POSTMARK ILLEGIBLE

| UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and New Employees | 2017 JUN - 7 PM 1.00 |
|---|--|
| Name: 10-61-1 Ryss C Daytime Telephone: | U.S. NOUSE OF REPARSENTATIVES |
| New Member of or Candidate for State: U.S. House of Representatives District: 3 Check if Amendment FILER | (Office Use Only) |
| STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to 1/2 3/ 20/3 | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF 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? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | g the reporting yes No III |
| 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. 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 |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? In Did you, your spouse, or your dependent child have any reportable single source in the current year and two prior years? | more than \$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 <u>BOTH</u> OF THES | THESE QUESTIONS |
| TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. from this report details of such a trust that benefits you, your spouse, or dependent child? | sclosed. Have you excluded Yes No 🔏 |
| EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | et all three tests for Yes No No |
| | |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 2

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| | | | - / | Cartel One South | ABC Hedge Fund X | Exemples: Simon & Schuster | Mega Corp Stock | 뫾 | or a detailed discussion of Schedule A requirements, lease refer to the instruction booldet. | If you so choose, you may inclicate that an asset or facome source is that of your spouse (SP) or dependent child (CC), or jointly held with anyone (JT), in the optional column on the far left. | you have a privately-traded fund that is an Excepted westment Fund, please check the "EIF" box. | enement Mogram, motoring one i min catalog man | Ixellude: Your personal residence, including second toomes and vacation homes (unless there was rental norme during the reporting period); and any financial toome during the reporting period); and any financial retainment processm including the Theid Schore Pies afternest processm including the Theid Schore Pies to the Pies of the Pie | or an ownership interest in a privately-heid business that is not publicly traded, state the name of the business, the nature of its activities, and its yeographic location in Block A. | novide a complete address or description, e.g., rental property," and a city and state. | or rental and other real property held for investment, | 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. | or bank and other cash accounts, total the amount in | For all IRAs and other reliment plans (such as 401(k) plans) provide the value for each asset held in the account that account that account the recording thresholds. | Provide complete names of stocks and mutual funds (do not use only ticker symbols). | ncome during the year. | frich generated more than \$200 in "unearmed" | roduction of income and with a fair market value exceeding \$1,000 at the end of the reporting period. | dentify (a) each asset held for investment or | Assets and/or income Sources | BLOCK A |
| | | | | | | T | Ħ | T | None | | | • | | | | | | > | | | | | | | | |
| | | | | | | T | T | 1 | \$1-\$1,000 | | | | | | | | | œ | 1 | 2 2 | e None | | O Y | 흏 | | |
| | | | | × | t | 園 | | ┪ | \$1,001-\$1 | 5,000 | | | | | | | | o | 1 | Mich | | <u> </u> | use a valuation method o specify the method used. | Ě | | |
| | | | | | 1 | ndefinite | | 7 | \$15,001-\$ | 50-000 | | | | | | | | 0 | 1 | ğ | | ř | MA S | ġ. | | |
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| | | | <u> </u> | | <u> </u> | T | | 1 | \$100,001- | \$250,000 | • | | | | | | | П | 1 | 20 2 | | | 8 8 | 3 | = | |
| | | | <u> </u> | _ | × | T | | 1 | \$250,001- | \$500,000 | | | | | | | | o | 1 | Column which you have no interest. | | 2 | ĕ | 088 | ğ | BLOCK B |
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| | | | | | \vdash | ✝ | t | T | \$1,000,00 | 1-\$5,000,000 | | | | | | | | | 1 | Column wis or assets reig by your spouse or dependence. | | If an asset was sold during the reporting period and is included only because it generated income, the value should | use a valuation method other than fair market value, please specify the method used. | indicate value of asset at close of the reporting period. If you | 50 | |
| | | - - | | | 1 | 1 | t- | ┪ | | 1-\$25,000,000 | | | | - | | | | c | 1 | Ö | | , \$ | Š | | | |
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| | | | J | Soutes | Partnership Income | Royalthes | | | Other Typ | e of Income (Sp | necify: e. | g., P | Partnership Inco | me or Farm In | сопте) | | | | | "None" if the asset generated no income during the reporting period. | einvested, must be disclosed as income or assets held in taxable accounts. Check | | | | | |
| | | | | | | | L. | | None | | | | | | | | | Γ | П | | ्रहे | 훈 | cap. | <u> </u> | | |
| | | | | | | | × | \Box | \$1-\$200 | | | | | | | | = | 1 | | | *Column XII is for asset | × | assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if relevested, must be disclosed as income for assets held in taxable accounts. | ž | | |
| | | <u> </u> | | | | Ĺ | | \perp | \$201-\$1,0 | 00 | | | | | | | = | 1 | l | | Ĭ. | one. | | Š, | | |
| <u> </u> | | ļ | | | _ | L | | \Box | \$1,001-\$2 | | | | | | | | ₹ | | | | ō | ar a | 3 7 | <u>\$</u> | | |
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| <u> </u> | | <u> </u> | | | × | 1 | _ | _ | \$5,001-\$1 | | | | | | | | ≤ | Current Year | | | इ |) euro | negor. | Č. | | l |
| <u> </u> | | | L | _ | _ | Ļ | <u> </u> | _ | \$15,001-\$ | | | | | | | | ≦ | 13 | ı | | s held by your spouse or dependent child in which you have no interest | 88 | g Q | Č. | | |
| <u> </u> | | <u> </u> | | <u> </u> | | 1 | | _ | \$50,001-\$ | | | | | | | | ≦ | | 1 | | ý | MLIBO | , g | | | ı |
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| | | <u></u> | | <u> </u> | ļ | ╀ | \vdash | 4 | \$1,001-\$2 | | | | | | | | | ĮŢ | ı | | 亞 | | g X | <u>Q</u> | | |
| \square | | | <u> </u> | <u> </u> | ļ | L | | 4 | \$2,501-\$5 | | | | | | | | < | 18 | I | | ě | | | * 5 | | 1 |
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| Ц. | L | | L . | | | L. | <u> </u> | | Spouse/D | C Income over | \$1,000,0 | KUU° | | | -,- | | 菱 | <u> </u> | | _ | | | ¥ 8 | ٩_ | | |
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Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

