e repu	S	ı	S.
None	1		13		-	7.	k		$\ \ \ $	he an he saving an El box. It an a saving an eld box. It answing an eld box.	ns (s		marke orting ree of med"		ı	Š
None			94.	6	\approx	3.	文	ļ	┼┼	redept Persent (SP)			perio incor incor		ı	ij
SS.000.001-825.000.000	Н		X	Ш	7.5				Ī	Al-	_				4	ος 20
SS.000.001-825.000.000	\vdash				ļ		1	╁	\vdash	A1 A1 A1A	4	ar in	luatio an a	dicate		ے
SS.000.001-825.000.000	\vdash		Y		X		\vdash	₹	\vdash	AL 001 ALC 000	1	a Mis	n met sset v	va E	ı	Ž
SS.000.001-825.000.000			\	7				afinite			_	interes	was so	<u>O</u> , &n	ı	<u>⊑</u>
SS.000.001-825.000.000				^		L					_	.± .sies	ther that slid dual d incom	aset 2	ı	ž
SS.000.001-825.000.000	Щ	×				-			×	8400 004 Appo 000	4	\$. 84	en fair ing th me, th	Valu		B
SS.000.001-825.000.000					_	_		┡		Arra 004 8000 000	-	your	mark e rep	3 0	0	Ž
SS.000.001-825.000.000	Ш		<u> </u>			_	<u> </u>	┡	Н		-	spous	et va certing se sho	F As	Ř	္ပ
SS.000.001-825.000.000						ļ		ļ	\vdash		4	Q.	y bear		ı	Ž
NAME Code Column Pall apply For seconds Pall Apply Pall Apply Pall						ļ		┞	\vdash		-1	lepen	lease	2 2	ı	m
NAME Code Column Pall apply For seconds Pall Apply Pall Apply Pall			\vdash				_	_	Н			dent o	and spec			
NONE NONE Type of Income Type of Income Type of Income Type of Income Amount o	 							┼	-	D ACR 200 000	4	ᆲ	inclu	= x 6		
NAME Code Column Pall apply For seconds Pall Apply Pall Apply Pall	\vdash							┝		0 004	-1	n whic	ded o		١	
None		-				ļ	ļ	_	-		4				4	
None		_	_				-	┼			4	ısset g	enera 29 ec Olumn	Š	ı	Z
None			ļ			-	<u> </u>	┝	₽			Riene	county of the tax	<u>≌</u>	ı	me:
None	_	7				⊢	-	\vdash			-	<u>\$</u>		<u> </u>	ı	— •
None			X	X	ļ	╁	ŀ	\vdash			-	o inco		ø ¥pe		2
None			\vdash		\vdash	├		\vdash			-		erest c	# <u>9</u>	Š	2
None	\vdash										-	uring t	ind such	호	ဂ	3
None					*		L_	ļ			4	₹	Check that a second	ਹੈ 2	ı	Ö
None							Partne	, Koyan				portin	8 5 일 (중	80 00 00 00 00 00 00 00 00 00 00 00 00 0	ı	2
None							di Si	: *		(g peni	of and	₹	ı	
Record Page	\vdash		\vdash			V	┡	_	\vdash	None	+				4	12
Record Page	\vdash		-	\vdash	X	1	Ͱ	-	┼	44.000	-1	Colum 1 whic	nay chatego atego Hividen nust I	or ass		1,1
Page 2 of BLOCK D Amount of Income Amount of Income Norme 'column, For all other assets indicate if the accessed as income by checking the appropriate but bodow, purchases (P), incorest, and capital gains, even if rainvessed, sales (S) or assets held by your spouse or dependent child in transbed exchanges (F), incores the salest held in transbed exchanges (S) or sales (S) or s	\vdash	\vdash	V		⊢		┡		+	2004 AL 200		h you		es c		1
Amount of Income BLOCK D BLOCK E Amount of Income Amount of Income BLOCK D BLOCK E Transaction Transaction Transaction In the reporting assets held by your spouse or dependent child period. If only a portion of penestred accessing \$1,000 Stopoin-\$1,000,000 Stopoin-\$2,000,000 Stopoin-BLOC Asset with income over \$1,000,000* SpouseDC Asse	\vdash		^	^	\vdash		Ͱ	 		AL 2014 PD 500	-1	have stor	inco inco interi sclos heck	X Whi	ļ	1-2
Description of the come out of Income out of Income out of Income out	 		-	-	├	-	_	\vdash	<u> ~</u>	An roa or non	-1	no ini	Non at a so	A E		
