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UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT		FORM B For New Members, Candidates, and New Employees	w Employees LEGSLATIVE RESOURCE CENTER
Name:	Pamela M. lovino	Daytime Telephone:		17 OCT 25 PM 2: 26
FILER	New Member of or Candidate for State: Pennsyl U.S. House of Representatives District: PA-18 Candidates – Date of Election: Special Election -	Pennsylvania PA-18 lection - TBD	U.S Check if Amendment	HÖUSE OF REPRESENTATIVE
STATUS	New Officer or Employee Staff Fil Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1, 2016 to October 16, 2017	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE	OF THESE QUESTIONS	IONS	
A. Did you, you a. Own any end of the b. Receive a asset dur	Did you, your spouse, or your dependent child: Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of	kendar year up through the date of filing? Yes No
C. Did you or you honoraria, or pen reporting period?	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	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 the current calendar Yes No
D. Did you, yo liablity (more t	D. Did you, your spouse, or your dependent child have any reportable Ye liability (more than \$10,000) at any point during the reporting period?	Yes No S	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	or years?
	ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU A	zı >	NSWER "YES"
EXCLUSIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	T INFORMATION	- ANSWER BOTH OF THES	E QUESTIONS
TRUSTS - De from this repo	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics from this report details of such a trust that benefits you, your spouse, or dependent child?	15	and certain other "excepted trusts" need not be disclosed.	not be disclosed. Have you excluded Yes No No
exemption?	EXEMPTION - 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.	ed" Income, or liabilities of a sumittee on Ethics.	spouse or dependent child because they me	et all three tests for Yes No 🗹

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Pamela M. lovino Page_ 2 <u>'</u> ග

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narpor international	United Statements	FPA Crescent	DFA Global RE	Baron Realestate	Charles Schwab Cash *8863	ABC Hedge Fund	Exemples: Simon & Schuster	Mega Corp Stock		For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	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.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was retrial income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Traft Savings Plan.	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.	For rental and other real property held for investment provide a complete address or description, e.g. rental property, and a city and state.	ror usin and urier cash accounts, for the mean continual interest-bening accounts. If the loast is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	401(k) plans) provide the value for each asset heid in the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as	Provide complete names of stocks and mutual funds: (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (a) any other apportable asset or source of income which generated more than \$200 in 'unearned' income during the year.	Assets and/or income Sources	BLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Pamela M. lovino

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SCHEDULE C - EARNED INCOME

Name: Pamela M. lovino	
Page 4 of 6	

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 payroli. 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.

				Allegheny County	CLG Healthcare	U.S. Military Retirement Pay	Examples: Civil War foundtable (Oct. 2) Ontario County Board of Education		Source (include date of receipt for honoraria)	
				Salary	Salary	Retirement Pay	Spouse Speech Spouse Salary	Honorarium	Туре	
				\$35,000	\$0	\$49,000	\$0 N/A	\$00 000 \$0	Current Year to Filing	W.V
				\$0	\$9,193	\$58,766	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

SCHEDULE D - LIABILITIES

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

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	}			Example			
			Craig Sabatino	First Bank of Wilmington, DE	Creditor		
			06/17	5/98	Date Liability Incurred MO/YR		
			Personal Loan	Mortgage on Rental Property, Dover, DE	Type of Liability		
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					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, film, 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

		Position
		Name of Organization

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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 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: 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. covernment and any information considered confidential as a result of a polyleged relationship recognized by law. Do not repeat information listed on Schedule C.

government and any information considered commoential as a result of a	government and any minimission commontal as a result of a privileged relationship recognized by task. Do not repeat information instead on screening c.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services