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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and	tes, and New Employees	APR 2 1 2017 Page 1 of 8
Name: Dennis Meldinger	Daytime Telephone:		2017 APR 27 PH 12: 41
New Member of or Candidate for State: Kr U.S. House of Representatives District: L Candidates – Date of Election:	cil 11 Special	Check if Amendment	U.S. HOUSE OF REPRESER PATIVES (Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1, 2ciし to トピール といった	A \$200 penalty shall be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	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 b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	X No E. Did you to or in the cur	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 period 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 Yes reporting period?	X No F. Do you h outside enti	F. Do 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?	the current calendar Yes X No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	X No J. Did you r source in th	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 single Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARE	IF YOU ANSWER "YES" OU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	INFORMATION - ANSV	VER BOTH 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?	n Ethics and certain other "excepted ?	trusts" need not be disclosed. Hav	ve you excluded from Yes No 🗶
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent cl exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	come, or liabilities of a spouse or de	pendent child because they meet all three tests for	all three tests for Yes No 🗶

SCHEDULE C - EARNED INCOME

Name: Dennis Milliania Page 2 of 8

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. E0121 / 219/2 20 -

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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director slees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. Amount	ncome may apply to you after yo limit is \$27,495. In addition, certor r staff.	u are on House payroll. The 2015 iin types of income (notably honoral Am	s limit on outside earned income for had brecter shees, a of payments for ount
Source (include date of receipt for honoraria)	Туре	Am Current Year to Filing	Amount Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State or Maryland Civil Wer Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$20,000 \$0 N/A	\$1,000 \$1,000 N/A
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Surth Control Special Ephresten Cooperative 145	Calas	MA	N/A
Unified School Distict #422, Greensburg, les	Spoule Salers	NIA	NIA
Colorado Assa of Mechanical + Munsing Contractors	Spenicas Spenices	\$1,000	~0~
Kroses Receive + Chamine Commission Topaler	Meetins Attendance Pan	56.6	1,065

SCHEDULE D - LIABILITIES

Name: Dennis Medinger	
Page 3 of &	

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 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. 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

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SCHEDINE E				عاهو بحر	Example	_		
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	a mana a special contraction of		Machinery + Livestock	Mortsage in Real Estate.	Mortgage on Rental Property, Dover, DE	Type of Liability		
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						\$25,000,001- \$50,000,000	-	
						Over \$50,000,000	د	
						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 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.

Board member	Board Member/Commissiones	Proprietor	Dreiter	Tristee	irvs tee	Position
Kizwa County Extensión Couns: 1 (144 Research & Extensión) Uncompersayed	Kansas Racins & Gamis Commission	Danis Moleinnes Farm		Idious Counts memorial thospital (uncompensated)	Prat Resident Medical Conter (uncompensated)	Name of Organization

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EDULE A - ASSETS & "UNEARNED INCOME"

Name: Dennis Musiciandy

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is		For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	and (b) any other reportable asset or source of income which generated more than \$200 in uneamed income during the year.	Identify (a) each asset held for investment or production of income and with a fair market value axceeding \$1,000 at the end of the reporting period.	Assets and/or Income Sources	BLOCK A	
2 C C C C C C C C C C C C C C C C C C C	7		Provide complete names of stocks and mutual funds "Column M is for assets held by your spouse or dependent accounts. (do not use only ticker symbols). Child in which you have no interest.	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Indicate value of asset at close of the reporting period. If C you use a valuation method other than fair market value, the blease specify the method used.	Value of Asset	втоск в	
		periou.	accounts. Check "None" If the asset generated no income during the reporting	check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable	heck all columns that apply. For accounts at generate tax-deferred income (such as 01(k), IRA, or 529 accounts), you may	Type of Income	BLOCK C	Name: Dennis
X XX 111A 11A 1A A A A 11 1 1 1 1 1 1 1	Current Year			and (b) any other reportable asset or source of if an asset was sold during the reporting period and is Check the "Tax-Deferred" column, accounts. Check "None" if no income was samed or generated. Income which generated more than \$200 in included only because it generated income, the value even if reinvested, must be displained, income during the year. Yunsamed income during the year. Should be 'None." Income if reinvested, must be displained in country. Check "None" if no income was samed or generated. Your special prior is research and by your spouse or dependent child in which you have no interest.	Identify (s) each asset held for investment or indicate value of asset at close of the reporting period. If Check all columns that apply. For accounts for assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all production of income and with a fair market value you use a valuation method other than fair market value, that generate tax-deferred income (such as other assets indicate the category of income by checking the appropriate box below. Dividends, interest excepting \$1,000 at the end of the reporting period lolease specify the method used. 40.1(t) IRA or 529 accounts), you may the category of income by checking the appropriate box below. Dividends, interest, excepting \$1,000 at the end of the reporting period lolease specify the method used.	Amount of Income	BLOCK D	t McKinney
ווג נא א או וווע ווע א או ווו	Preceding Year			ited. shid in which you have no interest.	C, you may check the "None" column. For all appropriate box below. Dividends, interest,	ome		Page 5 of §

For an ownership interest in a privately-held busin that is not publicly traded, state the name of business, the nature of its activities, and geographic location in Block A.

Exclude: Your personal residence, including second omes and vacation homes (unless there was renta roome during the reporting period); and any financia nterest in, or income derived from, a federa

equirements, please refer to the instruction booklet

Schedule

\$1,001-\$15,000 \$15,001-\$50-000

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NONE DIVIDENDS RENT INTEREST

None \$1-\$200

\$201-\$1,000 \$1,001-\$2,500

\$2,501-\$5,000 \$5,001-\$15,000

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Spouse/DC Income over \$1,000,000

Spouse/DC Income over \$1,000,000*

CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED

Spouse/DC Asset over \$1,000,000°

Other Type of Income (Specify: e.g., Partnership Income or Farm Income)

None \$1-\$1,000

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come source is that of your spouse (SP ependent child (DC), or jointly held with anyone the optional column on the far left.

you so choose, you may indicate that an asset or come source is that of your spouse (SP) or

you have a privately-traded fund that is an Excepte vestment Fund, please check the "EIF" box.

ement program, including the Thrift Savings Plan

For rental and other real property held for investment, provide a complete address or description, e.g., more than \$1,000 in interest-bearing accounts.

ental property," and a city and state.

Use additional sheets if more space is required

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Dennis melenne Term

Examples:

Simon & Schuster Mega Corp Stock

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Name: Dennis Mildoners	ARNED INCOME"	
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EDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE F - AGREEMENTS

Name:	
Dennis	
McKinney	
Page 8	
} of 8	

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.

Date	Parties to Agreement	Terms of Agreement
2 25,7	2/2017 Myself & Kaneas Public Employees	
	pretivement System	Defined Benefit Retwement Posson - Not yet offaming benefits

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

Report sources of compensation received by you or your business affiliation for <u>services</u> 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
Exemple: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Nina Liggett, Mussimuille, 165	Custon From Work
Doug Kustether, Protection, 161	Custom Farm Worle