		MH 2 4 7019
UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of 4
FINANCIAL DISCLOSURE STATEMENT For New Member	For New Members, Candidates, and New Employees	LEGISLATIYE RESOURCE CENTER
Name: Toward Madah Kilagra Davime Telephone:	hope.	2019 AUG -1 PM 1:19
New Member of or Candidate for State: 2H		U.S. HOUSE OF REPRESENTATIVES
U.S. House of Representatives District. Candidates – Date of Election: 3 – 10	Check if Amendment	(Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	t Period Covered: January 1,	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	STIONS	
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? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	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 gh the date of filing? 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 No Perporting period?	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?	arrangement with an Yes No K
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	years? Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	CHEDULE IF YOU ANSWER "YES" S THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	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?	other "excepted trusts" need not be disclosed. F	fave you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	a spouse or dependent child because they meet all three tests for	t all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Daniel Kilgore

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NONE	_			*	×	Indefinite	\vdash	×	\$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000					, r	ם ב		*Column M is for assets held by child in which you have no intere	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 used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	вгоск в
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In a P By Common Common (Specify: e.g., Partnership Income or Farm Income) Report Fig. 1. A P By Common Co								×	DIVIDENDS RENT INTEREST CAPITAL GAINS	JST							enerated no income during eriod.	Check all columns that apply. For accounts that generals tax-deferred income (such as 401(k). IRA, or 529 accounts), you may check the Tax. Dieferred column. Dividends, interest, and capital galins, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset	Type of Income	вгоск с
Nome					Income	Royalties	1		Other Type of Income (Specify: e.g.,	Partnership Income or	Farm Income)					the reporting		ne —	
X \$1,200		+			-	•	+									ŀ		or asset		
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SCHEDULE C - EARNED INCOME

Name: Daniel Kila	
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Page_3_ of	

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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. 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 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.

							Ļ	ABC Trade Association, Bathmore, MD (July 15) Examples: State of Mandand State (Co. 2)		Source (include date of receipt for honoraria)
					`	Salary	Spouse Salary	Salary	1360	Type
						A36, 383, 43	N/A	\$20,000 \$20,000	Current Year to Filing	
						#34,550	N/A	\$500 \$76,000 \$1,000	Preceding Year	Amount

SCHEDULE D - LIABILITIES

Name: Daniel Kilgore Page 4 of 4

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.

				SP, DC, JT		
	A) \`\	Dept.	Example			
	Benk	of Education	First Bank of Wilmington, DE	Creditor		
	١	01/11	5/16	Date Liability Incurred MO/YR		
	Auto Kosn	Student Zoons	Mortgage on Rental Property, Dover, DE	Type of Liability		
	X			\$10,001- \$15,000	>	
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				Over \$50,000,000	۲	
				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 palander year. Eiret-year candidates and new armshouses report positions held in the current relander year and two previous years.

period and the current calendar year. First-year candidate	period and the current calendar year. First-year candidates and new employees report positions neid in the current calendar year and two previous years.
Position	Name of Organization
Customer care specialist	Alliance Data
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CAMPAIGN NOTICE

REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

Indicate Your Status: (Select One)	The Honorable Cheryl L. Johnson, Clerk Office of the Clerk, U.S. House of Representatives Legislative Resource Center B-81 Cannon House Office Building Washington, DC 20515-6601 Dear Madam Clerk:	JUL 2 4 2019 LEGISLATIVE RESOURCE CENTER 2019 AUG - 1 PM 1: 17 SETTICE OF THE CLEAN S. HOUSE OF REPRESENTATIVES
	This is to notify you that I have not yet raised (either through cor	ntributions or loans from
	myself or others) or spent in excess of \$5,000 for my campaign for	or the U.S. House of
Over \$5,000 Threshold Not	Representatives.	
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for	or my campaign, I must file
	Financial Disclosure Statement with the Clerk of the House of Re	•
	the deadlines set out on pages 2 and 3 of the Financial Disclosure	e Instruction booklet, a
	copy of which has been provided to me by the Clerk.	
1	This is to notify you that under the laws of the state of	
natali dunini	I withdrew my candidacy for the U.S. House of Representatives of	on
Withdrawal of Candidacy	[Note: If your Financial Disclosure Statement was due before the	e date on which you
	withdrew from the race, you still must file a Financial Disclosure	Statement with the House.
	Name (Please Print or Type): Daniel McArthur Ki	1905e
	State: Ohio District: /	18
	Date: 7-20-2019	

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)