Daytime Telephone. For Use by Members, Officers, and Employees Form A **Employee** Officer or Employing Office: A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTER 2019 FEB johne Postohy HAND DELIVERED 1 of & Shared Staff Filer Type: (If Applicable) Principal Assistant

Name:

2017 FINANCIAL DISCLOSURE STATEMENT

UNITED STATES HOUSE OF REPRESENTATIVES

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

REPORT TYPE

2017 Annual (Due: May 15, 2018)

Amendment

Termination

Date of Termination:

JAJ. 3

FILER STATUS

Member of the U.S.

House of Representatives

State: __ District:

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 filing?
Yes No	 Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? 	Yes	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No	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?	Yes V No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes V	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
No V	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?	Yes V No	A. Did you, your spouse, or your dependent child: a. 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?

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH 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.	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?	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.
Yes No	Yes No F	Yes
	-	
ह हा	8	No V
Y	H	4

SCHEDULE A - ASSETS & "UNEARNED INCOME"

П							-	男等	red For	(LE)	box Exo	Exc hom inco inter retire	that busingeog	Topic For	For \$5,0	# 45 F	8 g	income	e exc	o d			Š
	3	£	37	1	Ϋ́		Examples	T	iireme	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or depandent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you report a privately-traded fund that is Excepted investment Fund, please check the "6 box.	Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financia interest in, or income derived from, a federal retirement program, including the Thrift 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. trental property," and a city and state.	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.	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.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	income that generated income during the year.	exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of	identify (a) each asset held for investment production of income and with a fair market va	≥		SCHEDULE
	MILITARY COLLECTIONS	Appre	state of the petial many	12572	SALINGS ACCOUNT	L	Des.	I	nts, p	choose ource chile	port Inves	Your id vac	mensh the cloca	end c	and c	YNS) DE	e only	that generated more than \$200 in "unearned during the year.	\$1.0		BLOCK A Assets and/or income Sources		
	4	"	30	7	7			ક્ષ	detailed discussion ints, please refer to the	Mai c	a pri	personation income	blicly natu natu	ther :	20 10 10 10 10 10 10 10 10 10 10 10 10 10	and o	/ ticke	herate	4 S) each asset held for investment or of income and with a fair market value	and,		Ě
	?	STOCK	シ	ŀ	5	Ag C	SE SE	H-OQL	discu	that a	rvape)	home home porting ome	brest i trade ire o	100 E	cash g acc ancia	d to	mes o	SE SE	oder • €	259.01 259.01) Bro		m
	Č	ř	6	Home	2	ABC Hedge Fund	Simon & Schuster	Mega Corp. Stock	to the	o y md	d Table	esider g pen deriv	> 55 85 D	and open	accou counts if insti	re regime de la de la de de la de la de la de de la de la de la de la de de la de la de la de la de la de de la de la de la de la de la de de la de la de la de la de la de la de de la de la de la de la de la de la de de la de la de de la de	of sto	₽	E S	¥ ₹	or inco		>
	ž		TIR	3	Ş	F.	T State	Stock	of instru	cente . Nur si Ny ha	88	e Thri	a privately-held business state the name of the its activities, and its	or d	ints, t	ment for ea	C de a	5 5 20	35 the		3		, >
	7		3	t.	4				Scr	ber with	Sheet t	nd ar here om	vately-held busing the mame of activities, and	escrip	he to	plans Chas g thre	3	5	o de		Sou		ASSETS
	ê		Ž,						Schedule tion book	95 (SP)	₹	was r was r a fe angs I	and de la serie	nvestr tion.	3	Set h	tuel :	ùnea.	porting period, or source of	stmer	7C 83		Ĭ
