PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. IPO – Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction 2018 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES 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? liability (more than \$10,000) at any point during the reporting period? D. Did you, your spouse, or your dependent child have any reportable C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exceeding \$1,000 during the reporting period? Name: MILLIAM BLAINE LUGTKEMEYER reporting period? A. Did you, your spouse, or your dependent child: REPORT FILER STATUS b. Receive more than \$200 in uneamed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  $\overline{\mathsf{X}}$ 又 2018 Annual (Due: May 15, 2019) House of Representatives Member of the U.S. District: State: Mussouci \*<u>\*</u> Yes Yes No ¥es Yes Daytime Telephone: Amendment Ş Š <u>z</u> Š For Use by Members, Officers, and Employees X X I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" source during the reporting period? year up through the date of filing? Employee Officer or **Employing Office** Termination Date of Termination: S. મુદ્દુષ્ણદુદુ દુદુ REPRESER IACLES A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTER DELIVERED, age 1 or 2 2019 18 18 20 Septing: 18 March of The Colors Shared Staff Filer Type: (If Applicable) Yes ¥es ¥es Yes Yes Yes Yes X Principal Assistant 8 Š Z S Š Š X X X X

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	2	5		v	Y		Examples:	T	The account that exceeds the reporting thresholds. Ther bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000 list every fill ancial 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.  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.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial income during the reporting period); and any financial income during the reporting the feel from a federal referement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouss (SP) or dependent child (ICL), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	during the year, during that scott it uncertained into its during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in 401(k) plans) provide the value for each asset held in 401(k) plans).	Assets and/or Income Sources  Hentily (a) each asset held for investment or production of income and with a fair market value accessing \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that constant of the sport income that constant in the stant in the second of the sport income that constant income that the second of the second
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`		V		-	2.03	×	-		\$250,001-\$500,000 o	our sp	BLOCK B IE of As is of the market v in reportir
		Ì	7			1/2	*	212 6	\$500,001-\$1,000,000	ouse	Asse Asse Per ep
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	1.2	×		1		3.		×	DIVIDENDS	asset generated no income during asset generated no income during	Type of Ince Type of Ince Check all columns that apply, generate tax-deferred income (a, generate tax-deferred income) 529 accounts), you may chec 529 accounts, limerest, and 529 accounts, limerest, and 529 accounts, limerest, and
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									TAXOFFERED	assets held in taxable accounts. Check asset generated no income during the repo	- ~ b 4
	_	1			V	Ino Pa	-ਰੂ ਨੂੰ		Other Type of Income		For acceptant
	100	Dem			2	Partnership Income	Royatties		(Specify: e.g., Partnership Income or Farm Income)	"None" if the bring period.	eccounts that 01(k), IRA, or Tax-Deferred of gains, even
	D.W.	*			GRE	_				eriod.	erred wen
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	•	X							\$1-\$200 =	accounts. Check None in co	assets chect gory
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			,					. , ,	\$5,001-\$15,000 ≤	it by	nt of In ecked Ta mn. For a recking the
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		(./ <u>(.)</u> (		£	, , ,		أعنا	<u>(1.5)</u>	Spouse/DC Asset with income over \$1,000,000*	-	Amount of Income  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, but the formation of the category.
					$\forall$	$\vdash$		S(part)	7	<del></del>	9 T 9 T .
								<u>.</u>	Leave this column blank if there are no transactions that exceeded \$1,000.	exceeding \$1,000 in the reporting period.  If only a portion of an asset was solid please indicate as follows: (S (part)).	Transaction Indicate if the asset had purchases (P), sales (S), or any other transactions are the sales (S).
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									* "a" "a" "a" "a" "a" "a" "a" "a" "a" "a	# R & 0	9