Page 2 of BLOCK E to of Income that of Income that of Income A pital gains, even if reinvested, sales (6), or one for assets had in training some for assets had in training soles (7), apital gains, even if reinvested, sales (6), or one for assets had in training soles (7), apital gains, even if reinvested, sales (6), or one for assets had in training soles (6), or one for assets had in training soles (7), apital gains, even if reinvested, sales (6), or one for assets had in training soles (7), apital gains, even if reinvested, sales (6), or one for assets had in training soles (7), apital gains, even if reinvested, sales (6), or one for asset was sold, please indicate as follows: (8 (part)), Leave this column blank if there are no transactions that exceeded \$1,000,000 Spouse/DC Asset with income over \$1,000,000* Spouse/DC Asset with income over \$1,000,000*	\vdash	•	_	_	_		Ľ	-	\vdash		-1	s hek terest	nd colum		9	
Page 2 Income Tax-Deterred* in Block C, you the appropriate box below seases indicate the asset had in taxable exchanges (F), gains, even if reinvested, sales (S), or for asset had in taxable exchanges (F), sales (S), or spouse or dependent child \$100,001-\$1,000,000 \$1,000,001 \$1,000,001 \$2,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$4,000,000 \$4,000,000 \$4,000,000 \$5,000,0	\vdash	×	\vdash	\vdash		-	╀	-	\vdash		4	y by y	in. F.	ž <u>c</u>	Š	
Page 2 of BLOCK E Determed* in Block C, you Indicate if the other assets indicate the appropriate box below, csales (S), or an easer was sold, please indicate as or the period, below, if their aporting below, if their are no transactions that the accorded \$1,000. Spouse/DC Asset with Income over \$1,000,000* P. S. S(part), or E.	ļ				-	-	Ͱ	\vdash			-4	of st	or all	Tax-	Ö	
BLOCK E Transaction ad in Block C, you Indicate if the asset kindcate the findcate the purchases (P), yen if reinvested, sales (S), or theid in taxable exchanges (E) area of generated. SpouseDC Asset with income over \$1,000,000* It only a portion of an asset was sold, please indicate as follows: (S (part)). Leave this column blank if there are that exceeded \$1,000,000* SpouseDC Asset with income over \$1,000,000*		\vdash	\vdash	\vdash	\vdash	-	┢	\vdash			-1	es and	other appro) THE		P
Block C, you Indicate if the sindcate the dasset had box below, purchases (P), reinvested, sales (S), or or generated, sales (S), or or generated sections of exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (part)). Leave this column blank if there are transactions that exceeded \$1,000.	\vdash		\vdash	\vdash	\vdash	\vdash	╂	┼	+-	44 000 004 AT 000 000	-1	or de	asset priate en if held med o	X .	ı	je j
BLOCK E Transaction (C, you indicate if the balt the asset had a set the asset had before purchases (P) wested, sakes (S), or thankle exceeding \$1,000 It fonly a portion of an esset was sold, please indicate as follows: (S (part)). Leave this column blank if there are sold than the reporting period. S[part] S[part], or E S[part], or E		-		-	\vdash	<u> </u>	┢	\vdash				pende	sindk box reim in 1	Block		12
BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E), in the reporting d period, if only a portion of an asset was sold, please indicate as follows: (S (part)), locate this chows: (S (part)) P, S, S(part), or E S(part)	H			\vdash	\vdash	\vdash	\vdash	+			-1	nt chil	cate the below wested laxable	C Mg		',
BLOCK E ransaction licate if the set had chases (P), es (S), or harpes (S), or harporting fod, nily a portion of esset was sold, ase indicate as ows: (S (part)), whe this column nk if there are transactions t exceeded 000.	H				T	\vdash	f	T	S.S.		_			5 ,	٦	
Saction if the saction of the saction of the saction of was sold, dicate as (5 (part)). So (part), or E sart), or E		M							3	ave th nak if t trans. 1,000.	ase ir	the repriod.	set ha rchask es (S) hang hang	icate i	BLC	
or m										ert),	S (pa	portion, was s	25. (E) (E) (E) (E) (E) (E) (E) (E) (E) (E)	# <u>25</u>	Š	
	L						L			¥ m	∌ 88	한 고 다	8 -	Š		

