| UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT Name: Debro Any Any Candidates State For New Members, Candidates, and New Employees Listing Candidates, Date of Election. FILER Listing Candidates, Date of Election. Listing Candidates, Date of Election. Employee Share Principal Assistant Debro Inc. Listing Candidates, Date of Election. Periopal Assistant Debro Inc. Listing Candidates, Date of Election. Listing Debro Inc. Listing Candidates, Date of Election. Periopal Assistant Debro Inc. Listing Candidates, Date of Election. Listing Candidates, Candidates, Date of Election. Listing Candidates, Date of Election. Listing Candidates, Date of Election. Listing Candidates, Candidates, Candidates, Date of Election. Listing Candidates, C | New Employees IT OCT -6 PM [2: 5: CFF TO CHART U.S. HOUSE OF THE CLARK U.S. HOUSE OF REPRESENTATIVE A \$200 penalty shall be assessed individual who files more than 30 calendar year up through the date of filing? A \$200 penalty shall be assessed individual who files more than 30 calendar year up through the date of filing? A \$200 penalty shall be assessed individual who files more than 30 calendar year up through the date of filing? Yes ANSWER "YES" REQUIRED TO COMPLETE ANSWER "YES" REQUIRED TO COMPLETE Thild because they meet all three tests for Yes Thild because they meet all three tests for Thild because they meet all three tests for |
|--|---|
| Debra Anne Hauland | .] 17 OCT -6 PM I2: 53 |
| New Member of or Candidate for State: WM U.S. House of Representatives District: 01 Candidates – Date of Election: | |
| New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant | January 1, |
| PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS | |
| re than \$1,000 at the Yes No No | filing? Yes |
| r spouse have "earned" income (e.g., salaries, sion/IRA distributions) of \$200 or more during the | Yes |
| Yes | Yes X |
| ATTACH THE CORRESPONDING SCHEDULE IF YOU A | |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER | BOTH OF THESE QUESTIONS |
| TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts from this report details of such a trust that benefits you, your spouse, or dependent child? | Yes |
| 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. | nt child because they meet all three tests for Yes No |
| | |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Debyo Ann Hualand

