



Filing ID #10027034

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Jamie Eng McLeod-Skinner  
**Status:** Congressional Candidate  
**State/District:** OR02

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2019  
**Filing Date:** 05/9/2019

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

| Asset   | Owner | Value of Asset       | Income Type(s)  | Income Current Year to Filing | Income Preceding Year |
|---|-------|----------------------|-----------------|-------------------------------|-----------------------|
| AD&D Insurance [OT]   | SP    | \$50,001 - \$100,000 | None            |                               |                       |
| DESCRIPTION: Accidental Death & Dismemberment insurance policy through the State of Oregon. |       |                      |                 |                               |                       |
| CalPERS/VOYA [DB]   |       | Undetermined         | None            |                               |                       |
| CBS [DB]  | SP    | Undetermined         | Monthly benefit | Not Applicable                | Not Applicable        |
| ICMA-RA/CalPERS 457 [PE]  |       | \$1,001 - \$15,000   | Tax-Deferred    |                               |                       |
| Langford IC Systems, Inc. [PS]  |       | \$1,001 - \$15,000   | None            |                               |                       |
| DESCRIPTION: Shares held in privately traded company.                                       |       |                      |                 |                               |                       |
| OCCU [BA]   | SP    | \$1 - \$1,000        | None            |                               |                       |
| Oregon Savings Growth Plan/VOYA [PE]  | SP    | \$1,001 - \$15,000   | Tax-Deferred    |                               |                       |
| DESCRIPTION: Defined contribution pension.  |       |                      |                 |                               |                       |
| PERS - Oregon Public Employee Retirement System [DB]  | SP    | Undetermined         | Tax-Deferred    |                               |                       |

| Asset   | Owner | Value of Asset        | Income Type(s) | Income Current Year to Filing | Income Preceding Year |
|---|-------|-----------------------|----------------|-------------------------------|-----------------------|
| PERS IAP/VOYA [PE]<br>DESCRIPTION: Defined Contribution Pension.  | SP    | \$15,001 - \$50,000   | Tax-Deferred   |                               |                       |
| Principal Financial Group ⇒<br>Principal Financial Group Inc (PFG) [ST]   |       | \$1,001 - \$15,000    | Dividends      | \$1 - \$200                   | \$1 - \$200           |
| Spouse Optional Life Insurance [OT]<br>DESCRIPTION: Optional life insurance policies held for candidate (\$100,000) and for spouse (\$100,000) through the State of Oregon. | JT    | \$100,001 - \$250,000 | None           |                               |                       |
| Standard Insurance, Basic Life [OT]<br>DESCRIPTION: Basic life insurance plan.  | SP    | \$1,001 - \$15,000    | None           |                               |                       |
| State Farm Term Life Insurance [OT]<br>DESCRIPTION: Term life insurance plan.   | SP    | \$50,001 - \$100,000  | None           |                               |                       |
| USAA [BA]   | JT    | \$1,001 - \$15,000    | None           |                               |                       |
| USAA [BA]   | SP    | \$1,001 - \$15,000    | None           |                               |                       |
| Wells Fargo Bank Accts [BA]   |       | \$1,001 - \$15,000    | None           |                               |                       |

\* Asset class details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

| Source              | Type          | Amount Current Year to Filing | Amount Preceding Year |
|---------------------|---------------|-------------------------------|-----------------------|
| ICMA-RA/CalPERS 457 | Distribution  | N/A                           | \$44,440.00           |
| State of Oregon     | spouse salary | N/A                           | N/A                   |

## SCHEDULE D: LIABILITIES

| Owner | Creditor                     | Date Incurred | Type           | Amount of Liability   |
|-------|------------------------------|---------------|----------------|-----------------------|
|       | U.S. Department of Education | 8/2015        | Student loan.  | \$100,001 - \$250,000 |
| SP    | U.S. Department of Education | 5/2006        | Student loans. | \$100,001 -           |

| Owner | Creditor | Date Incurred | Type           | Amount of Liability  |
|-------|----------|---------------|----------------|----------------------|
|       |          |               |                | \$250,000            |
| SP    | Navient  | 5/2006        | Student loans. | \$50,001 - \$100,000 |

## SCHEDULE E: POSITIONS

| Position     | Name of Organization    |
|--------------|-------------------------|
| City Manager | City of Phoenix, Oregon |

## SCHEDULE F: AGREEMENTS

| Date         | Parties To                            | Terms of Agreement |
|--------------|---------------------------------------|--------------------|
| January 2014 | Candidate and the State of California | CalPERS Pension.   |

## SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

| Source (Name and Address)                | Brief Description of Duties |
|--|-----------------------------|
| City of Phoenix (Phoenix, OR, US)        | City Manager                |
| ICMA-RA/CalPERS 457 (Sacramento, CA, US) | Distribution.               |

## SCHEDULE A ASSET CLASS DETAILS

- Principal Financial Group  
LOCATION: US  
DESCRIPTION: I have 100 shares of PFG common stock, which is administered by Computershare.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**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 benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Jamie Eng McLeod-Skinner , 05/9/2019