tests for Yes No No	a spouse or dependent child because they meet all three tests for	parned" income, or liabilities of a Committee on Ethics.	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.
xcluded Yes No	ther "excepted trusts" need not be disclosed. Have you ex	nmittee on Ethics and certain of ependent 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?
STIONS	I - ANSWER <u>BOTH</u> OF THESE QUESTIONS	UST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B
LETE	114	ILY THE SCHEDULES	THIS FORM INCLUDES ON
Tes	single source in the current year and two prior years? SCHEDULE IF YOLL ANSWER "YES"	CORRESPONDING SCI	liability (more than \$10,000) at any point during the reporting period?
ith an Yes	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 you receive compensation of more than \$5,000 from a	\mathbb{Z}	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?
e of filing? Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	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?
	TIONS	H OF THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1, 2017 to 15.18 A \$200 per	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Employing Office:
U.S. HOUSE OF REPAILSENTATIVE: (Office Use Only)	Check if Amendment	3 3 3 8 3 8 7 8 7 8 7 8 7 8 7 8 8 7 8 8 7 8	New Member of or Candidate for State: \(\text{\text{New Member of or Candidate for State: \text{\text{\text{New Member of Representatives District: \text{\text{\text{Candidates}} - Date of Election: \(\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{ord}}} \text{\texi}\text{\text{\text{\text{\text{\text{
18 APR 13 PH 12: 01		Daytime Telephone:	Name: Conrad G. Luces I
LEGISLATIVE RESOURCE CENTER	FORM B Candidates, and New Employees	FORM B For New Members, Candidates, and	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT
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SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: N 6

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Assets and/or Income Sources					<	ᇎ	0	S	Value of Asset	-							_	즃	Type of Income	Ĭ	ğ	Ð											≥	₹	Ē	9	Amount of Income	ğ	ē										
Identify (a) each asset held for investment or production of income and with a fair market value succeeding \$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.		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."	alue no le m	of a	etho d us sold	it ge	lose her ti	of the	fair r	nark nark	et va et va per va	eriod Nue, niod alue	plea and show		Check all that gene 401(k), IR the "Tax interest, reinveste	est, Hax		call columns to call columns to call columns to columns to call, IRA, or 529 and Tax-Deferred set, and call set, and call set call call set call call set call call set call call call call call call call cal	columns that apply. For rate tax-deferred incom A, or 529 accounts), you Deferred column. I and capital gains, d, must be disclosed.	hat apply ferred in counts), column.		ome For	counts uch as check dends, ren if	For assets indicassets indicas	For assets assets indi capital gal Check "No	X Some district	ਲ ਜੋ 1 18 17 ਨਿੰਜੂ 18 18	Tass	ets comment	hed ory o inve	Sead.	Tex-	or in the state of	ened ened	r de les class	Jend Jood	en sago	you inco	may make	for a	ck th	for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other cate the category of income by checking the appropriate box below. Dividends, interest, and ins, even if relinvested, must be disclosed as income for assets held in taxable accounts. ne" if no income was earned or generated. It is for assets held by your spouse or dependent child in which you have no interest.	e no e ka lone		umn ds, axalt	. Fo Jera	or all Prest		# <u>2</u> 9
Provide complete names of stocks and mutual funds. (do not use only ticker symbols).		*Column M is for assets held by your spouse or dependent child in which you have no interest.	함조	ഉ할	asse hav	e no	inte Bid to	es y	Ē	pous	86 91	deb	ende		"None" during t	g the	de in the second	ortir	tor assets held in taxable : "None" if the asset gene during the reporting period.	gene	. area	To assets held in taxable accounts. "None" if the asset generated no iduring the reporting period.	its held in taxable accounts. Check if the asset generated no income he reporting period.								:		•																
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	ء د					1	1	1	1	-	1	ł	4	₩			1	1	1	-	4										ľ					1	1	1	1	1	1	1	1			1	1		1
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 more than \$1,000 in interest-bearing accounts.	N 3 3	σ.	'n	0	т	ті	ଦ					~		Z											=	=	₹	< δ	V V VI VII VIII		<u>≨</u> [8	<u></u>	×	<u>×</u>				=	=	₹	<u><</u> [8	Preceding	≦ 0	Year	≂ "	×	<u>×</u>		= [
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	3 4																					· · · · · · · · · · · · · · · · · · ·	me)				-																						
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.	w or w									· ·													ne or Farm Inco																										
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental homes and vacation homes (infect and infect and infec														•									, Partnership Incor												\e	,)*	,
If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.														,000,000							ा ———		ecify: e.g.,												*4 000 000	1,000,000		 .										1 000 000	.,000,000
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	_ ~ i i _	0	15,000	\$50-000	\$100,000	-\$250,000	-\$500,000	-\$1,000,000	1-\$5,000,000	11-\$25,000,000		001-\$50,000,000		C Asset over \$		DS		iT .			ED/BLIND TRUS	ERRED	oe of Income (Sp			000	2,500	5,000	15,000	50,000	100,000	\$1,000,000	1-\$5,000,000		C Income over S	O IIIOMile Ofer (5,000	15,000	50,000	100,000	\$1,000,000	1-\$5,000,000		C Income over	o income over t
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	None	\$1-\$1,000	\$1,001-\$1	\$15,001-\$	\$50,001-\$	\$100,001	\$250,001	\$500,001					Over \$50,	Spouse/D	NONE	DIVIDEN	RÉNT	INTERES	CAPITAL		EXCEPTE	TAX-DEF	Other Typ	None	\$1-\$200	\$201-\$1,0	\$1,001-\$2	\$2,501-\$5	\$5,001-\$1	\$15,001-\$	\$50,001-\$	\$100,001		Over \$5,0			None	\$1-\$200	\$201-\$1,0	\$1,001-\$2	\$2,501-\$5	\$5,001-\$1	\$15,001-\$	\$50,001-\$	\$100,001-	\$1,000,00	Over \$5,0		Spruse/D
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: Conca. 6. Lucia 12 Page 3 of 6

