| FORM B FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and New Employees | AUG 1 3 2019 age 1 of \$\frac{1}{2}\$ |
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| Name: Derva Grausser Daytime Telephone: | 2019 AUG 20 AM 10: 09 |
| New Member of or Candidate for State: FL U.S. House of Representatives District: 05 Check if Amendment Candidates - Date of Election: 1/3/2020 | (Office Use Only) |
| STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to Inc. | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS | |
| 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? Of the reporting period? B. 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 hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | the reporting the date of filing? Yes 🔀 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 F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period? | angement with an Yes No X |
| D. Did you, your spouse, or your dependent child have any reportable Yes No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | 5,000 from a Yes X No |
| ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE | OMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS | SNOITSAUK |
| 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? | re you excluded Yes 🔲 No 🔀 |
| EXEMPTION – Have you excluded from this report any other assets, "unearned" 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. | Il three tests for Yes No No |

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JT), in the optional \$5,000, Est every financial institution where the more than \$1,000 in interest-bearing accounts or bank and other cash accounts, total the emous For all IRAs and other retirement plans (such au 401(s) plans) provide the value for each asset held in the account that exceeds the reporting thresholds Provide complete names of stocks and mutual fund do not use only ticker symbols). ğ r rental end other real property held restment, provide a complete address exhiption, e.g., "rental property," and a city an ownership interest in a siness that is not publicly tracked, the business, the nature of its a agraphic location in Block A. Assets and/or income Sources (b) any other reportable assume which generated more udu: Your personal residence, including DA THINK F), leas-s Chancellar Groups Hogee Sinvine report a privalely-traded i ed investment Fund, please tion of income and with a fair market value ing \$1,000 at the end of the reporting period. and vacation homes (unises there a during the reporting period); sinterest in, or income derived from (a) each asset held on of Income and with Simon & Schuster discussion of Schedule erefer to the instruction book **VBC Hedge Fund** lage Corp Stock BLOCK A including the Thrift or jointly haid with est in a privately-heli ly traded, state the name to of its activities, and it on the fer I for investment e a check the "EIF 9 × *Column M is for assets held by your spouse or depends child in which you have no interest. None pecify the method used. en seset was sold during the reporting period and scheded only because it generated income, the value should be comediated incomes the value should be considered incomes the control of t X \$1-\$1,000 • value of asset at close of the reporting period. If you abustion method other than fair merket value, please \$1,001-\$15,000 o \$15,001-\$50,000 0 × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 772 BLOCK B 6 \$250,001-\$500,000 \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 _ \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 $\overline{}$ Over \$50,000,000 Spouse/DC Asset over \$1,000,000* × × NONE × DIVIDENDS RENT Type of Income INTEREST BLOCK C **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED Partnarehip Income Other Type of Income (Specify: e.g., Partnership Income or Farm Income × × Column XII is for assets held by your spouse or dependent child in which you have no interest × \$1-\$200 = aete for which you checked "Tax-Deferred" in Block C. you may check the "None" column. For all othe indicate the category of income by checking the appropriate box below. Dividiands, insterest, are gains, even if indivessed, must be disclosed as income for assets held in taxable soccurs "None" if no income was semed or generated. \$201-\$1,000 = ₹ \$1,001-\$2,500 ۷ ۲ Current Year \$2,501,45,000 × \$5,001-\$15,000 \$15,001-\$50,000 ¥ \$50,001-\$100,000 \$100,001-\$1,000,000 묫 \$1,000,001-\$5,000,000 Amount of Income × Over \$5,000,000 BLOCKD Spouse/DC Income over \$1,000,000* ¥ XX None \$1-\$200 = 3 × \$201-\$1,000 \$1,001-\$2,500 ₹ < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≨ >< \$15,001-\$50,000 ≨ \$50,001-\$100,000 \$100,001-\$1,000,000 52 \$1,000,001-\$5,000,000 × × Over \$5,000,000 × Spouse/DC Income over \$1,000,000

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SCHEDULE C - EARNED INCOME

Name: Davic Groupson Page 6 of 9

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 outside earned income limit and prohibitions on types of income may apply to you after you are on House payroti. 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 for Members and senior staff.

Examples: Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Manyland
Civil War Roundtable (Oct. 2) Sporge rownue Type 528 IK28 Current Year to Filling **Amount** ₹ ¥ Preceding Year

SCHEDULE D - LIABILITIES

| Name: DANG (Jousson) |
|----------------------|
| Page 7_ of 9 |

Report liabilities of over \$10,000 cwed 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. 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.

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| 7 | Shangh | 12/05 | VOLOKI | 1/13 | 5/16 | Date Liability Incurred MO/YR | | |
| 1 | Paravel Sprue los | Mortgoge Other home | ocals bards sport | 13 milestally according | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| | | | | | | \$10,001- \$15,000 | > | |
| X | | | Х | | | \$15,001- \$50,000 | œ | |
| i | × | | | | | \$50,001- \$100,000 | c | |
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| | | | | | | \$5,000,001- \$25,000,000 | I | |
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| | | | | | | Over \$50,000,000 | | 1 |
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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, 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. New Members and second-year candidates report positions held in the reporting parties and past candidates and new cambrages report positions held in the current calendary year and two requires.

| Position | Name of Organization |
|-------------|-----------------------|
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SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting 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.

| D Se | Creditor |
|------|--------------------------------------|
| | Exemple First Bank of Wilmington, DE |
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| 39 | U.S. Gaves |
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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, 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. New Members and second-year candidates report positions held in the reporting and the current calendar year and two previous years.

| penod and the cultent calendar year. First-year candidate | period and the culterit calendar year. First-year candidates and new emproyees report positions need in the culterit calendar year and the previous years. |
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| Position | Name of Organization |
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SCHEDULE F - AGREEMENTS

May Crayson Page 9

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 |
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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.

| government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat | a privileged relationship recognized by law. Do not repeat information listed on Schedule C. |
|--|--|
| Source (Name and City/State) | Brief Description of Duties |
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting Services |
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