

₹ ×	Yes	ependent child	ities of a spouse or de Committee on Ethics.	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	rned" income s you have fin	oort any other assets, "unea Do not answer "yes" unles	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obscause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION because they
» ⊠	Yes 🔲	ot be	cepted trusts" need not be	s and certain other "ex spouse, or a depende	ittee on Ethica	sts" approved by the Comm stails of such a trust benefit	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS—De disclosed. Ha
S	EACH OF THESE QUESTIONS	OF THESE	ANSWER EACH O	1	T INFOR	NDENT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIO
	response.	each "Yes"	dule attached for each "Yes" response.	and the appropriate schedule	and the a	rt must be answered	Each question in this part must be answered	
No 🔲	Yes X	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	VI. Did you receive con a single source in the ty if yes, complete and at	No ×	ny report- period? Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	III. Did you, you able liability (mu if yes, complet
×	Yes	rrangement	Did you have any reportable agreement or arrangement th an outside entity? yes, complete and attach Schedule V.	V. Did you have any reportable a with an outside entity? If yes, complete and attach Sci	<u>\$</u>	"unearned" old any the period? Yes X	II. Did you, your spouse, or a dependent child receive "urearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	II. Did you, you income of more reportable asse if yes, complet
N _o	Yes X	before the date or two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	IV. Did you hold any reportable pof filing in the current calendar year, complete and attach Sch	No X	salaries or yes	 Did you or your spouse have "earned" income (e.g., salaries fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule t. 	I. Did you or yo fees) of \$200 o If yes, complet
			•	E QUESTIONS	EACH OF THESE	ER	In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW	PRELIMIN
vno mes	against any individual who files more than 30 days late.	more than				Employing Office:	New officer or employee	Status
ssessed	A \$200 penalty shall be assessed	A \$200 pe	Check if Amendment	TBD 2014	Date of Election:	State: New York District: 19TH	X Candidate for the House of Representatives	Filer
	(Office Use Only)							
	USE OF HEPKESE	u.s. но ∩		Daytime Telephone:	Daytime		SEAN S ELDRIDGE	Name: SI
AM IO: 05	2013 MAY 15 AM IO: 05	2013	∧ B and new employees	FORM B For use by candidates and new		PRESENTATIVES EMENT April 30, 2013	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - April 30, 201:	FINANCIA Period cove

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name SEAN S ELDRIDGE	
Page 2_or_5	

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	-		ļ	ļ	<u> </u>	٦	8	SP.	incomes during the reporting period; any deposits total income during the reporting period; any deposits total ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal reflement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	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.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	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 ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (t) any other reportable asset or sources of income which generated more than \$200 in "uneamed" income during the year.		
							Examples:		wed to be determined to	5	5, <u>6, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,</u>	를 중 등		<u>5</u> €	than than	Asset and/or Income Source	
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+			 -	 	 -	1	 	L	\$250,001 - \$500,000		<u> </u>	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	BLOCK B
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				İ			Royalties		Other Type of Income				if reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k)		
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-+			ļ.—	 	 	\vdash	⊢	-	\$5,001 - \$15,000	<u> </u>	Current Year	l	 Inis column is for income derived from assets solely held by your spouse or dependent child. 	income. Check "None" if no income was earned or generated	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 reinvested, must be disclosed as		
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SCHEDULE III — LIABILITIES

Name SEAN S ELDRIDGE

Page 3 of 5

ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount

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			Example: First Bank of Wilmington, DE	Creditor
			ington, DE	
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			_	Over \$50,000,000
				Spouse/DC Liability over ス \$1,000,000

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); nd positions solely of an honorary nature

and positions solely of an individity fiature.	auic.
Position	Name of Organization
MANAGER AND PRESIDENT	HUDSON RIVER VENTURES LLC
EMPLOYEE (2011)	THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.
SENIOR ADVISOR (2011)	FREEDOM TO MARRY INC.
DIRECTOR AND PRESIDENT	PROTECT OUR DEMOCRACY INC.
PRESIDENT	TELOS FOUNDATION

SCHEDULE III — LIABILITIES

Name SEAN S ELDRIDGE

Page 4 of 5

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

				J D SP,
			Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
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				Spouse/DC Liability over ス \$1,000,000

SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions sololy of an incliniary flatality	Iddio.
Position	Name of Organization
DIRECTOR	SCENIC HUDSON
DIRECTOR	GAY & LESBIAN ADVOCATES & DEFENDERS
DIRECTOR	HUDSON VALLEY ECONOMIC DEVELOPMENT CORP.
DIRECTOR	PLANNED PARENTHOOD HUDSON PECONIC ACTION FUND

SCHEDULE V — AGREEMENTS

Name SEAN S ELDRIDGE

Page <u>5</u> of <u>5</u>

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leav service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuin effit plan maintained by a former employer.
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Parties To	One press meaning	on partition and a former emproyer.	
	Date	Parties To	Terms of Agreement

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
ASTRAEA FOUNDATION, NEW YORK, NY	POLITICAL DIRECTOR

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^{*} This column is for assets solely held by your spouse or dependent child.

FNI Hudson River Ventures LLC value does not reflect proportional interest. Investments are reflected at the full value.

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