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UNITED STATES HOUSE OF REPRESENTATIVES	FORM B For New Members, Candidates,	Candidates, and New Employees.	SEP 23 2010	Page 1 of
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New Mem		Check if	TICE OF THE CLE W SE OF REPRESENTATIVES (Office Use	LE Y SENTATIVES (Office Use Only)
STATUS New Officer or Employee Employing Office:		Period Covered: January 1, to	A \$200 penalty shall be assessed against a individual who files more than 30 days late.	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUEST	rions		
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 uneamed income from any reportable asset during the reporting period?	NO NO	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?]	Yes 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?	No I	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?	arrangement with an the current calendar	No S
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?	\(\sigma \)	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 No
ATTACH THE CORRESPONDING SCHEDULE IF Y	RESPONDING SCH	THAT YOU ARE RECUIDED TO COMBLETE		
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	T INFORMATION	- ANSWER <u>BOTH</u> OF THESE QUESTIONS	QUESTIONS	
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain othe	r "excepted trusts" need not be disclosed. Have you excluded from		Yes No X
EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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.	income, or liabilities of a st	pouse or dependent child because they meet	all three tests for	Yes No

Name:

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5 B & Use additional sheets if more space is required For an ownership interest in a privately-held busines that is not publicly traded, state the name of the business, the nature of its activities, and its activities. provide a complete address or description, rental property," and a city and state. you have a privately-traded fund that is an Excepte nvestment Fund, please check the "EIF" box. or rental and other real property held for invest "or bank and other cash accounts, total the amount in in interest-bearing accounts. If the total is over \$,000, list every financial institution where there is nove than \$1,000 in interest-bearing accounts. provide complete names of stocks and mutual fund on or use only ticker symbols). dentify (a) each asset held for investment or production of income and with a fair market value production of income and with a fair market value production of the reporting period, and (b) any other reportable asset or source of noome which generated more than \$200 in you so choose, you may indicate that an asset of your source is that of your spouse (SP) of ependent child (DC), or jointly held with anyone (JT) xclude: Your personal residence, including secon or all RAs and other retirement plans (such a 01(k) plans) provide the value for each asset held to account that exceeds the reporting thresholds. tirement program, including the Thrift Savings Plan omes and vacation homes (unless there was renta come during the reporting period); and any financia terest in, or income derived from, a federa ographic location in Block A. Bridgenew Assets and/or income Sources ALL COST 5 vadolye 4767 PODE WC detailed ailed discussion of Schedule, please refer to the instruction booklet. Simon & Schuster ABC Hedge Fund Wega Corp Stock BLOCK A pond Property Bow 굒 × None *Column M is for assets held by your spouse or depende child in which you have no interest. Indicate value of asset at close of the reporting period. I you use a valuation method other than fair market value an asset was sold during the reporting period and icluded only because it generated income, the val-hould be "None." ease specify the method used. \$1-\$1,000 œ * \$1,001-\$15,000 c \$16,001-\$50-000 D × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 TH BLOCK B × \$250,001-\$500,000 G \$500,001-\$1,000,000 Ť, \$1,000,001-\$5,000,000 - 20 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 _ 1 Over \$50,000,000 Spouse/DC Asset over \$1,000,000 Z check the rear-perent gains, Dividends, interested, must be disclosed as income for assets held in taxable income for Assets held in taxable assets to the asset income the check whom if the asset income the check who in the Check ail columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may detect the Tax-Deferred column. enerated no income XX × DIVIDENDS RENT Type of Income BLOCK C CAPITAL GAINS during the EXCEPTED/BLIND TRUST Royaties For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For other assets indicate the category of income by checking the appropriate box below. Dividends, intere and capital gains, even if relivested, must be disclosed as income for assets held in taxal 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 Z × \$1-\$200 × \$201-\$1,000 # \$1,001-\$2,500 ⋜ × \$2,501-\$5,000 Current Year \$5,001-\$15,000 \$ Š \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Amount of Income × BLOCK D ≚ Spouse/DC income over \$1,000,000* None = \$1-\$200 # × \$201-\$1,000 ₹ \$1,001-\$2,500 < \$2,501-\$6,000 ≤ \$5,001-\$15,000 <u>≅</u> × \$15,001-\$50,000 Year ≦ \$50,001-\$100,000 × \$100,007-\$1,000,000 \$1,000,001-\$5,000,000 × × taxabi Over \$5,000,000 ğ Spouse/DC Income over \$1,000,000* ≚

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Name: Robert TAGER

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Name: Hobert TAGER

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Name: Kobert Tagel

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SCHEDULE C - EARNED INCOME

Name: Robert Tager

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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 file 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 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's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

	4		Amount
Source (Include date of receipt for nonorana)	Туре	Current Year to Filing	Preceding Year
Ц	Honorarium	OUU UC⊅ O\$	\$500 \$500
Examples: Civil War Rundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
TAGER LAW FIRM PA	Salay	\$54,000	£-0-
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SCHEDULE D - LIABILITIES

Name: Robert TACER

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(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. 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 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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	:	VONE		Example			* 10,000.
		16		First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		constraint your operate or
				Mortgage on Rental Property, Dover, DE	Type of Liability		o construction of the contraction
					\$10,001- \$15,000		
					\$15,001- \$50,000		
					\$50,001- \$106,600		
				×	\$100,001- \$250,000	A	
					\$250,001- \$600,000	Amount of Liability	
					\$500,001- \$1,000,000	t of Li	
					\$1,000,001- \$5,000,000	ability	
					\$5,000,001- \$25,000,000		
					\$25,000,004- \$50,000,000		
		1 -			O \$50,000,000		l
 	J	,,,,	,		Over \$50,000,000 _	ļ	l

SCHEDULE E - POSITIONS

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. 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 emniouses report positions held in the current calendar year and two previous years

Position	Name of Organization
Owner / Presidet	TAGEK LAW FILM, P.A.

SCHEDULE F - AGREEMENTS

o, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during		AGREEMENTS
the peri	Mallie (KOWW) 1040	Notat Tree
od of government service;	rage	8 . 8

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. Identify the date, parties to

100/	-		
06			

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) Exemple: Doe Jones & Smith, Hometown, Homestate Lee Clearum France	Brief Description of Duties Accounting Services REPHYPHARON (EAG) (L.S.) (1804-144)
Krug Clearut Florida	RESUSSENTATION LEGAL RESILIENTATION
Olmos, clausabe, Flanda.	byal Representation