UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	For New Members, Can	FORM B Candidates, and New Employees	MAY 2 0 2019 1 of 7
Name: Tom Wells	Daytime Telephone:		2019 MAY 30 PM 1: 31
New Member of or Candidate for State: FL		Check if	No. Nobse of the Levens
Candidates - Date of Election:		ent	(Onice Ose Only)
STATUS  New Officer or Employee Staff File  Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant t	Period Covered: January 1, 2017 to May 14, 2018	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	THESE QUESTION	IS	
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 period	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ig the reporting Yes X No III
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?	X No F. Did outside year up	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 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?	No X J. Did :	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No No
ATTACH THE CORR	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ULE IF YOU ANSWER "YES"	3"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	HE SCHEDULES THA	AT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	INFORMATION - AN		<u>TH</u> 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 "ex	cepted trusts" need not be disclosed. H	Have you excluded Yes No No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent chexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spousitiee on Ethics.	e or dependent child because they meet all three tests for	st all three tests for Yes No No

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Tom Wells

Page 2

of 7

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	consulting	World Ra	John H	_	Examples: S	Iz.	For bank and other cash accounts in all interest-bearing accounts. If \$5,000, list every financial institutions than \$1,000 in interest-bearing the provide a complete for rental provide a complete state.  For an ownership interest in business that is not publicly trade of the business, the nature of its geographic location homes (unless income during the reporting infrancial interest in, or income derivation for the complete interest in, or income derivation for the provided interest in or income derivation for the provided interest in or income derivation for the provided interest in the optional column on the ferome and detailed discussion requirements, please refer to the I	r all IRAs and of 1(k) plans) provid he account that ex	Provide complete names of stock do not use only ticker symbols).	dentify (a) each asset held fo production of income and with a successing \$1,000 at the end of the end (b) any other repordable ass noome which generated more unearned income during the year.	Assets and	
	9	Norld Radome Inc	Hancock IRA	ABC Hedge Fund X	Simon & Schuster	Mega Corp Stock	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.  For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  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.  Exclude: Your personal residence, including second formes and vecation homes (urriess there was rental income during the reporting period); and any financial interest in, or income derived from, a federal reliment program, including the Thrift Savings Plan.  If you report a privately-traded fund that is an excepted investment Fund, please check the "EIF" box.  If you ochoose, you may indicate that an asset or income source is that of your spouse (SP) or force source is that or jointly held with anyone dependent child (DC), or jointly held with anyone dependent child succession of Schedule A requirements, please refer to the Instruction booklet.	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.	Provide complete names of stocks and mutual funds do not use only ticker symbols).	r investment or fair market value fair market value reporting period, set or source of then \$200 in	Assets and/or Income Sources	BLOCK A
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	iii iy	i egin					\$25,000,001-\$50,000,000 ×		*Column M is for assets held by your spouse or depender child in which you have no interest.	indicate value of asset at close of the reporting period. If you use a valuation method ofter 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."		
ilincio	n kan di						Spouse/DC Asset over \$1,000,000°					-
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				×			\$5,001-\$100,000			For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all othe assets indicate the category of income by checking the appropriate box below. Dividends, Imprest, and capital gales, 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.		
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Use additional sheets if more space is required.

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BI OCK A	SCHEDULE A – ASSETS
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	Page 3 of 7

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## SCHEDULE C - EARNED INCOME

Name: Tom Wells Page 4 of 7

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.

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

INCOME LIMITS are outside earned income fees, and payments	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.	nd prohibitions on types of incomwas \$28,050. The 2019 limit is \$ for Members and senior staff.	e may apply to you after you are o 28,440. In addition, certain types of	n House payroll. The 2018 limit on income (notably honoraria, director's
			Am	Amount
U	Source (include date of receipt for nonoraria)	iype	Current Year to Filing	Preceding Year
	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0 \$0	\$500
Examples:	Civil War Roundable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
World Ra	, FL	Salary	\$131,000	\$40,000 (2016)

#### SCHEDULE D - LIABILITIES

Name: Tom Wells Page 5 of 7

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.

			Date		B B		Amount of the state of the stat	Amount of Liability		
SP.		Creditor	Liability Incurred MO/YR	Type of Liability	\$19,001- \$13,000 \$15,001- \$50,000	\$60,001- \$600,000	\$100,001- \$250,000 \$250,001- \$300,000	\$500,001- \$1,000,000 \$1,000,000 \$1,000,000 \$5,000,001-	\$25,000,000 \$25,000,000 \$60,000,000 Over \$50,000,000	=0-0-13 (00) (00*=1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	Example	First Bank of Wilmington, DE	5/16	Mortgage on Rental Property, Dover, DE			×			
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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.

President, sole owner (since 2006)  World Radomes Inc. (a Gainesville, FL based S-Corp)	Position	Name of Organization
	President, sole owner (since 2006)	World Radomes Inc. (a Gainesville, FL based S-Corp)

### SCHEDULE F - AGREEMENTS

Name: Tom Wells Page 6 of 7

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
	NA	

# 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
Customer name withheld per confidentiality agreement	Microwave measurements & analyses contracted though World Radomes Inc. [Net income as reported on Schedule C. Gross receipts: 2015, \$62,000; 2016, \$93,000;

							NOTE NUMBER
						NA	
							NOTES