						3				2	Z,	タ	7	2	누다용		-
							7	7	1	5	VE	1	S	11	,		Ass
	H		- 1	ľ	3		×	*	2	4	7	7.5	3				ets
			- 1	- 1	~	6	6	60	14	des	M	. 1	<u>~</u>	62	-		an de
					\$	3	3	SOP	1	ĺ	J	X	SINGO	1	ASSET NAME		BLOCK Vor Inco
			- 1		6	7	// /	0	e,	ندلاء	Pin	w.K	7	Condy	ž		ncon
			- 1	ŀ	20	6	121	*	-	5	$\frac{1}{2}$	R	~		- ш		ne (
				ľ	7	Malo	tains	ush.	120	Block	2	D		Moore			BLOCK A Assets and/or income Sources
			ĺ		,	3	ž	2	2	Ç.	35	57		3			Ć es
							. .	Ž		jo	7	+			EF		
										,						None 3×	
																\$1-\$1,000 œ	
—	_			一												\$1,001-\$15,000	
+			\dashv	-	~	×	_	_	-		_	×	_			\$15,001-\$50,000	
\dashv	╁┈		_	\dashv				 - -	\vdash					X		\$50,001-\$100,000 m	<
 	╁─	\Box		\dashv		-							\vdash	<u> </u>		\$100,001-\$250,000	BLOCK B Value of Asset
1	┢─			$\neg \dagger$			X	_						1		\$250,001-\$500,000 G	lue of Ass
1-	⇈	Н		{		Н		X			X			一		\$500,001-\$1,000,000 ±	SS C
-	╁┈		-			-	-	-	┢		-		X	ļ		\$1,000,001-\$5,000,000	*
+	 		\dashv	$-\dagger$	_			_	\vdash		\vdash		-		l —	\$5,000,001-\$25,000,000	
+	†	-		\dashv			\vdash	├	ļ		\vdash		-	╁		\$25,000,001-\$50,000,000 ×	
+	 		\dashv			\vdash			 							Cver \$50,000,000	
1-	╁─					\vdash		_	-	\vdash	 	-	\vdash	<u> </u>	<u> </u>	Spouse/DC Asset over \$1,000,000°	
	†							-	_			X	X	X		NONE	
+	 		\vdash	\dashv	-			_	-		\vdash			1		DIVIDENDS	
+	 					\vdash	×	X	┢				ļ	<u> </u>		RENT	
+	†—	-		-				-			\vdash	-	┢	\vdash		INTEREST	J
	╁─		╌┼	\dashv	-			 			├─	-			1	CAPITAL GAINS	9
+	 					\vdash	-	 		-	-	\vdash	\vdash	\vdash		EXCEPTED/BLIND TRUST	be of Inco
+	┼		\vdash				\vdash	 	\vdash			-	┝			TAX-DEFERRED	Type of Income
	↓_		Щ				ļ	<u>L</u>	_					ļ	<u> </u>		ĕ
					١,	1	4				2			Ì		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
						3	Į	İ			3						
+	┼─	-			_	8	-	├-	-	-	, ·	V	4	×	┢	None _	
	┼	-	-		-		├	├	├	-	⊢	<u> </u>	7			At dono	
+	┼—	ļ	\vdash		┝		├	├	-	 	\vdash	-	├	\vdash	1		
+	┼—	-				<u> </u>	-	┝	╀	├	2	├-	-	+			
	┼—	-	\vdash			V	 	┾╌	┝	╀	1	┨		┾	-		Am
	┼—	┢	Н		\vdash	X			-	╀	1	<u> </u>	╀	╂	 		<u> </u>
	╁—	ļ	H		L	1	1		-	├	╀	L	₽	-	-		unt of inc
+	┼—	<u> </u>			\vdash	+		X	\vdash	ـ		\vdash	\vdash	_	 		Amount of Income
+	┼	-			_	1	/		-	-	-	-	-	+	 		эme
+	┼	├_	Н	H	-	╁	1.	2	_	\vdash	\vdash	\vdash	\vdash	╀-	1	\$100,001-\$1,000,000 \(\overline{\text{\sigma}}\) \(\pi\)	•
_	 	\vdash	Н		\vdash	 	6	1)	 	₽	\vdash	\vdash	<u> </u>	 	! —		
+	 _	\vdash	\sqcup	ļ	\vdash	 	0		_	_	\vdash	<u> </u>	 	-	1—	Over \$5,000,000 ≚ Spouse/DC Asset with Income over \$1,000,000* ≥	
	+	-	Н		L	╄	ĻĬ	Y		_	\vdash	\vdash	1	\vdash	Ļ		
				'			3	7	Y]	 ω ω	Trair
							5	1								P. S. S(part), or E	Transaction
								L.								<u>8</u>	g n

