PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: 2017 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES B. Did you, your spouse, or your dependent child purchase, sell, or all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet 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? **IPO** – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? 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 exceeding \$1,000 during the reporting period? exchange any secunities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: REPORT TYPE FILER STATUS Did you hold any reportable positions during the reporting period or a. Own any reportable asset that was worth more than \$1,000 at the Receive more than \$200 in uneamed income from any reportable end of the reporting period? or asset during the reporting period? albio sikes 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S. State: District: Yes Se, Yes Yes Yes 7 Daytime Telephone: 202 - 225 - 79/9 Z Amendment N <u>چ</u> Š <u>z</u> For Use by Members, Officers, and Employees 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single reportable travel or reimbursements for travel totaling more than source during the reporting period? \$390 in value from a single source during the reporting period? Form A Employee Officer or Employing Office Date of Termination: Termination A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTER M OF THE PRINCE BE HAND DELIVERED Page 1 of 9 Shared Staff Filer Type: (If Applicable) Ύes Yes Yes Yes Ύes Yes Yes Principal Assistant Š 중 Š

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		, , ,	ror irental and other real property held for intwestment, provide a complete address or description, e.g., "rental property," and a city and state 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. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income defined from, a federal retirement program, including the Thrift Sevings Plan. If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or printly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	the account that exceeds the reporting thresholds. 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 more than \$1,000 in interest-bearing accounts.	BLOCK A Assets and/or Income Sources Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,00 at the and of the reporting penod, and (b) any other reportable asset or source of income that generated more than \$200 in 'urearned' income that generated more than \$200 in 'urearned' income during the year Provide complete names of stocks and mutual funds (do not use only tocker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in
	Examples:		a config. and a config. and the winers of the not put in Block in	unt that cand cand cand cand cand cand cand cand	BLOCK A Assets and/or Income Sources ify (a) each asset held for investmen carbon of income and with a fair market, to carbon of income and with a fair market partial to the end of the reporting b) any other reportable asset or source of inc generated more than \$200 in "unearned" inc g the year ide complete names of stocks and mutual if to use only toker symbols). Il IRAs and other retirement plans (suc c) plans) provide the value for each asset he
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ABC Hedge Fund	Simon & Schuster	Mega Corp. Stock	to other real property rend for investment, tralete address or description, e.g., "rental of a city and state of a city and state the name of the publicly traded, state the name of the anature of its activities, and its geographic lock A. If the reporting period), and any financial or income derived from, a feater or real is that of your spouse (SP) or crea is that of your spouse (SP) or final (CC), or jointly held with anyone (JT), all column on the far left. If discussion of Schedule A requirements, to the instruction booklet.	he rep	BLOCK A or Incol or I
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	Indefinite		\$1,001-\$15,000		was a short as for a interest
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		×	\$50,001-\$100,000	m	Va at d than t heid t
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[Over \$5,000,000	×	BLOCK D Amount of Income Amount of Income 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 income for assets held in taxable accounts. Check "None" if no income was samed or generated "Column XII is for assets held by your spouse or dependent child in which you have no interest.
			Spouse/DC Asset with Income over \$1,000,000*	ĕ	
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			₩ ₽ ₽	Leave this column blank if there are no transactions that exceeded \$1,000.	BLOCKE Transactic Indicate if the asset had purchases (P). sales (S), or sechangs (E) sechangs (E) in the reporting period. In the reporting period. If only a portion an asset was se please indicate follows: 'S (pare)
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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												Α				SP Exemple Mega Corp. Stock	SP, DC, JT Asset	disclose the capital gain income on Schedule A. * Column K is for assets solely held by your spouse or dependent child.	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital pains" box poless it was an asset in a tax-deferred account and	only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you your spouse or your
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SCHEDULE C - EARNED INCOME

Name: Albid SIRES Page 5 of 9

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: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050 In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. 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 a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. Examples: West New York BOARD OF EL (SATE POUSION) Keene State
State of Manyland
State of Manyland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education こと Source (include date of receipt for honoraria) STATE PENSION Spause Person NJ. Pension Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary Туре 38, 100 Amount \$18,000 \$1,000

SCHEDULE D - LIABILITIES

Name: Page_ 000

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. 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 (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 owned 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 *Column K is for liabilities held solely by your spouse or dependent child.

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	FORT M	w.w.Y.	Example			
	nyfers,	INJ.	First Ba	Creditor		
	FORT MYORS, FRANK - PUCBANK	W.N.Y. , N.J. EVERBANK	First Bank of Wilmington, DE	litor		
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	saux "h	4/96	5/15	Date Liability Incurred MO/YR		
	Mortgage	Montgage	Mortgage on Re	Туре		
	He	Je	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, held during the current or prior calendar year 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:

Doctrions held in any religious social featured or political partities fourth as political partities and companies and positions solely of an honorary nature.

Positions held in any religious, social, fraternal, or political e	Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
	N/A

SCHEDULE F - AGREEMENTS

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

Date	Parties to Agreement	Terms of Agreement
	A/\mathcal{N}	

SCHEDULE G - GIFTS

some gifts require prior approval of the Committee on Ethics. Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
a/a		
MH		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Albio Sills Page_

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
1	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	۲	*	Z
Examples:	Habitat for Humanity (charity functraiser)	Mar. 3-4	DC-Boeton-OC	۲	Y	Y
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Name: Albid SIRE Page_

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: Association of American Associations, Washington, DC XYZ Magazine Source Activity Speech Article Feb, 2, 2017 Aug. 13, 2017 Date Amount \$2,000 \$500