NCT 30 2011

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FINANCIAL DISCLOSURE STATEMENT  FORM B  FORM B  FORM B  FORM B  FORM B	LEGISLATIVE RESOURCE CENTER
Name: Shaun Brown Daytime Telephone:	OF THE WERK U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: VIVS I WIT  U.S. House of Representatives District: Q2  Check if  Candidates - Date of Election: NOV. 6, 2018  Amendment	(Office Use Only)
STATUS  New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office:  Shared  Principal Assistant  to  In	A \$200 penalty shall be assessed against any individual who files more than 30 days lats.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable easet that was worth more than \$1,000 at the end of the reporting period? Or in the current calendar year up through the date of filing? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	the reporting h the date of filing? Yes No
G. 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?	mangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?  No 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
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE	OF THESE 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?	A Tract Yes No
dent child because they mee	all three tests for Yes No No
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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Shaun Bowx

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Name: Shaun Brown Pag

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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## SCHEDULE C - EARNED INCOME

Name: Shall Brown Brown Page 4 of 7

est the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) to and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. Security is a spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. Security is a spouse, list the source and amount of any honoraria.
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INCOME LIMITS a Members and emple professional service	INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. 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 (notal professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	ncome may apply to you after yo limit is \$27,765. In addition, certur staff.	u are on House payroll. The 2016 in types of income (notably honoral	u are on House payroll. The 2016 limit on outside earned income for in types of income (notably honoraria, director's fees, and payments for
o o	Source (include date of receipt for honoraria)	Tima		Amount
	יייייייי (וויאימים ממופ טו ופעפוףו וטו ווטווטומומ)	i ypa	Current Year to Filing	Preceding Year
	ABC Trade Association, Saltimore, MD (July 15) State of Maryland	Honorarium	\$20,000	\$500
Campios.	Civil Wer Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$6 N/A	\$1,000 N/A
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Name: Shun
Brown
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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: 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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First Bunk of Wilmington, DE	Creditor
S/Be	Date Liability Incurred MO/YR
Mortgage on Rental Property, Dover, DE	Type of Liability
	\$10.001- \$18.000
	\$100,001- \$250,000
	\$500,001- \$500,000
	\$5,000,001-
	\$25,000,000 \$25,000,000 \$60,000,000 Cver \$50,000,000
	Carrier Basely

## 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, monprofit organization, lor educational or other institution other than the United States. Excelled: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary returns. New Members and accordance report positions held in the reporting period and the current calendar war. First-year candidates and new amplicaces report positions hald in the current calendar wear and two records.

		Position	policu and uno curiotic carentati yotar. Pirac-yota camunatos
		Name of Organization	period and the Committee year. First-year candidates and new emptoyees report positions need in the current caternair year and two previous years.

Name- Mun Lann	
Page of 7	

2007 2017 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 Scotions. connection Parties to Agreement うかくらい 10 Rd Publically Terms of Agreement Condul Pin

## 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.

 	 7		 	 b		- Т
		2	7	Example:		
				Doe Jones & Smith, Hometown, Homestate	Source (Name and City/State)	
				Accounting Services	Brief Description of Duties	