	STATES HOUSE OF REPRESENTATIVES	i	FORM B and New Employees	MDY 0 6 2017. 8
Name:	CHRIS RIEGER New Member of or Candidate for State: PA	Daytime Telephor		LEGISLATIVE RESOURCE CEI.TH NOV 15 PM 4: 52
FILER STATUS	U.S. House of Representatives Candidates – Date of Election: New Officer or Employee Employing Office: Share	Filer Type (if Applicable):	Check if Amendment Period Covered: January 1, 2417 to 11 - 6 - 2517	U.S. HOUSE OF REPRESENTATIVE A \$200 penalty shall be assessed against any individual who files more than 30 days late.
A. Did you, yo a. Own any end of the b. Receive asset dur C. Did you or y honoraria, or p	Thore than \$200 in unearned income from any reportable ting the reporting period? Tyour spouse have "earned" income (e.g., salaries, bension/IRA distributions) of \$200 or more during the	E. I per	Did you hold any reportable positions duried or in the current calendar year up through you have any reportable agreement of side entity during the reporting period or	ough the date of filing?
	our spouse, or your dependent child have any reportable than \$10,000) at any point during the reporting period?	No J.	r up through the date of filing? Did you receive compensation of more the gle source in the current year and two pri	
	ATTACH THE COR THIS FORM INCLUDES ONLY		DULE IF YOU ANSWER "YE IAT YOU ARE REQUIRED TO	
EXCLUSION	ON OF SPOUSE, DEPENDENT, OR TRUS	T INFORMATION -	ANSWER BOTH OF THES	E QUESTIONS
	- Nalls regarding "Qualified Blind Trusts" approved by the Committ It details of such a trust that benefits you, your spouse, or depen		"excepted trusts" need not be disclosed.	Have you excluded Yes No No
	- Have you excluded from this report any other assets, "uneame to not answer "yes" unless you have first consulted with the Com		ouse or dependent child because they me	eet all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: RIEGER, CHRIS Page 2 of 8

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BLOCK A	ĺ					BL	OCK	В					Ĺ			6	CO	CKC	;													BL O	CK)									
Assets and/or income Sources	l				Va	ilue	of i	428	et				L		1	Гуре	of	Inc	ome	•										Ar	nou	int (of I	nça	me								
production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.	ore indi to "Co chil	dicets value of asset at dose of the reporting period. If you so a valuation method other than fair market value, please early the method used. an asset was sold during the reporting period and is cluded only because it generated income, the value should "None." Column M is for assets held by your spouse or dependent tild in which you have no interest.							2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	nt ger 1(k), i beresi inves rassi lone	neral IRA, EX-Ox t, a ted, eta h if th	e tax- or \$25 eferre- nd c must eld in	defe exemple sepile tax	erred count colun ital disc able gene	incon is), you no. gains iosed accot nated	ne (4 u ma; Divi , er as i	y check idends, wen If income . Check	esse cap Che	eta in Hajg rck "N	dicat pire ione	the ever	cate If r incor	pory na w	of inc sated as sa	ome , mu med	by o at be or go	checi n dia onera	dng iclos ited.	ine a ed <u>a</u>	ppro s in	oprie1 com	te bo e for	x bei	iow. Jets h	Divi	iden: in ta	is, ir xabi	For a stages e acc	il other it, and ounts.				
401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	┕	_					-	_	_	_		1	╄	-	_	_	Т	- 1		_		H					_						_	_	_	_	_			V	_		_
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.		В	С	Đ	E	ŧ	G	H	1		K I	. м	l									1	IJ	•		v v	_	Yes IVI		х	XI	XII	,	ı	æ	_	_	vi	_	_		X 3	XI XI
For rental and other real property held for investment, provide a Complete address or description, e.g., rental property, and a city and state.							ļ						١								(autoc																						
For an ownership interest in a privately-held business that is not bublicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	4												ļ								Phe or Farm Inco																						
Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.																					J. Patnerskip krome																						.00
If you have a privately-traded fund that is an Excepted invastment Fund, please check the "EIF" box.								-		1		00000						ı	<u> </u>		Specify: e.g.						ļ					\$1,000,000											over \$1,000,000
If you so chioose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (CP), or jointly held with anyone (JT), in the optional column on the far left.			15,000	\$15,001-\$50-000	\$50,001-\$100,000	\$100,081-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	51,000,001-\$5,000,000	ani mareza-lani mareza	25,000,001,450,000,000	Spoune/DC Asset over \$1,000,000		8		3	9780	CAPITAL GAMES	TAX.DEPTRINED		Den Type of Income (S			96	2,500	84,801-85,000 \$5 004 845 000	\$45 ms 4ch han	\$50,001-\$100,000	\$100,000,18,100,001	\$1,000,0001-\$5,000,000	Over \$5,000,000	Spouse/DC Income over			000	2,500	66,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,000,1\$-100,000	\$1,000,001-\$5,000,000	Dver \$5,000,000 Spouse/DC Income over
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	ş	\$1-\$1,000	\$1,001-\$15,000	\$15,00	\$50,001	\$100,0	8250,052	9500	1,000			Sport	ğ	DIMOENDS	ĕ	INTEREST	Capto		TAGE		Other I)	Kone	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500		648.004	150,001	\$100.00	\$1,000.	Over \$5	Spouse	ş	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	#2,50H	\$\$.00±	\$15,001	\$50,001	2100,00	1,000	Spoure
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SCHEDULE.	A - ASSETS	& "UNEARNED	INCOME"

Name: RIEGER, CHRUS Page 3 of 8

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SCHEDULE C - EARNED INCOME

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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 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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroli. 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.

Type Honorarium Salary Spouse Speech Spouse Salery	Current Year to Filing \$0 \$20,000 \$0 NA	\$500 \$75,000 \$1,000
Salary Spouse Speech Spouse Salary	\$20,000 \$0	\$76,000
Spouse Speech Spouse Salary	\$0	
	N/A	
	•	N/A
SALARY	\$ 33,000	& 42,00
SALARY	\$ 3,500	40
STOUSE SALARY	\$ 48,000	44,000
 		
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	SALARY	SALARY \$ 3,500

SCHEDI	JI E D _	. I IARII	ITIES

Name: RIEGER, CHRIS Page 5 of 8

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 Mambers: 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 liabile), and liabilities over 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.

		· <u></u>		<u> </u>				<u> </u>	moun	t of Li	ability	٠			
SP.		Creditor	Date Liability	Type of Liability	*	В	С	D	E	F	G	н	ı) (K (Will
DC, JI			Incurred MO/YR		\$10,001- \$16,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001-	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							
	Amer	ican Education Sever	3/2006	Student LOANS		×									
	NAVI		8/3009	Student LOANS				X							
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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 current calendar year. First-year candidates and new employees report positions held in the current calendar year and wo previous years.

Position	Name of Organization

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Name: RIEGER, CHRIS Page 6 of 8

ate	Parties to Agreement	Terms of Agreement
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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
		······································
		44444

FILER	NOTES
(Option	nal)

Name: RIEGER, CHRIS	Page 7 of 8
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NOTE NUMBER	NOTES			
•	\$ 5,000 THRESHOW MET: OCTOBER 10, 2017			
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FILER	NOTES		
(Optional)			

Name: RIEGER, CHRIS	Page 8 of 8
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