UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT		FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name:	Rejaz (Raji) Rab	Daytime Telephono	honc	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES
FILER	New Member of or Candidate for State:  U.S. House of Representatives District:  Candidates – Date of Election: 06 07 6	30 30 PRIMARY	Check if Amendment	(Office Use Only)
STATUS	New Officer or Employee S Employing Office:	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1, 2015 to MOLL VE 1 2016	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS	OF THESE QUES	STIONS	
A. Did you, you a. Own any end of the b. Receive reasset dur	A. Did you, your spouse, or your dependent child: <ul> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Ox</li> <li>b. Receive more than \$200 in unsamed income from any reportable asset during the reporting period?</li> </ul>	Yee No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting yes No No
C. Did you or you honoraria, or pen reporting period?	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?	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?	arrangement with an Yes No No
D. Did you, you liability (more t	D. Did you, your spouse, or your dependent child have any reportable liability (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 No
	ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ORRESPONDING SC	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	SOMPLETE
EXCLUSIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT	UST INFORMATIO	N - ANSWER <u>BOTH</u> OF THESE	<u>TH</u> OF THESE QUESTIONS
TRUSTS - De from this repor	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	mittee on Ethics and certain opendent child?	other "excepted trusts" need not be disclosed. Have you excluded	Have you excluded Yes 🔲 No 💢
EXEMPTION - exemption? D	EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent chi exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	amed" income, or liabilities of Committee on Ethics.	a spouse or dependent child because they meet all three tests for	et all three tests for Yes No X

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Ae)az (Raji) Rab

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## SCHEDULE C - EARNED INCOME

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Namo: AC	
1a2 (Raji) Rab	
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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 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.	ncome may apply to you after you limit is \$27,765. In addition, cert or staff.	xu are on House payroll. The 2016 aln types of income (notably honoral	Imit on outside earned income for te, director's fees, and payments for
Course final Ide date of receipt for honoraria)	Tuna		Amount
Con co (include date of locality for inclination)	ıype	Current Year to Filing	Preceding Year
_	Honorarium	\$0	\$600
EXBITIDITIES. Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Selary	8	\$1,000 NA
USA EXPEDITION INC.	logg	# 32,000 7005	\$ 18,355 TAXX
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## SCHEDULE D - LIABILITIES NONE

Name: ACJaz (Raji) Rab

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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 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.

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			Example			
			First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred NO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	6	
				\$50,001- \$100,000	c	
			 ×	\$100,001- \$250,000	D	ş
				\$250,001- \$500,000	ria	nount
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				\$1,000,001- \$5,000,000	6	bility
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,				(Spouse/DC Liability)	~	l

### 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, fratemal, 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 and the current calendar year.

period and the current calendar year, First-year candidate	period and the current calendar year. In the seriod of the
Position	Name of Organization
Director	USA EXPEDITION INC.

SCHEDU	SCHEDULE F - AGREEMENTS NONE	Name: Acjaz (Raji) Rab	Page 5 of 5
Identify the da continuation of employer.	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.	ve with respect to: future employment; a leave of absence during the period of emment; or continuing participation in an employee welfare or benefit plan m	of government service; wintained by a former
Date	Parties to Agreement	Terms of Agreement	

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE N/A

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.

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	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services