UNITED STATES HOUSE OF REPRESENTATIVES	FORM B For New Members, Candidates, and New Employees	Page 1 of 8 LEGISLATIVE RESOURCE CENTER
Name: Tom Wells	Daytime Telephone:	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: Florida U.S. House of Representatives District: _CD_03 FILER Candidates – Date of Election: Nov. 6, 2018	203 Check if Amendment	(Office Use Only)
New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant to 12/31/2017	A \$200 penatty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	F 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. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	X No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting ugh the date of filing?
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. 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 X
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?	No X J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	r years? X No
ATTACH THE CORRESPONDING THIS FORM INCLUDES ONLY THE SCHEDUI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH	TINFORMATION - ANSWER BOTH OF THES	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?	e on Ethics and certain other "excepted trusts" need not be disclosed.	Have you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	bilities of a spouse or dependent child	because they meet all three tests for Yes . No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Tom Wells

account that exceeds the reporting thresholds.	(k) plans) provide the value for each asset held in	wide complete names of stocks and mutual funds "Column M is for assets held by your spouse or dependent "None" if the asset generated no income not use only ticker symbols).	whe during the year.	(i) non-reportable easet for our property ground in the reporting period and is interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable (i) any other reportable easet or occurred from come if an asset was said during the reporting period and is interest, and capital cap	ntify (s) each asset held for investment or lindicate value of asset at close of the reporting period. If you 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 other close of the color of income and with a fair market value asset as a valuation of other close of the color of income and with a fair market value asset as a valuation of the close of the color of the	Assets and/or Income Sources	BLOCK A	
		*Column M is for assets held by your spouse or dependent child in which you have no interest.	any because it generated income, the value should	et was sold during the reporting period and is	alue of asset at close of the reporting period. If you lation method other than fair market value, please a method used	Value of Asset	BLOCK B	
		"None" If the asset generated no income during the reporting period.	reinvested, must be disclosed as income	the "Tax-Deferred" column. Dividends, Interest, and capital gains, even if	Check all columns that apply. For accounts that generate tax-deferred income (such as and the light of \$20 accounts) was many shock	Type of Income	вьоск с	
Current Year			*Column XII is for assets held by your spouse or depen	capital gains, even if reinvested, must be disclose Check "None" if no income was samed or generated.	For assets for which you checked "Tax-Deferred" in Blo assets Indicate the category of income by checking th	Amount of Income	BŁOCK D	
Preceding Year			ndent child in which you have no interest.	f reinvested, must be disclosed as income for assets held in taxable accounts. come was earned or generated.	ock C, you may check the "None" column. For all other appropriate box below. Dividends, interest, and	of Income	CKD	

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	8	S (S)	8	۲	ļ	Ž.		all interest-bearing accounts, lift the total is over 55,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state. For an ownership interest in a privately-held business, the nature of its activities, and its geographic location in Block A. Escaluds: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the resporting period); and any financial income during the resporting period); and any financial incress in, or income derived from, a federal retirement program, including the Thrift Savings Federal retirement program, including the Thrift Savings Federal retirement program, including the Thrift Savings Federal retirement program, pease check the "EIF" box. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an saset or dependent child (DC), or jointly 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.	ror all mcVas and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Identify (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 and (b) any other reportable asset or source of income which generated more than \$200 in "uneamed" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Ass	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

Name:	
Tom Wells	
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of 8	i

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.

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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

					World Radomes Inc, Gainesville, FL	L	ABC Trade Association, Baltimore, MD (July 15) Examples: State of Maryland	Contro (Illinius date of seculation Individual)	Source (include date of receipt for honorarie)
					Salary	Spouse Salary	Honorarium Salary	iype	Tuna
					\$72,000 (2017)	N/A	\$0 \$20,000	Current Year to Filing	
	5 5 9 9				\$50,000	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

SCHEDULE D - LIABILITIES

Name: Tom Wells Page 5 9 bo

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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		7	Example			
		N/A	First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			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, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, ponprofit organization, labor organization, or educational or other institution other than the United States. Exercityde: Positions held in any religious, social, fraternal, or political entities (such as government and capacity and positions social), and positions social than current calculates and capacity and positions socially of the current calculates report positions that in the current calculates are part and page and page

penod and the current calendar year. First-year candidate	pende and the current calendar year. First-year candidates and new employees report positions neigh in the current calendar year and two previous years.
Position	Name of Organization
President, sole owner (since 2006)	World Radomes Inc. (a Florida based S-Corp.)

SCHEDULE F - AGREEMENTS

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espect to: fut	Name:
ent that you have with respect to: future employment; a leave of absence during the period of government service;	Tom Wells
ที่ government service;	Page 6 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.

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Date	Parties to Agreement	Terms of Agreement
	N/A	

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)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Customer name withheld per	Microwave measurements & analyses contracted though World Radomes Inc.
confidentiality agreement	[2015, \$61,000; 2016, \$93,000; 2017, \$115,000]

FILER NOTES (Optional)

Name: Tom Wells

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FILER NOTES (Optional)

Name: Tom Wells Page 8 of 8

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