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|---|-----------|--|
| | Name: | |
| | Robert | |
| | Kyere | |
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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 honorana. 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 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.

| | | | Some Income & | burg | Hosi, Allome | Herst Corporation Salary | Constant | Ontario County Board of Education Spouse Spause Salary | ASC Trace Association, Batteriore, MD (July 15) Honoranium \$0 Examples: State of Maryland \$20,00 | , ybe | Source (include date of receipt for hopograpia) |
|--|--|--|---------------|----------|--------------|--------------------------|----------|--|---|-----------------------|---|
| | | | \$ 5000 | \$10,000 | 6/0,000 | | \$96,000 | N/A | \$20,000 | urrent Year to Filing | Am |
| | | | \$8000 | N/A | 4/0,000 | 000,000 | 134,000 | WA NA | \$76,000 | Preceding Year | Amount |

SCHEDULE D - LIABILITIES

| unt owed during the reporting | sporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting residence. |
|-------------------------------|--|
| Page 4 of 5 | Name: Robert Ryene |

Report liabilities of over \$10,000 owed to any one creditor at any time during the reperiod. New Members: Members are required to report all liabilities secured by numbers you read it out or are a Mambers. Income the contract of the contr (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.

| 0,000 | 1000. | committee of the industrial and solely at your operation of supplied to the | ny by your open | or depositions of me. | | | | | | | | | | | L |
|-------|--------------------|---|--------------------------------|--|-----------------------|-----------------------|------------------------|-------------------------|-------------------------|---------------------------|-----------------------------|------------------------------|-------------------------------|-------------------|--|
| | , , , , | | | | | | | > | Amount of Liability | of Lia | bility | | | | |
| | | | Date | | * | В | ç | 0 | en. | म | · o | I. | - | ٠ | 7 |
| 8 g | | Creditor | Liability Incurred MO/YR | Type of Liability | \$10,001- \$15,000 | \$15,001- \$50,000 | \$50,001- \$100,000 | \$100,001- \$250,000 | \$250,001~ \$500,000 | \$500,001- \$1,000,000 | \$1,000,001- \$5,000,000 | \$5,000,001- \$25,000,000 | \$25,000,001- \$60,000,000 | Over \$50,000,000 | Over \$1,000,000* (Spouse/DC Liability) |
| | Example | First Bank of Wilmhodon DE | 5/98 | Mortnage on Rental Property, Dover, DE | | | | × | | | | | | | |
| | | | 15 / 6 | | | | | (| | | | | | | |
| 37 | 22 | USA Mirtysy: | 10/09 | Mortgage | | | | K | | | | | | | |
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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 reporting

| period and the current calendar year. First-year candidate | period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. |
|--|--|
| Position | Name of Organization |
| Senier Arment Execution | 3 tic logic |
| Micoral Exercise | Heret Coloration |
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SCHEDULE F

| Page 5 of 5 | es to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the per all of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit pla | - AGREEMENTS Name: Kolak Kylyl |
|---------------|---|---------------------------------|
| ' | ve of absence during the period of government service; sployee welfare or benefit plan maintained by a former | |

| Identify the di continuation of 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 a continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employe 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 employer. |
|---|--|---|
| Date | Parties to Agreement | Terms of Agreement |
| | | |
| | | |

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 fisted on Schedule C.

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