Page A of _

| | | | | | - : | 5 8 | 98 | For that that the treatment of the treat | 75 € 5 | T # 5 | 9 24 | incx Pro | | |
|------|----------|--------------------|----------------|-----------------------|------------------|-----------------|-----------|--|---|---|---|--|------------------------------|---------------|
| | | Ä | JONE | | Examples: | | | For rental and other real proper provide a complete address "ental property," and a city and that is not publicly traded, st business, the nature of its geographic location in Block. A. Exclude: Your personal reside homes and vacation homes (u. income dainincome during the reporting per interest in, or income dethinateriers in program, including her interest in, or income dethinate and the program, including the reporting per interest in, or income dethinate and the program, including the figure as privately-fraded full figure so choose, you may indincome source is that of y dependent child (DC), or jointly in the optional column on the fater of setalled discussion of Schoplease refer to the instruction be | interest-bearin 000, list every re than \$1,000 | account that e | not use only ti | identify (a) each ass production of income a exceeding \$1,000 at the and (b) any other reports which generated more income during the year. Provide complete name | Assets ar | |
| | | Arm Truncks 2025AD | ON IN Humanack | ABC Hedge Fund X | Simon & Schuster | Mega Corp Stock | 타 | For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. 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 lits geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal interest in, or income derived from, a federal interest in, or income derived from, a federal interest in, or income derived from a federal interest in, or income federal interest in, or income derived from a federal interest in, or income derived from a federal interest in, or income accurse is that of your spouse (SP) or income source is that of your spouse (SP) or in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | ro bain and other cash accounts, local 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. | the account that exceeds the reporting thresholds. For hank and other cesh accounts total the account in | (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401/k) plans) provide the value for each asset held in | identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting pendod, and (b) any other reportable asset or source of income which generated more than \$200 in "unearmed" income during the year. Provide complete names of stocks and mutual funds | Assets and/or Income Sources | BLOCK A |
| | | | | · | T | Τ΄ | | None | | > <u>-</u> | | | | |
| | | | | | | | | \$1-\$1,000 | 1 | œ | child in which you have no interest. | Indicate value of asset at uses a valuation method o specify the method used. If an asset was sold out included only because it goe "None." | | |
| | • | × | | Ī | | | | \$1,001-\$15,000 | + | ဂ | 9 | National Nat | | |
| | | | | | Indefinite | | | \$15,001-\$50-000 | | 0 | Š | of a of a on my ethou was beca | | |
| | | | | | 1 | × | | \$50,001-\$100,000 | ı | ш | nave | sset ethor d use sold sold ause | \$ | |
| | Ī | | | | | | | \$100,001-\$250,000 | | 711 | 8 | at clarity | Ē | B |
| | | | | × | | | | \$250,001-\$500,000 | | ၈ | men | ose ose or the er the ing t | 호 | вгоск в |
| | | | | | | T | | \$500,001-\$1,000,000 | : | Ξ | 98 | of the lan fa | Value of Asset | â |
| | | | | | 1 | T | \neg | \$1,000,001-\$5,000,000 | | - | | 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 used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." | set | |
| | | | | | | | | \$5,000,001-\$25,000,000 | | _ | | anket ing e, th | | |
| | | | | | | | | \$25,000,001-\$50,000,000 | ; | ~ | | yeno perio perio or de | | |
| | | | l | | | T | \exists | Over \$50,000,000 | | _ | | epen | | |
| | | | | | | | | Spouse/DC Asset over \$1,000,000* | | Z | | fyou ease nd is nould | | |
| | | | | | | | | NONE | | | dur | | | |
| | | | | | 1 | × | | DIVIDENDS | | | during the reporting period. | Check all columns that all that generate tax-deferre 401(k), IRA, or 529 account the "rax-Deferred" columns are capital interest, and capital for assets held in taxable throne" if the asset gen | | |
| | | | | | + | ╁─ | | RENT | | | रू क | RAPE STATE | _ | |
| | - | | | | +- | ┼─ | \dashv | INTEREST | | | <u> </u> | * all columns t generate tax-de generate tax-de k), IRA, or 529 a "Tax-Deferred" rest, and cal rested, must b rests held in ta | Ą. | |
| | - | | | | + | - | \dashv | | | | <u> 2</u> | Capi | <u>o</u> | BFO |
| | | | | _ | 1 | _ | \dashv | CAPITAL GAINS | | | eniod | at apply ferred in counts). column. column. ital ga disclorate acceptants. | Ž. | вгоск с |
| | ļ., | | | | _ | <u> </u> | _ | EXCEPTED/BLIND TRUST | | | • | xxiy. Fo d incomy nts), you mn. I gains, closed a eccount | Type of Income | 0 |
| | | × | | Partnership Income | Royalties | | | TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | \dashv | | Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "rax-Deferred" column. Dividents, interest, and capital gains, even if enivested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income | ā | |
| | | | | nership Income | 3 . | | _ | | | - | | | | |
| | | × | | | ┖ | L | | None | | 1 | | For asse assets in capital g Check "N | | |
| | | | | | _ | × | _ | \$1-\$200 | = | 1 1 | | imn . | | ł |
| | ļ | | L | | ļ_ | <u> </u> | | \$201-\$1,000 | = | 1 1 | | s for dicat alma one, | | 1 |
| | | | | | 1 | ┡ | _ | \$1,001-\$2,500 | ₹ | | | whice the if no | | |
| | | | | <u> </u> | × | | _ | \$2,501-\$5,000 | < | łξI | | incc | | 1 |
| | | | | × | ╀ | <u> </u> | 4 | \$5,001-\$15,000 | ≤ | 13 | | agon, me v | | |
| | | | | <u> </u> | ╀- | _ | _ | \$15,001-\$50,000 | ≦ | Current Year | | acker y of i yesta was e | | |
| | <u> </u> | ļ | | | ┼ | \vdash | _ | \$50,001-\$100,000 | ≨ | ĮΫ́ | | j'Ta ncor 9d, n 9ame | | |
| | | | | | \perp | ļ | _ | \$100,001-\$1,000,000 | ヌ | 1 I | | ne bine bine bine bine bine bine bine bi | • | |
| | <u> </u> | | | | 1 | <u> </u> | | \$1,000,001-\$5,000,000 | × | 1 I | | ense c | ž | |
| | | | <u> </u> | <u> </u> | ╀- | _ | _ | Over \$5,000,000 | <u>×</u> | 1 I | | For assets for which you checked "Tax-Deferred" in B assets indicate the category of income by checking capital gains, even if reinvested, must be disclos Check 'None' if no income was earned or generated. "Column XII is for assets held by your spouse or dep | Amount of Income | _{pa} |
| l | | | | | 1 | - | | Spouse/DC Income over \$1,000,000* | ≚ | Н | | Bloc osed d. | ţ | BLOCK D |
| | | × | l | | ┸ | ļ_ | _ | None | | 1 1 | | Hent dent | ž | ô |
| | | - | | | | 1 | - 1 | \$1-\$200 | = | | | દ ≕ુત્ર | × | |
| | | | | | ╀ | ├ | | 6-1-4 A. 1-4-1 | | 1 1 | | 를 향 원으 | ĭ | |
| | | | | | - | × | | \$201-\$1,000 | ======================================= | | | ou may opriate icome t | me | |
| | | | | | | × | | \$1,001-\$2,500 | ₹ | P | | ou may chec opriate box scome for a sild in which | me | |
| | | | | | | × | | \$1,001-\$2,500 \$2,501-\$5,000 | ₹ < | Prece | | ou may check the opriate box below toome for asset which you will be to be sufficient to be | yme | |
| | | | | | × | × | | \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 | ₹ < ≤ | Precedin | | For assets for which you checked "Tax-Deferred" in Block C, you may check the "No assets indicate the category of income by checking the appropriate box below. Decapital gains, even if reinvested, must be disclosed as income for assets he 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 | yme | |
| | | | | × | × | * | | \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 | V V VI | Preceding Y | | ou may check the "None" o opriate box below. Divid noome for assets held in hild in which you have no i |)me | |
| | | | | × | × | × | | \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 | V V VI | Preceding Year | | ou may check the "None" colur opriate box below. Dividend norme for assets held in tax nild in which you have no intere | me | |
| | | | | × | × | × | | \$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 | V V VI VII X | Preceding Year | | s for which you checked "Tax-Deferred" in Block C, you may check the "None" column. I dicate the category of income by checking the appropriate box below. Dividents, in aline, even if reinvested, must be disclosed as income for assets held in taxable one if no income was earned or generated. XII is for assets held by your spouse or dependent child in which you have no interest. | me | |
| | | | | × | × | × | | \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$0,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 | V V VI IIV X X | Preceding Year | | ou may check the "None" column. For a copriate box below. Dividents, interestome for assets held in taxable accidents in the column for assets held in taxable accidents. | ime | |
| | | | | × | × | × | | \$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 | V V VI VII X | Preceding Year | | For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. 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. | me | |

