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UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	o we a sense and a grant of the	100
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER	Ex
Name: Aつそう0つく ひことのつもつもつ Daytime Telephone:	ephone:	18 MAY 23 PM 2: 04	-
New Member of or Candidate for State: CA U.S. House of Representatives District: LIND Election: Candidates – Date of Election:	Check if Amendment	IS. HOUSE OF THE CLERK USES OF THE CLERK	T C
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	stant Deriod Covered: January 1, 2017	A \$200 penaity shall be assessed against any Individual who files more than 30 days late.	nst any late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	ESTIONS		
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? gr b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ig the reporting ves ✓ 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?	F. Did you have any reportable agreement or arrangement with an outside snitly during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No	
D. Did you, your spouse, or your dependent child have any reportable Yes No No	J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	n \$5,000 from a Yes No	
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"		
EXCLUSION OF SPOUSE. DEPENDENT. OR TRUST INFORMATION - ANSWER BOTH OF THESE QUEST	ON - ANSWER BOTH OF THESI	E QUESTIONS	Į
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?	ain other "excepted trusts" need not be disclosed.	Yes No	Z
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.	s of a spouse or dependent child because they me	et all three tests for Yes No 🖸	

SCHEDULE A - ASSETS & "UNEARNED INCOME"

BLOCK B BLOCK C Name: 田つせつのうと BLOCK D

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identify (e) 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 (b) any other reportable asset or source of income which generated more than \$200 in 'uneamed' income during the year oc Scholarshura 529 IT FIRSTENT CREATINGS For an ownership interest in a privately-held busin, that is not publicly traded, state the name of a business, the nature of its activities, and peographic location in Block A IT Pertners God Union or a detailed discussion of Schedule A require blease refer to the instruction booklet. If you so choose, you may indicate that an asset o noome source is that of your spouse (SP) or sepandent child (DC), or jointly held with anyone (JT) in the optional column on the far left. or rental and other real property held for investi roulde a complete address or description, rental property," and a city and state. for all IRAs and other retrement plans (such 101(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. you have a privately-traded fund that is an Except vestment Fund, please check the "EIF" box. or bank and other cash ecopunts, total the amount in il interest-bearing accounts. If the lots! is over 5,000, list every financial institution where there is one than \$1,000 in interest-bearing accounts. rovide complete names of stocks and mutuel fun to not use only ticker symbols). colude: Your personal residence, including second mea and vacation homes (unless there was mital come during the reporting period); and any financial layest in, or income derived from, a fadera trement program, including the Thrift Savings Plan Assets and/or income Sources Capital one Examples: Ctback ABC Hedge Fund Simon & Schuster Mega Corp Stock BLOCK A 4 × None > Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, pleasu specify the method used. Column M is for assets held by your spouse or depend shild in which you have no interest. f en esset was sold during the reporting period and is included only because it generated income, the value should is "None." \$1-\$1,000 æ × \$1,001-\$15,000 C メメ X \$15,001-\$50-000 6 \$50,001-\$100,000 ш Value of Asset \$100,001-\$250,000 \$250,001-\$500,000 o Ŧ \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 ~ Over \$50,000.000 Spouse/DC Asset over \$1,000,000* Z Check all columns that apply. For accounts as that generate tax-deferred income (such as 401(t), IRA, or 529 accounts), you may drade to the "Tax-Deferred" column. Dividends, is interest, and capital gains, even it in the interest, and taxable accounts. Check of the interest of the int NONE × DIVIDENOS RENT Type of Income メメメメ INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED For assets for which you checked "Tax-Defented" in Block C, you may check the "None" column. For all othe assets inducte the category of income by checking the appropriate box below. Dividends, interest, an capital gains, even if marreated, must be deschased as income for assets held in taxable account Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest \times \$1-\$200 _ \$201-\$1,000 × \$1,001-\$2,500 ₹ \$2,501-\$5,000 < Current Year \$5,001-\$15,000 5 \$15,001-\$50,000 ≦ \$50,061-\$100,000 ≦ \$100,001-\$1,000.000 × \$1,000,001-\$5,000,000 × Amount of Income Over \$5,000,000 × ≚ Spouse/DC income over \$1,066,000* × \$1-\$200 \$201-\$1,000 = \$1,001-\$2,500 2 Preceding Year \$2,501-\$5,000 < \$5,001-\$15,000 \$15,001-\$50,000 ≨ × \$50,001-\$100,000 ≦ \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 Over \$5,000,000 × Spouse/DC Income over \$1,000,000* ¥

Name: Anthony J. Partentino	
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SCHEDULE C - EARNED INCOME

Name: アイナナクラングし、やつ「ナウナンつの」	
Page 5 of	

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 honorana. 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.

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 payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,485. 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.	d benefits received under the Sol ncome may apply to you after yo limit is \$27,765. In addition, cert r staff.	al Security Act. u are on House payroll. The 2016 ain types of income (notably honorar	i limit on outside earned income for ia, director's fees, and payments for
			Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	0\$	\$500
Examples: Sale of Maryland (Oct. 2)	Spouse Speech	\$20,000	\$1,000
Critaria Cobing statis of Explosion	Charles County		
Warner Bras Consumer Products	Sporsesalory	て/>	7 /A
State of California	Salary	104,087.66	01.949'8

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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. New 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 a utomobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally 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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			12/06	5/98	Date Liability Incurred MO/YR			ery by your above
			Willows Dr. M. Sicraman	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, 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. 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
Member	Santa Monica Conservancy Advisory Gorard Luncompensated)
Advisory Board Member	Advisory Board Member Professional Child Development Associates (uncompensated)
Advisory Board Member	Advisory Board Member Hotnamon Sycamord's (uncompensated)
BOARD Mensey	CR STATE GOLDE COMMISSION
	Lustructional Quality Commission

SCHEDULE F - AGREEMENTS

Name: Anthony J. Poltentino Page 7 of 7

continued by a formal of payments by a format or closer other than the LLS government or continued in an employee welfare or benefit plan maintained by a format
and the same bearing and the same of the s
dentity the date marties in and general terms of any agreement or arrandement that you have win respect to include employment; a leave or absence during the period of government service.

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 information listed on Schedule C.

0	
Source (Name and City/State)	Brief Description of Duties
Example Doe Jones & Smith, Hometown, Homestate	Accounting Services