JAN 02 2018

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JNITED STATES HOUSE OF REPRESENTATIVES FORM B FORM B FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER  18 JAN 16 AM 11: 43
Name: Rubert J. Kun. egel Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: PA  U.S. House of Representatives District: PTH  Candidates – Date of Election: MAY, WIIIMBW 2018  Candidates – Date of Election: MAY, WIIIMBW 2018	(Office Use Only)
STATUS  New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office:  Shared  Principal Assistant  to  in	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
RELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	
<ul> <li>A. Did you, your spouse, or your dependent child:</li> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?</li> <li>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period or in the current calendar year up through the date of filing?</li> </ul>	ng the reporting yes No No
C. Did you or your spouse have "earmed" 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 lability (more than \$10,000) at any point during the reporting period?  Yes J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	r years?
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	3" (COMPLETE
XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	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?	Have you excluded Yes No P
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "uneamed" 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"

Name: ROBERT KUNICHE <u>°</u>

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	BLOCK A		<del>-</del>						뭐	вгоск в	۳										δĺ	BLOCK C										ļ					вгоск р	Š												
	Assets and/or Income Sources	ų,					_	/ <u>a</u> l	<u> </u>	Value of Asset	SS	*							J	Þ	앜	2	Type of Income	9											Amount of Income	٤	<b>₹</b>	=	20	me										
Ident prod exce and a which	Identify (a) each asset held for investment or production of income and with a fair mentet 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.	nt o value come come		ecify	Indicate value of asset at use a valuation method used specify the method used if an asset was sold dincluded only because it be "None."	meth wa	fass method to s so caus	etat lod c lod of seits	clos ther uring jene	e of than than	he nep	ment ontin	the ket v	alue alue alue	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."		Chec that that the 401() the inter	k all columns that apply generate tax-deferred in k), IRA, or 529 accounts). "Tax-Deferred" column. "est, and capital ga- rested, must be disclos	De Col	tax- 529	acc defe	med med	Check all columns that apply. For that generate tax-deferred incommod (1), IRA, or 529 accounts), you the Tax-Deferred column. Interest, and capital gains, reinvested, must be disclosed.	For a		For assets assets indicapital ga Check "No Check Tolumn X	iman Xisset	s for dicat ains one	for which you checked "Tax-Deferred" in Block C, you may cate the category of income by checking the appropriate ins, even if reinvested, must be disclosed as income ne" if no income was earned or generated.  It is for assets held by your spouse or dependent child in w	asse	me in e	acke y of was	/you earn earn	r spo	stem y ch ger	eckii eckii erat	eper ed.	Ten Back	ppno sinc	oma priast oma	whice or or	eck:	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column, assets indicate the category of income by checking the appropriate box below. Dividends, capital gains, even if reinvested, must be disclosed as income for assets held in taxab 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		δ in α	hods, taxa		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable 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.	i oth: t, an	<u>۳ ق ۹</u>
Prov (do r	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	find		id Sun	₹ĭ	⊁જ	± 38	sets we r	held int	by y	Ę	nods	Se o	9	*Column M is for assets held by your spouse or dependent child in which you have no interest.		durin 9	g the	e de de	ortin ag	ed 6	niod.	rated	3 2	"None" if the asset generated no income during the reporting period.																									
For 401(	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	is ed a	<u> </u>	-	-	-	-	-	-	-1	4	4	4	_	4						1	-	-	-						il .		ġ l	<b>[</b> ]		1						.	ξĺ		Ĭ		į				—
For t all i \$5,0 more	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.	ove ove	<u> </u>					<u></u> _		G	<u>_</u>			<u>~</u> _														=	₹	V V V V V	≤	≦	≦	₩.	×	ᆇ	쏠		=]	=	₹,	-	V V	≦ €		¥≣ q				<u> </u>
For r provi	For rental and other real property held for investment provide a complete address or description, e.g. "rental property," and a city and state.	ment e.g.	: F																						me)																									
For a that busingeog	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	d sines	<i>6</i> <b>0</b> <u>6</u>																						ne or Farm Inco																	-								
Excl hom inco inter retire	Exclude: Your personal residence, including second homes and vacation 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.	encia encia encia														*					•				., Partnership Inco												0*												n*	-
f yo	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	epte														1,000,000							)I		xecify: e.g.												\$1,000,00												\$1,000,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
in the	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	(P) (SE	~ Y Y						<del></del> :		\$1,000,000	1-\$5,000,000	1-\$25,000,000	01-\$50,000,000	000,000	C Asset over \$		S		Т	GAINS		D/BLIND TRU	ERRED	e of Income (S			00	,500	,000	5,000	50,000	100,000	\$1,000,000	1-\$5,000,000	00,000	C Income over			00	,500	,000	5,000			\$1,000,000	1-\$5,000,000		C Income over	Unicome Over
For a	For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	ne n	None	\$1-\$1,000	\$1,001-\$1	\$15,001-\$	-	\$50,001-\$	\$100,001	\$250,001	<del>                                     </del>	<b>-</b>	\$5,000,00	\$25,000,0	Over \$50,	Spouse/D	NONE	DIVIDENT	RENT	INTERES	CAPITAL		ļ	TAX-DEF	Other Typ	None	\$1-\$200	\$201-\$1,0	\$1,001-\$2	\$2,501-\$5	\$5,001-\$1	\$15,001-\$	\$50,001-\$	\$100,001	\$1,000,00	Over \$5,0	Spouse/D	None	\$1-\$200	\$201-\$1,0	\$1,001-\$2	\$2,501-\$5	\$5,001-\$1	\$15,001-\$	\$50,001			31,000,00 Over \$5,0	-	- Spouse/D
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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A	BLOCK B	BLOCK C	BLOCK D
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income
	indicate value of seset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is individed only because it generated income, the value should be "None."	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "fax-Deferred" column. Dividends, interest, and capifal gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital galins, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was samed or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.
rroyide complete names of stocks and mutual funds (do not use only ticker symbols).	child in which you have no interest.	"None" if the asset generated no income during the reporting period.	
For all IRAs and other retirement plane (such as 401(k) plans) provide the value for each seset held in			
the account that exceeds the reporting thresholds.	A B C D E E G H		Current Year Preceding Year
- Yo dank and other cash accounts, total the emount in skill riterest-bearing accounts. If the total is over \$5,000, 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.		me)	
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		ne or Farm Inco	
Exclude: Your personal residence, including second fromes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income delived from, a federal retirement program, including the Thrift Savings Plan.		. Partnership Incor	
If you have a privately-tracked fund that is an Excepted investment Fund, please check the "EIF" box.	1,000,000	51	
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	5,000 50-000 100,000 \$250,000 \$1,000,000 1-\$5,000,000 1-\$50,000,000 000,000 C Asset over \$	GAINS DUBLIND TRUE	.500 .000 .000 .50,000 .50,000 .50,000 .500,000 .500 .5
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$1,000,00 \$5,000,00 \$25,000,00 Over \$50,0	TAX-DEFE	\$1,000,001 Over \$5,00 Spouse(DC None \$1-\$200 \$201-\$1,001 \$2,501-\$5, \$6,001-\$15 \$60,001-\$1 \$100,001-\$1 \$1,000,001 Over \$5,00
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pt persion	X	<b>X</b>	*
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### SCHEDULE C - EARNED INCOME