	SCHEDULE A - ASSETS & "UNEARNED INCOME"	
Name: William Danie Lasticantered		
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	> C	Assets and/or Income Sources
None  \$1-\$1,000  \$1,001-\$15,000  \$16,001-\$30,000	C C	rces
None \$1-\$1,000 \$1,001-\$15,000 \$16,001-\$50,000	C C	
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\$25,000,001-\$50,000,000		
Over \$30,000,000		
Spouse/DC Asset over \$1,000,000*	Z	
NOME		
DIVIDENDS		
X RENT		
NTEREST INTEREST		Ϋ́
CAPITAL GAINS		Type of Income
EXCEPTED/BLIND TRUST		Inco
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Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
None None	-3	
\$1-\$200	=	
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\$1,001-\$2,500	7	
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\$190,00141,600,000	ヌ	ē
\$1,000,001-\$5,000,000	×	
Over \$5,080,000	×	
Spouse/DC Asset with Income over \$1,000,000*	¥	
P. S. S(part), or E		Transaction

MA	SP, DC. JT Asset  SP Example Mega Corp. Stock	reporting period or any security or real property near by you, your spouse, or you, dependent child for investment or the production of incurne, Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.  Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gain" income on Schedule A.  *Column K is for assets solely held by your spouse, or dependent child.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
		Pertion	
		Sale	Type of Transaction
	×	Partial Side	ansactio
<u> </u>		Exchange	3
<del>                                     </del>	×	Check Box if Capital Gain Exceeded \$200	
	3/9/18	(MO/DAYR) or Quarterly, Monthly, or Bi- weeldy, if applicable	Date
		\$1,001- \$16,000 >>	
<u> </u>	×	\$15,001- \$50,000	
		\$50,001- \$190,000	
		\$100,001- \$250,000	Amo
		\$500,000	unt of
		\$1,000,000 \$1,000,001- \$5,006,000	Amount of Transaction
		\$5,000,001- \$25,000,000 =	ction
		\$25,900,001-	
		Over \$50,000,000	
		Owe \$1,000,000" (Special CC Asset)	

### SCHEDULE C - EARNED INCOME

Name: Wassar Brains Luctus susy on Page 5 of 9

the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	List 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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INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440, in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	•				BANK OF FEWZASOTH MO	Sporse - Board of Dinectors		STATE OF MISOURI		Keene State State of Manyland	Source (include date of receipt for honoraria)
						Inscrop For		Rationary Springer	Spouse Speech Spouse Salary	Approved Teaching Fee Legislative Pension	Туре
			٠			N/A-	,	12 600 =	\$1,000 N/A	\$18,000	Amount

#### SCHEDULE D - LIABILITIES

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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. 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 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. 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

					SP. OF ST
				Example	
			None	First Bank of Wilmington, DE	Creditor
				5/16	Date Liability Incurred MO/YR
				Mortgage on Rental Property, Dover, DE	Type of Liability
		; `			\$10,001- \$15,000
					\$15,001- \$50,000 <sup>©</sup>
21 11 11 11					\$50,001- \$100,600
				×	\$100,001- \$250,000
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					Over \$50,000,000 _
		i, r			Over \$1,000,000* (Spouse/DC Liability)

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

Position	Name of Organization
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#### **SCHEDULE F - AGREEMENTS**

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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
80-9	6-08 Some of Missouri	LEGISLATOR'S PERPESANCE DENSIFIT
1-95	Store of Missing,	Ordinary Rominsons at Boulson
•		As Emprones of Goots of Mixona,

#### SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	q	
Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
Mode		

# **SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS**

1		-
, , , , , , , , , , , , , , , , , , ,	Name VILLIAM BLANG LUCKENEUSC	
	Page 🐰 of	
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Identify the source and list travel Itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

,	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of Chine (MECEA)	Aug. 6-11	DC-Beijng, China-DC	٧	۲	Z
Examples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	*	Y	٧
	None					
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## SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: Association of American Associations, Washington, DC XYZ Magazine Source Activity Speech Article Feb, 2, 2018 Aug. 13, 2018 Date Amount \$2,000 \$500