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: FILEMON VERA

Page ()

SCHEDULE B - TRANSACTIONS

Name: FILEMON UECA Page L

							`			BOWW USILUF TEXAS	IT REWAR Property	SP Example Mega Corp. Stock	SP, DC, JT Asset	disclose the capital gain income on Schedule A. **Column K is for assets solely held by your spouse or dependent child.	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, they the "partial pains" have unless it was an asset in a tax-deferred account, and	pullulars to see or you present resource, these is garreless times in only a portion of an asset is soid, please choose "partial sale" as the type of transaction.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the provides or selection between your spouse, or dependent children, or the provides or selection to the provides of the p	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your
														Purchas	9			Тур
										X				Sale				e of Tra
					'							×		Partial S	Sale			Type of Transaction
				i										Exchang	ge			9
												×		Check E \$200	Box if C	apital Ga	ain Exceede	ad a
2										10/3//8		3/9/18		-	weekly, if	Quarterly,	(MODAYR)	Date
														\$1,001- \$15,000	}		>	
												×		\$15,001 \$50,000			80	
			 											\$50,001 \$100,00			ဂ	
									·	X				\$100,00 \$250,00			0	_ ≥
								:						\$250,00 \$500,00	01- 00		m	Amount of
														\$500,00 \$1,000,			п	
														\$1,000, \$5,000,			മ	Transaction
														\$5,000, \$25,000	,001- 0,000		Ι)S
														\$25,000 \$50,000	0,001- 0,000		-	
														Over \$2	50,000,	000	٠	
														Over \$1 (Spoue			~	

SCHEDULE C - EARNED INCOME

Page

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 a 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: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ed at or above the "senior staff" rate was ty relationship) are totally prohibited.	\$28,050. The 2019 limit is \$28,440.
Source (include date of receipt for honoraria)	Type	Amount
Keeno State State of Maryland	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
VELA LAW OFFICES PLL	Spore Dismiss	NA
Employee Retinant System of Texas	Sporspetienal	NA

SCHEDULE D - LIABILITIES

Name: FILE-MON VELA Page_ '으

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. 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.

72	37	7	브	出		SP, DC, JT		
lous	101	Byner, LAW	12/2	Pr.MI	Example			
love ShiBiall	ore Shu Bank	in Express	TEXAS NATIONAL (IGNIC	PLAINS CAPITAL BASIL	First Bank of Wilmington, DE	Creditor		
10/2016	1/2015	7/2002	6/20/5	0/11/1	5/16	Date Liability Incurred MO/YR		
200	Ma176A6E		Bosons/ Note	FAR MODIFIES	Mortgage on Rental Property, Dover, DE	Type of Liability		
	,	X				\$10,001- \$15,000	>	
						\$15,001- \$50,000	80	
				X		\$50,001- \$100,000	c	
X					×	\$100,001- \$250,000	0	ļ
	X		X			. \$250,001- \$500,000	m	Amount of Liability
			:			\$500,001- \$1,000,000	77)	t of Li
						\$1,000,001- \$5,000,000	G	ability
						\$5,000,001- \$25,000,000	I	
						\$25,000,001- \$50,000,000		
			<u> </u>			Over \$50,000,000	<u>-</u>	
I	l	l	1	l		Over \$1,000,000* (Spouse/DC Liability)	_	

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

		CALNI OUMINI		Position
		FAR Moretas L.P.	STAPLES KININEY BLUCKE/ LLP	Name of Organization

SCHEDULE D - LIABILITIES

Name: FILEMON VELA Page T of 9

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. 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.

57.	4 6 7	Ехв	SP.			\$10,000.
Love Shal BANK	PLAIUS CARITAL BOUK	Example First Bank of Wilmington, DE	Creditor			
1/2015	110/101	5/76	Date Liability Incurred MO/YR			. des
MOTTONCE ON ON IL	Busines COC	Mortgage on Rental Property, Dover, DE	Type of Liability			
			\$10,001- \$15,000	>		
			\$15,001- \$50,000	œ		
	×		\$50,001- \$100,000	0		
	X	×	\$100,001- \$250,000	D		
X			\$250,001- \$500,000	m	mount	
			\$500,001- \$1,000,000	П	Amount of Liability	
			\$1,000,001- \$5,000,000	റ	bility	
			\$5,000,001- \$25,000,000	I		
			\$25,000,001- \$50,000,000	-		
			Over \$50,000,000	٠		
			Over \$1,000,000* (Spouse/DC Liability)	*		ĺ

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 reliatious, social, fraternal, or collitical entities (such as nollitical partnership and companies and companies and consistence):

|--|

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	
FILEMOI	
UELA	
Page 8	
of 9	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

ale mer.						
	Source	Data(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
1	Government of China (MECEA)	Aug. 6-11	DC-Bajing, China-DC	٧	۲	2
examples:	Habitat for Humanity (charity fundraisen)	Mar. 3-4	DC-Boston-DC	Y	Y	۲
30ag	GOULUMENTH DATAL	LZ-52 MON	PARES - DOHN DATAN-DC	Xes	Yes	WE
	(MECEA)		-	`		
	The state of the s					

							/	NOTE NUMBER
					MATURE & Me BISMESS IS ROOK ESSATE.	percontact of partnersho is sold The location of The	PROPERTY IN COLONS CHASTI TEXAS AND LOWGE ACKAUSAL FILEN	NOTES