	Name:	
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filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000	the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government	
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See examples below	00 or r	
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	iling \$200 or more during the reporting period. For both the filer	
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**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.

		Am	Amount
<b>Source</b> (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Battimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Count State (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$20,000 \$0 N/A	\$76,000 \$1,000 N/A
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J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
SOCIAL SPECIALITY	SelF	14,000	141111
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#### SCHEDULE D - LIABILITIES

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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 properly 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.

					\$Р. DC, JT		
				Example			
			Λ	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000		
		<b>.</b>			\$50,001- \$100,000	c	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m	Amount of Liability
					\$500,001- \$1,000,000	71	t of Li
					\$1,000,001- \$5,000,000	ര	ability
					\$5,000,001- \$25,000,000	<b>T</b>	
					\$25,000,001- \$50,000,000		
					Over \$50,000,000	_	
<u> </u>					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, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, 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 candidates and new employees report positions held in the current calendar year and two previous years.

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		Position
		Position Name of Organization

#### SCHEDULE F - AGREEMENTS

	Name:
W.	Robert J. Kuniegal
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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 listed on Schedule C.

	government and any minimization commonate as a reast of a privilegea tetanomismp recognized by take, the tree repeat minimization to the contract of the contr
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Name: MARIEWE)

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						BUSINESS 731 SIMOIN ST. IS INCOME FOR WIFE	NOTES