UNITED STATES HOUSE OF REPRESENTATIVES		· Argent
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: STAUROS S. ANTHONY Daytime	Daytime Telephone:	17 AUG IL PH 1: 18
New Member of or Candidate for State:		U.S. HOUSE OF REPRESENTATIVES
U.S. House of Representatives Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistar	to /~/-/8	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	E 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?	ng the reporting Yes X No
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 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 No
D. Did you, your spouse, or your dependent child have any reportable Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	or \$5,000 from a Yes No No
ATTACH THE CORRESPONI	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	S ,
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	MATION - ANSWER BOTH OF THESE QUESTIONS	E QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics a from 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	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 exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	r liabilities of a spouse or dependent child because they meet all three tests for nics.	et all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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all interest-bearing accounts. If the total is ove \$5,000, list every financial institution where there is Provide complete names of stocks and mutual funds (do not use only ticker symbols). For a detailed discussion of Schedule A requirement blease refer to the instruction booklet. For rental and other real property held for investment provide a complete address or description, e.g. For all IRAs and other retirement plans (such 401(k) plans) provide the value for each asset held production of income and with a fair market value exceeding \$1,000 at the end of the reporting period. rental property," and a city and state or bank and other cash accounts, total the amount in nat is not publicly traded, state the name of usiness, the nature of its activities, and nore than \$1,000 in interest-bearing accounts he account that exceeds the reporting thresholds. ependent child (DC), or jointly held with anyone you so choose, you may indicate that an asset come source is that of your spouse (SP) you have a privately-traded fund that is an Except westment Fund, please check the "EIF" box. nd (b) any other reportable asset or the optional column on the far left, cclude: Your personal residence, including secon rographic location in Block A. come during the reporting period); and any financi irement program, including the Thrift Savings Plan Assets and/or Income Sources HOTCHIS NILEY CHAI INVESCO SC GROW and vacation homes (unless there was (a) each asset held for investment 70 INTER VALUE more than \$200 in "uneamed WEARTHOUT. Simon & Schuster Wega Corp Stock BLOCK A source of incom # 9 > *Column M is for assets held by your spouse or dependence in which you have no interest. None If an asset was sold during the reporting period and specify the method used. Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please ncluded only because it generated income, the value shou \$1-\$1,000 • O \$1,001-\$15,000 × 0 \$15,001-\$50-000 \$50,001-\$100,000 Value of Asset \$100,001-\$250,000 п BLOCK B × G \$250,001-\$500,000 I X \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 _ ے \$5,000,001-\$25,000,000 \$25,000,001-\$50,000.000 **×** _ Over \$50,000,000 Spouse/DC Asset over \$1,000,000* Z 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends interest, and capital gains, even $\times \times \times \times$ for assets held in taxable accounts. Cher "None" if the asset generated no incom Check all columns that apply. For accounts that generate tax-deferred income (such as NONE merest, and the disclosed as income einvested, must be disclosed as income einvested. Check the counts. DIVIDENDS RENT Type of Income INTEREST BLOCKC CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Partnershi Incom Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) capital gains, even if reinvested, must be disclos 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. assets indicate the category of income by checking the appropriate box below. Dividends, it capital gains, even if reinvested, must be disclosed as income for assets held in taxable None *Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 = \$201-\$1,000 Ξ \$1,001-\$2,500 ₹ Current Year < \$2,501-\$5,000 ≼ \$5,001-\$15,000 × ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 ⋝ \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × Amount of Income × Over \$5,000,000 BLOCK D ≚ Spouse/DC Income over \$1,000,000* \$1-\$200 \$201-\$1,000 ≖ ₹ \$1,001-\$2,500 Preceding Year \$2,501-\$5,000 < ≤ \$5,001-\$15,000 held in taxable accou ≦ \$15,001-\$50,000 × ≨ \$50,001-\$100,000 × \$100,001-\$1,000,000 . For all other interest, and \$1,000,001-\$5,000,000 × Over \$5,000,000 ≥ ≚ Spouse/DC Income over \$1,000,000*

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: STAUAOS S. ANTHOWY

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SCHEDULE C -- EARNED INCOME

Name: STAUROS S. ANTHONY Page_

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 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.

	4	Am	Amount
Source (include date or receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$0 \$0	\$500 \$76 000
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
MEVADA DEAS	10251130	000 031	140041
CITY OF CAS VEGAS	SALARX	75,000	74,000
SLS HOTEL/CASINO	540467	55,000	00000
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SCHEDULE D - LIABILITIES

Name: STAUAOS S. AUTHOUY

Page 5 of 6

period. New Members: Members are required to report all liabilities secured by real properly including mortgages on their personal residence. Exclude: Any mortgage on your personal residence 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 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 (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 *Column K is for liabilities held solely by your spouse or dependent child.

					SP. DC, JT		
	:			Example			
			X	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
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					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 parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reportings period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	X
Name of Organization	Position

Name: STAVNOS S. ANTHONY Page_ 0

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 SCHEDULE F - AGREEMENTS employer. 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
	X	
	\$	