	MAY	MAY 10 2018 age 1 of 1
FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and	New Employees	LEGISLATIVE RESOURCE CENTER
Name: PHUP LAURYCE LIBERTINE Daytime Telephone:	18	18 MAY 17 PM 1: 34
New Member of or Candidate for State: U.S. House of Representatives District: 39 FILER Candidates – Date of Election: 6-5-18	Check if Amendment (Off	U.S. HÖUSE ÖF REPRESENTATIVES (Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to	January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF 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 in the current b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? E. Did you hold any reportable period or in the current	ny reportable positions during the reporting urent calendar year up through the date of filing?	Yes No X
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? F. Did you have any reportable agoutside entity during the reporting year up through the date of fling?	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?	Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes No Single source in the liability (more than \$10,000) at any point during the reporting period?	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	OU ANSWER "YES" ARE REQUIRED TO COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	BOTH OF THESE QUESTIONS	(3)
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted truffrom this report details of such a trust that benefits you, your spouse, or dependent child?	and certain other "excepted trusts" need not be disclosed. Have you excluded	Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	dent child because they meet all three tests for	Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

PHUMP HE NSWED IN	MUMPELLE MAKER-	T GTY NOW BOOK	TO WELLS ENGLOSSIAN	or Phip CLIBRATIAE CA	ABC Hedge Fund X	Examples: Simon & Schuster	DC, Mega Corp Stock	SP, EIF	For ental 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 homes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF box. 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. For a detailed discussion of Schedule A requirements, estimated the property of the instruction booklet.	ount in A s over here is		Provide complete names of stocks and mutual funds "Colur (do not use only ticker symbols).		Assets and/or income Sources	BLOCK A
dK X	*	*		><	×	Indefinite	×		\$1-\$1,000 \$1,001-\$15,000 \$15,001-\$250,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$40,000,000 \$25,000,001-\$40,000,000 \$5,000,000,000 \$5,000,000			"Column M is for assets held by your spouse or dependent" child in which you have no interest.		Value of Asset	вгоск в
X	~				Partnership Income	Royalties	×		NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			"None" if the asset generated no income during the reporting period.		Type of Income	BLOCK C
X	×	× ×	×		×	×	*		None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$100,001-\$1,000,000 \$1,000,001-\$1,000,000 Cver \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1-\$200 \$201-\$1,000 \$201-\$1,000 \$201-\$1,000 \$201-\$1,000 \$201-\$1,000 \$201-\$1,000 \$201-\$1,000 \$201-\$1,000 \$201-\$1,000 \$201-\$1,000	X	Current Year Preceding Y		For assets for which you checked "Tax-Deferred" 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, interest, and capital gains, even if retirvested, 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.	Amount of Income	BLOCK D
									\$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	X X X	Year		e" column. For all other vidends, interest, and d in taxable accounts. To interest.		

Name: Att LAVI	
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															Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				
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															\$1,000,001-\$5,000,000	×			ı
															Over \$5,000,000	8			

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SCHEDULE C - EARNED INCOME

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

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff	r staff.		
		Am	Amount
Source (include date of receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
_	Honorarium	000 003	\$500
EXAMPLES: Civil War Roundfable (Oct. 2) Onlario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
PHUP L- UBESTONE CAT A PROFESIONE CORP	Fame	239,000	338,500
STOUSE - PHYPLYPREATURE CAT A BURSWALCON SAL	MY	140,950	40,375
	•		

SCHEDULE D - LIABILITIES

Name:	ne:	Pageof
ed by real property including rr isehold furniture, or appliances	ed by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence usehold furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	ige on your personal residence you are personally liable); and

period. New Members: Members are required to report all liabilities secur Report liabilities of over \$10,000 owed to any one creditor at any time during iabilities 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. (unless you rent it out or are a Member); loans secured by automobiles, hou

		SP. DC, JT		
	Example			
	First Bank of Wilmington, DE	Creditor		
	5/98	Liability Incurred MO/YR		
- NONE	Mortgage on Rental Property, Dover, DE	Type of Liability		
	,	\$10,001- \$15,000	>	
		\$15,001- \$50,000	œ.	
		\$59,001- \$100,000	<u>.</u>	
	×	\$100,001- \$250,000	0	
		\$250,001- \$500,000	m	Inom.
		\$500,001- \$1,000,000	п	Amount of Liability
		\$1,000,001- \$5,000,000	6	ability
		\$5,000,001- \$25,000,000	Ξ	
		\$25,000,001- \$50,000,000	-	
		Over \$50,000,000	۲	
		Over \$1,000,000*		

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.

		Position
NoNE		Position Name of Organization

any agreement or arrangement that you have with		
any agreement or arrangement that you have with respect to future employment; a leave of absence during the period of covernment services.	Name:	
of acuernment service:	Pageof	

IEDULE F - AGREEMENTS		
	Name:	Page of
y 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 uation 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	espect to: future employment, a leave of absence during the period continuing participation in an employee welfare or benefit plan management.	of government service; naintained by a former
yer.		

1	1	Date	Identify the continuation of the continuation
		œ	the date, ation or d er.
	- 16h	Parties to Agreement	parties to, and general terms of any agreement or arrangement that you ha leferral of payments by a former or current employer other than the U.S. gov
		Terms of Agreement	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.

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.

	Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and City/State)	government and any information considered confidential as a result
Mht -	Accounting Services	Brief Description of Duties	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.