	₹		-	_		×		4	a A	20 St St	E. B.	ontal derai	iness is a	ment.	over s eve	2 B 3	rads	77 100	5 g	Agint Se Or			
	۲								None						>		Ϋ́	20 S	used.	y frida			2 0
	1								\$1-\$1,000								you have no interest.	umn i		ation .			È
							ndefinite		\$1.001-\$1	5,000						1	3 <u>3</u>	t gena	<u>e</u> ≨			1	Į į
		_			-	┢	*		\$15,001-\$1	EO 000						ł	lerest	erated or ase	8 8	등 86 일 경			₽
		7	_	ļ	7		_									1	•	eish	<u>.</u>	4 <u>8</u> ≢			Ž
Ш					'			×	\$50,001-\$1						m			ekana, Syr≓	₹	8	۲ ا		Ü
			Z	7		<u> </u>	 _		\$100,001-						ודי	4		your Bayes	₫ 2	T man	9 P		Ž
			_`	<u> _</u> `	1	×			\$250,001-5						ဝ			because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which		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	Value of Asset		& "UNEARNED INCOME"
					ļ	_	-		\$500,001-5						I			Se or o	₽ ₽ :	report	500		ž
				<u> </u>	ļ	<u> </u>	4	igspace		\$5,000.000								deper ¥	<u>8</u>	Mease Opril			щ
				_	ļ		<u> </u>		\$5,000,001	1-\$25,000,000					-	4		ğ X	3 æ	S er		•	
					ļ	L			\$25,000.00	01-\$50,000,000					*				<u>Ş</u>				
						L	_		Over \$50,0	000,000					F	_		5 ≸	8				
									Spouse/D0	C Asset over \$1.	000,000				ξ.								
				Z	ļ		_		NONE							l	period	even if retrivested, must be disclot for assets held in taxable accounts. If the asset generated no income duri	529 acc	Check all columns that apply. For generate tax-deferred income (such as			Z
				ļ_,		<u> </u>		×	DIVIDEND	s 							Ģ	even it retrivested, must be disclot for assets held in taxable accounts. If the asset generated no income duri	529 accounts), you may check column. Dividende, interest, a	Check all columns that apply. generate tax-deferred income (su			Name:
			<u> </u>	_	ļ		<u> </u>		RENT									Tels and a	2 5				1
					7		<u> </u>		INTEREST							_		in to the	žě	nns t	BLOCK C Type of Income		\mathbb{X}
	7	2		_	`	<u> </u>	$oldsymbol{ol}}}}}}}}}}}}}}$		CAPITAL	GAINS						1		T TO T	VEIT.	incor	e of Inc	\succeq	Am Card
				_		<u> </u>			EXCEPTE	D/BLIND TRUS	r 							DOC O	1 G	(S)			
									TAX-DEFE	RRED									1 ₹) me		\ <u>`</u>
			₽	-	-	Parmen	3	7	Other Type	of Income						1	,	를 다 다	£ =	2 2			
			ATMENT			Partnership Income	royames		(Specify: a	.g., Partnership	Income or Fi	arm Income)						Check "None"	Tax-Deferred capital gains,	accounts that 101(k), IRA, or			Emo
			Ę			ľ		i										orling Home,	P D	S = 0			1 7
				7					None						_	Ş	_						'
	-			1	7		T		\$1-\$200				· ·		=	child in which you have no interest.	3	accounts. generated.	category of income by checking the appropriate Dividends, interest, and capital gains, even if	For assets for which you checked "Tax-Deferred" may check the "None" column. For all other ass			
				Ι_	1		×		\$201-\$1.0	003			•		量		<u>`</u> ≚	·	. Q	4 Q			
			<u> </u>	Τ		T		×	\$1,001-\$2	500					₹	1 8	ğ	Check	E COM	Non the	*		
			 	T	1	×	1	П	\$2,501-\$5	.000					<	1 8	asset	7	3.5	8 ×	BLOCK D Amount of Income		
	<u> </u>			 		Г	T		\$5.001-\$1	5,000					≤	1	इ	"None"	2 6 CE	heck man		1	1
		7	<	 		T	T	1	\$15,001-\$	50.000			· · · · · · · · · · · · · · · · · · ·		≦	1 9	g.	700	100	- d	nt of in		
	-	1	1	†		T	T		\$50,001-\$	100,000						1	YOU	hox			T CON		
	7			 	1	Г	\dagger	\top	\$100,001-	\$1,000,000					 ×	1	anods	income	doud	Deferred" in E	a		Page
	1			 		T	+-	-	\$1,000,00	1-\$5,000.000					×	1	8 8			2 3			2
				 		Г			Over \$5,00	000,000					×	1	d		te box below If reinvested	in Block C.			
	_			†	-	1	T		Spouse/D	C Asset with Inc	ome over \$1	,000,000	.			1	Column XII is for assets held by your spouse or dependent	eamed or	box below	보호 :			잌
	La.					Ť		S(part)	7,							<u> </u>					=	1	H
	300	SALE						ä	, ş						ave the mk if the trains.	asset ase in	period.	Apple of the control	(S)	Indicate if the easet had		1	
	W	W							P, S, S(part), or						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)):	Dontio	excreating \$1,000 in the reporting	purchases (P). sales (S), or	3 ₹	Transaction		
					ì	L			OF E						s a	3 2 5	õ	- 8			9		
																						-	

