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2017 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES

For Use by Members, Officers, and Employees

Form A

18 PAY 15 PM 4: 22

Name: REPORT TYPE FILER STATUS House of Representatives 2017 Annual (Due: May 15, 2018) Morther of the U.S. District State Colondo Daytime Telephone: 202 - 225 Ancadmont Employee Officer or Employing Office Termination บ.ร. หวับ A \$200 penalty shall be assessed against any individual who files more than 30 days late. Snarca Staff Filer Type of Applicable) ِ Principal Assistant ["

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

Date of Termination

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of fring?
Yes No X	l. Did any individual or organization make a dunation to charity in ieu of paying yearfor a speech large-arance, তা নাল্ডাৰ-আনানু me ্ৰেচুলোন্যু চুক্তুৰ্ব?	Yes	D. Did you lyour soluse, or your dependent child have any reponsible hability (more than \$15,000) at any point during the reporting period?
Yes No X	H (Did you your source or your dependent thid receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	Yes No	C. Did you or your spease have interned theorie to glussificate. Franciscae is derivatively and S200 or more during the reporting period?
Yes No	G. Did your species or your dependent child receive any reportable gifts) totaling mere than \$790 in valuations a single source during the reporting period?	Yes No	Did you your shouse, or your dependent child purchase, self or excitably, any securities or reportable real estate in a transaction exceeding \$1,000 curing the reporting period?
Yes No	F Did you have any reportable agreement or arrangement with an outside entry during the reporting period to the outrent calendar year up through the date of flung?	Yes No .	A. Did your spouse for your dependent child. a. Own any reportable asset that was which more than \$1.000 at the end of the reporting period? or b. Receive more than \$200 in uncarried income from any reportable asset during the reporting period?

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purshase any shares that wore afrocated as a part of an focual Public Offering during the reporting period." If you answored lyes to this question, please contact the Committee on Ethios for further guidance. Yes No X

this depoil details of such a frust that behelits you your spouse, or dependent orbits TRUSTS Details regarding. Qualified Blad Trusts approved by the Committee or Ethies and certain other excepted resisting of Qualified Blad Trusts approved by the Committee or Ethies and certain other excepted resisting of the discreps of Have you excepted from

EXEMPTION - Have you excluded from this report any other assets. I undergoing an actions, or fabilities of a spicuse or your dependent third because they mee, also three (easts for exemplator?) Do not abswer tyes, unless you have first consulted with the Committee on Ephasi

> Yes Ύes <u>₹</u>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A – ASSETS	ASSETS & "UNEARNED INCOME"	Namo: Marillal H	Page 7 of	9
BLOCK A Assets and/or Income Sources	BLOOK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK F Transaction
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Name: Whicheel H. Coffner	
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SCHEDULE C - EARNED INCOME

Name: Usidad H. Collaco Page 5 of 10

List the source, type, and amount of carried neeme from any source cother than the filer's current impleyment by the U.S. government) totaling \$200 or more during the recording period. For a spouse, list the source and amount of any increase list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Idititary day (south as National Guard or Reserve pay). Indending the programs, and herefits received under the Social Security Aut.

Source (include date of receipt for honoraria)	\$26,350. In addition, cortain types of income (notably honoraria, director a fees) and payments for professional services involving a fiduciary relationship) are totally professional	INCOME LIMITS and PROHIBITED INCOME. The 2017 limit on outside earned income on Members and ombioyees compensate	
Type	iduciary relationship) are totally profit	ated at or abovu the "serior staff rate was \$27,765. The 2013 light is	•
Amount	rited .	ite was \$27,765. The 2013 limit is	

			State of Colorado	Examples: Cold File For Cold Cold File For Cold File File File File File File File File	Source (include date of receipt for honoraria)
-			State Persion	Stemen State of Control of Contro	Туре
			\$ 61,323.72	0.01 E	Amount

SCHEDULE D - LIABILITIES

orting period by	
eating period by you, your spouse, or your dependent obje. Mark the highest amount owed during the reporting	Name: Wichigh
dependent ohne. Mark the highest an	Callan
nount owed during the reporting	Page_ 6 of 10

period. Members. Members are required to report all liabilities secured by two property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence can be read to report and early liabilities of a business in which you own an interest tunless you are personally liabilities overed to you by a spouse of the indicate of solding of your spouse. Report a revolving charge account two properties of the following of the reporting beand in solding of your spouse. Report in revolving charge account two properties of the following of the reporting beand in solding of your spouse. Report liab ides of over \$19,660 bused to any one preditor at any time curring the repr

Column K. s to: liabilities held so ely by your spouse or dependent child.

	Amount of	· J 🖺
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SCHEDULE E - POSITIONS

Report all presions, compensated or uncompensated, held during the our callendar year as an officer, director, trusted of an organization, patter, proprietor, representative, employee, or

		-	
		Position	consultant if any corporation from partnership or other busine held in any religious, social fraternal or poblical entities (such
		Name of Organization	consultant if any expondition from partnership or other business enterprise incorporation, tabor organization, or educational or other institution of the than the United States. Exclude. Positions held an any religious, social fraternal or political parties and campaign organizations; and positions solely of an honorary fature.

SCHEDULE F - AGREEMENTS

Name: Page_ / of _ þ

continuation or defense of payments by a former or our rent employer other than the U.S. government or continuing parameters or payments by a former or our rent employer other than the U.S. government or continuing parameters are employed welfare or benefit plan maintained by a former employed

Date	Parties to Agreement	Terms of Agreement
01/2009	Colorado Pilde Engloyous	Defend Benefit Pension Plan
	Retirement Asson and	

SCHEDULE G - GIFTS

Report the source (by harrer a brief description, and the value of all gifs totaling more than \$390 received by your your dependent child from any source during the year. Exclude. Gifs from relatives, gifts of personal hospitality from an individual local moats, and gifts to a spouse or dependent child that are totally independent of his or her relationship to your. Gifts with a value of \$156 press need not be added towards the \$390 discosure timeshoot. Note. The gift role (House Rule 25. clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require uner approval of the Committee on Ethios.

Source	Description	Value
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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sportso: or were part by you and remodised by the sportsor identify the Journe and list travel it neray, Idales, and nature of expenses provided for travel and trave-repred expenses totaling more tran \$590 received by you, your stircure or your dependent mild during the reporting period. Indicate whether it family member accommunited the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the

EXCLUDE: Traver related expenses provided by federal, state, and focal governments, or by a foreign government required to be separately reported under the Foreign Gits and Decorations Act (FGDA 5). U.S.O. § 73-12) no docal response to a like expense to be reported under the Foreign Campaign. Act travel provided to a spouse or dependent dilid that is totally independent of his or her relationship to the filer

	Source	Date(s)	City of Departure-Destination-City of Return	Lodginy? iY/N)	Food? 'Y/N)	nctuded? (Y:N)
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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Source Source Activity Date Amount Source Association of Aure to the Aure to t	separate confidential list of charities receiving such cayments most be filed directly with	The Committee on Lithius		-	
Articles Aug 15 2017 2017 2017 2017 2017 2017 2017 2017			Activity Speech	Date Feb. 2.7917	Amount \$2,900
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