SCHEDULE C - EARNED INCOME

Name: Conred G. Luces I 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.

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

				Direct Edge Campergas	Josephins for House	C. ty of Charleston	Cooldon Horsechon Stratzies, 226	Ļ	Examples: State of Maryland Civil War Roundtable (Oct. 2)	ABC Trade Association, Baltimore, MD (July 15)	Source (include date of receipt for nonoraria)	Course (include date of special for because)
				Show Chiltin	Spare Casifix	5-1-5	Salary	Spouse Salary	Salary Spouse Speach	Honorarium	Type	-
				> 1,000	0	\$ 8,196.18	\$53,500	N/A	\$20,000	\$0	Current Year to Filing	An
				x 1,5 00.00	35, 000.00	837, 372.54	3/55,600	N/A	\$76,000	\$500	Preceding Year	Amount

SCHEDULE D - LIABILITIES

int award during the reporting	od by you your spouse or your dependent child. Mark the highest amount owed during the reporting	אל איט עיסוו עיסו
Page 5 of 6	Connd G. Lier R	Name:

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		
			<u>ا</u>	V > ∪ >	Example	<u> </u>		
SCHEDING E BOSITIONS			BOOT Book	US Dept of Educto	e First Bank of Wilmington, DE	Creditor		
			1/209	8006/5	5/98	Date Liability Incurred MO/YR		
		that style	Mortgage en Pat 1 Pages	Studen Loors	Mortgage on Rental Property, Dover, DE	Type of Liability		
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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 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 calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years

	Doell Monsu	Pros. Jent	Proside +	Position
	Ding for Swang - Live Cites	Colda Hospista Strato. os LCS	Lucas Hovings Les	Name of Organization

SCHEDULE F - AGREEMENTS

r arrangement that you have with respect to: future employment, a leave of absence during the period of government service;	Name: Conno G. Los & Page (
ne period of government service;	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 employer.

Date	Parties to Agreement	Terms of Agreement
	MA	

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
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FILER NOTES (Optional)

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