UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, an	FORM B andidates, and New Employees	LEGISLATIVE RE	LEGISLATIVE RESOURCE CENTE.
Name: Dames R Balice	Daytime Telephone:	те:	130 8 1	8 OCT -4 PH 1:29
New Member of or Candidate for State: Two U.S. House of Representatives District: Candidates – Date of Election: Nov 16	The state of the s	Check if Amendment	U.S. R.J.L.L	(Office Use Only)
STATUS New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1,	A \$200 penalty shall be assessed against a individual who files more than 30 days late.	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	THESE QUESTIONS	S		
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? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No E. D	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?		Yes No
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?	No Outs	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?		Yes No
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?	Sing Spring	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	from a	Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ESPONDING SCHEI	DULE IF YOU ANSWER "YES"	S" COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	INFORMATION - /	ANSWER <u>BOTH</u> OF THESE	E QUESTIONS	
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other " nt child?	excepted trusts" need not be disclosed. Have you excluded		Yes ON
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.	income, or liabilities of a spo ttee on Ethics.	ruse or dependent child because they mee		₩ N

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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~	_	COCH Subcas	sames of	<u></u>	Examples: Simon	Mage C		all interest-bearing accounts. If the total is \$5,000, list every financial institution where the \$5,000, list every financial institution where the \$5,000 in interest-bearing accounts. For rental and others and respectively accounts are related a competer real property held for invertal property, and a city and state. For an ownership interest in a privately-held but that is not publicly traded, attate the name business, the nature of its activities, as geographic location in Block A. Excelude: Your personal residence, including a home and vacalism home suitable. For an any firmiterest in, or income defined from, a firmiterest in, or income defined from, as income during the reporting period); and any firmiterest in, or income defined from a firmiterest in, or income defined from a firmiterest in, or income defined from a sincome source is that of your spouse check the box. If you so choose, you may indicate that an as income source is that of your spouse (3) dependent child (DC), or jointly held with anyon in the optional column on the far left.	bank and other cash a	att IRAs and other (k) plans) provide the account that exceeds	Provide complete names of stoc (do not use only ticker symbols).	during the	production or income and exceeding \$1,000 at the er and (b) any other reportable which correspond more to	dentify (a) each asset	Assets and/or income	ВLС
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SCHEDULE C - EARNED INCOME

Name: James & Bair 2 Page 5 of 7

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 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. 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.

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Hanorañum	\$0	\$500
Examples: Owner or Maryland (Oct. 2) Orderio County Brand of Education	Spouse Speech	\$20,000	\$76,000 \$1,000
Taland Con Frank Control	S	125,000	125.000
		125,000	125,000
State of Indiana	Salary	3 <u>6</u> ,010	38,010
	Q	•	

SCHEDULE D - LIABILITIES

Name: Sames R Basil Page 6 of 7

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

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FNB	3:4:0	Benk	FFB	FCS,	Example	-		
	Citi Bank	Bank of America	FEB Rockwille IN	FCS, Greencush, IN	First Bank of Wilmington, DE	Creditor		
03/18	12/17	12/17	2/15	2/15	36/5	Date Liability Incurred MO/YR		
BFF Mochage	Cc	6	BFF Mortgase	BFF Mactage	Mortgage on Rental Property, Dover, DE	Type of Liability		
	×	×				\$10,001- \$15,000	>	
						\$15,001- \$50,000	to	
						\$50,001- \$100,000	6	
×					×	\$100,001- \$250,000	0	A
						\$250,001- \$500,000	m	moun
			×			\$500,001- \$1,000,000	71	Amount of Liability
				×		\$1,000,001- \$5,000,000	ရ	bility
						\$5,000,001- \$25,000,000	32	
						\$25,000,001- \$50,000,000	-	
						Over \$50,000,000	٠.	
						Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

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 political entities (such as political parties and new campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the current planter was remainded and the current planter was a second-year candidates and new candidates and new candidates. 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

Position	Position Name of Organization
Asst Administrator	Tudiana Home Caco Plus IINC
Presslant	Based Family Farm LLP
President	Total Tree Enterprise Inc

そとらっ Farm Coadit Services FFB= First Finacian Bank

SCHEDULE F - AGREEMENTS

NAME: Dames RBaser A Page 7 of 7

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave (continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer.
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Date	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