Page 3 of _ 9

	_	,	-	_	-		+	-		-	_	,	,	_	_	-	_
dependent resulted in Exclude in Exclude the Exclude the purchase o a portion of a portion of the Capital Gathe Capital the Capital the Capital the Capital Sp. DC. JT																	
bend of any sec child for investme a capital loss. aristactions between rase of your per fan asset is sold. Inc. If a sales trail gains' box, unite gain income on S Exemple	APPL	APP.	2000	MILITARY													
securit estment estmen	ie S	S. S.	₩ W	3													
reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income, 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 perionnel residence, unless it generated ential income. If only a portion of an asset is sold, please choose 'pertial sale' as the type of transaction. Capital Galins: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gain's 'box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. Sp. DC, JT Sp. Example Mega Corp Stock Asset Asset	Tock	APPLE STOCK	ADPLE STOCK	Couragistes													
your spouse, or your clude transactions that exchange transaction deant children, or the frental income. If only ype of transaction. Ype of transaction. excess of \$200, check account, and disclose it child.																	
Purchase		1															
Sale × Partal Sale	7		7	5													
× Partal Sale																	
Exchange																	
Check Box if Capital Gain Exceeded \$200	7		7	7													
(MODA/R) or Oushiny, Monthly, or Bisendy, if applicable	8/13/18	7/2/18	8/20/18	3/7/18													
\$1,001- \$15,000 >		4															
\$15,001- \$50,000 @	1		7														
\$50,001- \$100,000																	
\$100.001- \$250.000		:		7													
\$250,001- \$500,000 m								ļ							_		
\$1,000,000 TI																ļ	
\$1,000,001 \$5,000,000 ຄ				<u> </u>				_					_	_			
\$25,000,000								-	-			-			-		_
\$25,000,001- \$50,000,000 —	ļ							-				_				-	
Over \$50,000,000	-		-					_							-		
Over \$1,000,000* (SpouserDC Asset)						;											

SCHEDULE C - EARNED INCOME

Name: \dm (dd dd dd dd property of the rep o	PageHofS
source (other than the filer's current employment by the∕U.S. government) totaling \$200 or more during the reporting period. For a spouse, list r other spouse earned income exceeding \$1,000. See examples below.	orting period. For a spouse, list

List the source, type, and amount of earned income from any s the source and amount of any honoraria; list only the source for

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: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

400,000. Ill addituli, callatti (pes di litarita (nuatri) nundriata, diadan si pess, atra paytiana di professiona service internis	a macraity (charcitoring) and county profits	
Source (include date of receipt for honoraria)	Туре	Amount
Xeene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$18,000
Orkario County Board of Education	Spouse Salery	NA
STATE OF TEXAS RETIREMENT ANNUITY	LEGISLATIVE PENSION	29,628.00

SCHEDULE D - LIABILITIES

Name: Page_ **⊆**

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 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 *Column K is for liabilities held solely by your spouse or dependent child 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.

Spacs	SEARS		DISCON	AMERI	Example	SS. Д		
Blook's Blos marte Caro		SERVE MASTER CARD	DISCOLER CARD	AMERICA EXPRESS	First Bank of Wilmington, DE	Creditor		
	मु	2014	1992	1888	5/15	Date Liability Incurred MO/YR		
	REVOLVIAL CREDIT	REVOCUIAL CLEDIT	REVOLVINO CREAT	REVOLVING CREDIT	Mortgage on Rental Property, Dover, DE	Type of Liability		
	7	1				\$10,001- \$15,000	>	
			7	7		\$15,001- \$50,000	69	
						\$50,001- \$100,000	ဂ	
L					×	\$100,001- \$250,000	D	
						\$250,001- \$500,000	m	moun
						\$500,001- \$1,000,000	חד	Amount of Liability
						\$1,000,001- \$5,000,000	G	ability
						\$5,000,001- \$25,000,000	ı	
						\$25,000,001- \$50,000,000	-	
						Over \$50,000,000	د	
	1				1	Over \$1,000,000*		1 1

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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature

		_	
			Position
	N/A		Name of Organization

S
C
I
Ш
፵
\subseteq
ᇤ
T
\triangleright
O
Z
Ш
Ш
S
Ш
Z
=
STA

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: futily 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 pacific pation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

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, 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.

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

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT:

vided for travel and tra	ORSEMENTS
vel-related ex nsor's expens	Name: >
wided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the	Name: Xdm Gellusa-
ur spouse, or your dependent child expenses were paid directly by the	Page 7 of 8

Identify the source and list travel itinerary, dates, and nature of expenses produring the reporting period. Indicate whether a family member accompanied 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.

me nier.						
	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	٧	Υ	Z
Examples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	٧	۲	٧
	\mathcal{N}					

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

s, 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	Name: Jam Lullung	
event	<u>\$</u>	
to a c	1	
naritabl	بمرير	
e orga	(m	
nizatio	ş	
n in lik	 	
of p		
aying :	Page 8 of 8	
an hon	8	
orariu	 	
m to y	8	
ou.		
_		

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sy separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Source Association of American Associations, Washington, DC XYZ Magazine	Activity Speech Article	Date Feb, 2, 2017 Aug. 13, 2017	Amount \$2,000 \$500