UNITED STATES HOUSE OF REPRESENTATIVES For New Mem	FORM B For New Members, Candidates, and New Employees	MAY 18 201/1 Page 1 of 3
Name: ໄປີໄ\ເທັກ ໄປວບແດຣ Daytime Telephone:	phone:_	2017 WAY 24 AM 11: 20
New Member of or Candidate for State: Arizona U.S. House of Representatives District: A Candidates – Date of Election:	Check if Amendment	US. KÜRSE CERKER ÜZERBARRES (Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, 2017 to may 15 th a 017.	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	ESTIONS	
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 unearned income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting period Yes No X
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?	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 Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes No Kilability (more than \$10,000) at any point during the reporting period?	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 X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	SCHEDULE IF YOU ANSWER "YES" LES THAT YOU ARE REQUIRED TO	3" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ION - ANSWER BOTH OF THES	E 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?	n other "excepted trusts" need not be disclosed. H	ave you excluded from $oldsymbol{ Yes} igwedge igwedge oldsymbol{No} oldsymbol{ X}$
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	of a spouse or dependent child because they meet all three tests for	all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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 it For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. production of income and with a fair market value axceeding \$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 income source is that of your spouse (SP tependent child (DC), or jointly held with anyone in the optional column on the fer less For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over etirement program, including the Thrift Savings Plan. ncome during the reporting period); and any financia nterest in, or income derived from, a federa exclude: Your personal residence, including secon business, the nature of it geographic location in Block A. rental property," and a city and state. or rental and other real property held for investment nore than \$1,000 in interest-bearing accounts. \$5,000, list every financial institution where there do not use only ticker symbols) uneamed" income during the year. you have a privately-traded fund that is an Excepted westment Fund, please check the "EIF" box. you so choose, you may indicate that an asset come source is that of your spouse (SP) rovide complete names of stocks and a detailed discussion of Schedule rements, please refer to the instruction booklet. Assets and/or Income Sources and vacation homes (unless there was renta Examples: <u>a</u> complete each asset Simon & Schuster ABC Hedge Fund Mega Corp Stock sset held for investment or and with a fair market value 윽 description, mutual fund (T) o 쯖 9.9 × None please specify the method used. Indicate value of asset at close of the reporting period you use a valuation method other than fair market value. child in which you have no interest *Column M is for assets held by your spouse or depender should be "None." an asset was sold during the reporting per duded only because it generated income, \$1-\$1,000 œ \$1,001-\$15,000 Ö \$15,001-\$50-000 o \$50,001-\$100,000 Value of Asset \$100,001-\$250,000 'n BLOCK B × \$250,001-\$500,000 0 \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 _ period a \$25,000,001-\$50,000,000 * Over \$50,000,000 _ æ ă value Spouse/DC Asset over \$1,000,000* Z generated no period. check the Tax-Dividends, interest, check the "Tax-Deferred" column Dividends, interest, and capital gains even if reinvested, must be disclosed as that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may Check all columns that apply. NONE accounts. Income for × DIVIDENDS RENT Type of Income or assets held Check "None" if INTEREST Name: BLOCK C CAPITAL GAINS gninub **EXCEPTED/BLIND TRUST** 둫 TAX-DEFERRED For account in taxabl ⋝ ₩ Partnershij Incom Royattes reportin (such Hican Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" colur other assets indicate the category of income by checking the appropriate box below. Dividend and capital gains, even if reinvested, must be disclosed as income for assets held 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 × \$1-\$200 = \$201-\$1,000 Œ Kovacs \$1,001-\$2,500 2 × \$2,501-\$5,000 < Current Year ≤ \$5,001-\$15,000 ≨ \$15,001-\$50,000 É \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Amount of Income × Over \$5,000,000 BLOCK D Spouse/DC Income over \$1,000,000* ≚ None \$1-\$200 = × \$201-\$1,000 æ Page \$1,001-\$2,500 Z Preceding Year < \$2,501-\$5,000 s \$5,001-\$15,000 ≨ × \$15,001-\$50,000 É 으 olumn. For all vidends, interest, held in taxable \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 > Over \$5,000,000 × Spouse/DC Income over \$1,000,000 ≚

Use additional sheets if more space is required.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

Name: William Kovacs Page_ or **1**0 શ

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 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.

professional services involving a fiduciary relationship) are totally prohibited for members and senior statis	r stair.		
Course (include date of receipt for hoperatio)	Tunn	Am	Amount
Source (include date of receipt for nonorana)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$20,000 \$0 N/A	\$1,000 \$1,000
Hotel Convoss 110	Salary	312286	OB A
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Somwest Employer Services	Salary	X 0	\$ 25,843
	Consulting Fee	80	\$13,900.00
	Consultin	6 0	\$1.00d
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SCHEDULE D - LIABILITIES

Name: Page 잌

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. exceeded \$10,000. (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 *Column K is for liabilities held solely by your spouse or dependent child.

					SP, DC, JT		
				Example			
				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

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 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

The current calendar year. First-year candidates and new Position	Position Position Name of Organization

SCHEDULE F - AGREEMENTS

MENTS	Name:	Page of
eral terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period	eral terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of	of government service;

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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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.

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

FILER NOTES (Optional)	Ö		Name:	Page of
NOTE NUMBER		NO	NOTES	
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