



Filing ID #10029859

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Joshua Duvall  
**Status:** Congressional Candidate  
**State/District:** NJ01

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2019  
**Filing Date:** 11/4/2019

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
403b [MF]		\$1,001 - \$15,000	Dividends, Interest	\$201 - \$1,000	\$1 - \$200
DESCRIPTION: 403b					
Bank Account [BA]	JT	\$1,001 - \$15,000	None		
DESCRIPTION: Bank Account					
Home [RP]	JT	\$100,001 - \$250,000	None		
LOCATION: Cherry Hill, NJ, US					
DESCRIPTION: personal residence					
Investment Accounts [EF]	JT	\$1,001 - \$15,000	Capital Gains, Dividends	\$1 - \$200	\$1 - \$200
DESCRIPTION: investment accounts					

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Jefferson Health New Jersey	Salary	\$104,000.00	\$100,000.00
Joshua Duvall, CFP	Business Income	\$10,785.93	\$5,450.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Specialized Loan Servicing	January 2015	mortgage	\$100,001 - \$250,000
SP	Sallie Mae	2004	student loan	\$15,001 - \$50,000
	MHELA	2019	student loan refinance	\$15,001 - \$50,000
JT	Discover	2012	credit	\$10,000 - \$15,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties
Joshua Duvall, CFP (Cherry Hill, NJ, US)	Financial Planning & Accounting Business

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**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 benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Joshua Duvall , 11/4/2019