UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For New Mer	<b>FORM B</b> For New Members, Candidates, and New Employees	MAY 0 1 2019 of —
Name: Action Klull Daytime Telephone:	elephone:	2012MAY 21 PM 1:22
New Member of or Candidate for State: 4  U.S. House of Representatives District: 4  Candidates – Date of Election: 1 - 3 - 10   9	Check if Amendment	(Office Use Only)
STATUS  New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office: Shared Principal Assistant	nt 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 QU	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 unearmed 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?	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	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?	rrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No Moliability (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?	\$5,000 from a Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	SCHEDULE IF YOU ANSWER "YES" LES THAT YOU ARE REQUIRED TO COMPLETE	"COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BO</u>	TION - 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?	tain other "excepted trusts" need not be disclosed. H	ave you excluded Yes No 🕅
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	es of a spouse or dependent chiid because they meet all three tests for	all three tests for Yes No 🔯

SCHEDULE A – ASSETS	S & "UNEARNED INCOME"	Name:	Pageof
BLOCK A	BLOCK B	BLOCK C	BLOCK D
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income
Identify (a) each asset held for investment or production of income and with a fair market value	or Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please		
and (b) any other reportable asset or source of income which generated more than \$200 in "uneamed" income during the year.		the Tax-Deferred column. Divinterest, and capital gains, e reinvested, must be disclosed as	*Column XII is for assets held by your spouse or dependent child in which you have no interest.
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		nt "None" if the asset generated no income during the reporting period.	
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	₹. 65		
the account that exceeds the reporting thresholds.		,	Current Year Preceding Year
For bank and other cash accounts, total the amount in all intensi-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in intensi-bearing accounts.	to C		
For rental and other real property held for investment provide a complete address or description, e.g. "rental property," and a city and state.		a)	
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.	# <b>6</b> %	or Farm Incom	
Exclude: Your personal residence, including secont homes and vacation homes (unless there was renta income during the reporting period); and any financia interest in, or income derived from, a federa retirement program, including the Thrift Savings Plan		Partnership Income	
If you report a privately-traded fund that is en Excepted investment Fund, please check the 'EIF box.	)	87	
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.	3 15,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 \$1,500,000 \$1,55,000,000 \$01,55,000,000	DS  ST  GAINS  ED/BUND TRU	2,500 5,000 15,000 \$10,000 \$100,000 01-\$1,000,000 000,000 000 2,500 5,000 \$15,000 \$50,000 \$15,000 \$100,000 \$100,000 \$100,000
For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	None \$1-\$1,001-\$ \$15,001-\$ \$50,001- \$100,001 \$250,001 \$500,001 \$500,001 \$5,000,001 \$25,000,001 \$25,000,001	NONE DIVIDEN RENT INTERES CAPITAL EXCEPT	\$100,001 \$1,000,0 Over \$5, Spouse/None \$1-\$200 \$201-\$1, \$1,001-\$ \$2,501-\$ \$5,001-\$ \$50,001 \$100,001 \$1,000,000
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Examples: Simon of Southstee	X	Partnership	×
Direct Decent			•

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BI OCK A	Assets and/or Income Sources				ASSET NAME	ī														
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Brock c	3		<del></del>	CAPITAL GAINS	1	<u> </u>	<u> </u>	١.	<u>``</u>						<u> </u>				-	
<sup>ه</sup>	Type of Income			EXCEPTED/BLIND TRUST			ļ	ļ							ļ		ļ			
	9		v.*	TAX-DEFERRED						٠.				<u> </u>			ļ			
			9.g., отте)	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)											-					
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_L		Щ	,000° ≦	Spouse/DC Income over \$1,000,000									<u> </u>	<u> </u>	L	1				

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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## **SCHEDULE C - EARNED INCOME**

Name:	
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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. **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: 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.

		Am	Amount
<b>Source</b> (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Spouse Speech	\$20,000 \$0	\$/6,000 \$1,000
Ontario County Board of Education	Spouse Salary	N/A	N.A

#### SCHEDULE D - LIABILITIES

		Name:
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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 exceeded \$10,000. 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 \*Column K is for liabilities held solely by your spouse or dependent child

ı		 				
				SP, DC, JT		
			Example			
			First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
			,	\$15,001- \$50,000	в	
	:		,	\$50,001- \$100,000	ဂ	
			×	\$100,001- \$250,000	D	
				\$250,001- \$500,000	W	Amount of Liability
				\$500,001- \$1,000,000	'n	t of Li
				\$1,000,001- \$5,000,600	စ	ability
				\$5,000,001- \$25,000,000	x	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	٠	
				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 partnership) and the current political partnership and the current calendar year. Electronship and positions socially of an honorary nature. New Members and second details report positions held in the current calendar year and two residues years.

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			Position	eriod and the current calendar year. First-year candidates
The state of the s			Name of Organization	period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

### **SCHEDULE F - AGREEMENTS**

Pageofent; a leave of absence during the period of government service;	ement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	Name:	
—— į	ment; a leave of absence during the period of government service;	Pageof	

mployer.
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
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;

Date	Parties to Agreement	Terms of Agreement

# 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

FILER NOTES (Optional)

Name: Page\_\_\_\_of\_\_\_

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