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U.S. HOUSE OF REPRESENTATIVES

## **INSIDE MAIL**

UNITED STATES HOUSE OF REPRESENTATIVES		FORM			F	age 1 of			
Period covered: January 1, 2019-		For use by candidates	and new employees						
Name: BERNARD A FONTAINE	Daytime	Telephone:		W.					
	(Office Use Only)								
Filer Status  Candidate for the House of Representatives  New officer or employee  Employing Office:	Date of Election		Check if Amendment		alty shall be : / Individual : 10 days late.				
In all sections, pieces type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWER EA	ACH OF THES	E QUESTIONS							
Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?     Yes If yes, complete and attach Schedule I.	□ No 🔯	<ol> <li>Did you hold any rep of filing in the current ca if yes, complete and at</li> </ol>	portable positions on or b dendar year or in the pric ttach Schedule IV.	efore the date or <u>two</u> years?	Yes 🔲	No⊠			
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  Yes  If yes, complete and attach Schedule II.	□ No <b>⊠</b>	V. Did you have any rep with an outside entity? If yes, complete and a	oortable agreement or an trach Schedule V.	rangement	Yes [	No⊠			
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	□ No X	VI. Did you receive con a single source in the ty if yes, complete and a		\$5,000 from	Yes 🔲	No⊠			
Each question in this part must be answ	vered and the a	appropriate sched	dule attached for	each "Yes" r	esponse.				
EXCLUSION OF SPOUSE, DEPENDENT, OR T	RUST INFOR	MATION - AN	SWER EACH (	OF THESE	QUESTION	IS			
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the disclosed. Have you excluded from this report details of such a trust				ot be	Yes 🗌	No 🗵			
<b>EXEMPTION</b> —Have you excluded from this report any other assets because they meet all three tests for exemption? Do not answer "yes				ependent child	Yes 🔲	No⊠			

## SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Bernard Fontaine Page 2 of 2

		Sheet (# needed)																		LL	77.1					_	<u> Lu</u>	_	=	-		_	_		_							
	BLOCK A  Asset and/or Income Source		BLOCK B BLOCK Value of Asset Type of in													BLOCK D  Amount of Income																										
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