		TAY 15 2010
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE FAILS OF 6
Name: Everett Clarke Tucker, IV	Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: AR U.S. House of Representatives District 02 Candidates – Date of Election: May 22, 2018	Check if Amendment	() (Office Use Only)
STATUS New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Period Covered: January 1, 2017 Shared Principal Assistant to April 30, 2018	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	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?	X 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 X No Shift
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	X No E. 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 X
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?	X 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 X
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	NSWER "YES"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATION - ANSWER BOTH OF THESI	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.	lave you excluded Yes 🔲 No 🗓
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.		because they meet all three tests for Yes No X

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LE A - ASSETS & "UNEARNED INCOME"	
Name: Everett Clarke Tucker, IV	
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The state of the section of the sect	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 "uneamed income during the year.	Assets and/or income Sources	
None	asset held for investmen the and with a fair market v at the end of the reporting pe- portable asset or source of inc more than \$200 in "unean rear.	dor income	
None	중의중을	Sources	BLOCK A
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NOME A	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 if an asset was sold during the reporting the value should be "None."	Value of Asset	BLOCK B
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	columns that apply. For trate tax-deferred income A, or 528 accounts), you Deferred column. I and capital gains, d, must be disclosed.	Type of Income	BLOCK C
	Common Town	8	င
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	For assets to assets indica capital gains Check None		
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Spouse/DC Income over \$1,000,000*	For assets for which you checked "Tax-Defened" 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, inferest, and capital galms, 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.		

	ULE A ~ ASSETS & "UNEARNED INCOME"
Name: Everett Clarke Tucker, IV	
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Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

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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 income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. 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.

	The state of the s	Am	Amount
Source (include date of receipt for honorana)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarkim	\$0	\$600
Examples: State of Maryland	Spouse Speech	\$0	\$1,000
L	Spouse Salary	N/A	N/A
Ouattlebaum, Groom & Tull PLLC	Guaranteed Payments	\$6,021	\$75,000
Proposals, Inc.	Spouse S Corp. Earnings	N/A	NA
State of Arkansas	State Representative Salary	\$10,600	\$31,795
HLB/Universal Healthcare Trust	Trustee Fees	\$7,290	\$20,202

SCHEDULE D - LIABILITIES

Name: Everett Clarke Tucker, IV Page 5 of 6

exceeded \$10,000. 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 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.

					DC. JT		
			Ameri	Example			
			American Express	First Bank of Wilmington, DE	Creditor		
			01/17	5/98	Date Liability Incurred MO/YR		
	. A command of the co		Credit Card	Mongege on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
			×		\$15,001- \$50,000	69	
					\$50,001- \$100,000	6	
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					Over \$50,000,000	۷.	
ı					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 First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Position Name of Organization
Board Chairman	Little Rock Central High School Tiger Foundation
Board President	Pulaski County Imagination Library
Board Member	Little Rock Central High School Alumni Association
Board Member	Just Communities of Arkansas
Board Member	The Council of State Governments Justice Center

SCHEDULE F - AGREEMENTS

Name: Everett Clarke Tucker, IV	
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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
	None	

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 Dutles
Ехетре	Doe Jones & Smith, Hometown, Homestate	Accounting Services
None		