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: Petron A. Hualand Page B of 5

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.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. 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 \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

| Provide Charles data of annual for English | • | Am | Amount |
|---|-----------------------------|------------------------|-------------------|
| Source (include date of receipt for nonoraria) | Туре | Current Year to Filing | Preceding Year |
| | Honorarium Salary | \$0 \$20,000 | \$500 \$76.000 |
| Civil War Roundtable (Oct. 2) Ontario County Board of Education | Spouse Speech Spouse Salary | \$0 N/A | \$1,000 N/A |
| Laguria Doudopment Corp. | Non employee companding | | */ ^- |
| San Felipe Casimo | Salary | \$ 16,000 | \$ 27,660.°E |
| Pourse of San Felix | Salary | # 0 | \$ 65,000 |
| Lassumer Development Corp. | Contract Frees | \$ 27,000 | * |
| John Sparks | wages | ₩ | \$ 7,000. |
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SCHEDULE D - LIABILITIES

| Name: |
|---------------|
| Dubra Haalamo |
| D |
| Page 4 |
| of 5 |

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. 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

| | | | | | SP. DC, JT | | |
|--|---|---|------------------------|--|--|----------|---------------------|
| | | | New | Example | | | |
| | | | New Mano Student Leams | First Bank of Wilmington, DE | Creditor | | |
| | | | 05/2006 | 5/98 | Date Liability Incurred MO/YR | | |
| | | | 05/2006 Student Loans | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| | · | | | | \$10,001- \$15,000 | > | |
| | | | × | | \$15,001- \$50,000 | œ | |
| | | | | | \$50,001- \$100,000 | ဂ | |
| | | | | × | \$100,001- \$250,000 | 0 | |
| | | | | | \$250,001- \$500,000 | m | Amount of Liability |
| | | | : | | \$500,001- \$1,000,000 | п | t of Lia |
| | | | | | \$1,000,001- \$5,000,000 | G | bility |
| | | | | | \$5,000,001- \$25,000,000 | = | |
| | | | | | \$25,000,001- \$50,000,000 | - | |
| | | 1 | | | Over \$50,000,000 | د | |
| | | | | | 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, of consultant of any corporation, him, 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 period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

| Laguna Deuclopnest Corp. | Contracter |
|--------------------------|------------|
| | A |
| Name of Organization | Position |

SCHEDULE F - AGREEMENTS

| | | | Date | Identify the date, part continuation or deferr employer. | SCHEDULE |
|--|--|----|----------------------|---|----------------------------------|
| | | NA | Parties to Agreement | Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer. | SCHEDULE F – AGREEMENTS |
| | | | Terms of Agreement | ve with respect to: future employment; a leave of absence during the period of government service; ernment; or continuing participation in an employee welfare or benefit plan maintained by a former | Name:) of Local war Page 5 of 5 |

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.

| government and might be continued to the continue of the conti | |
|--|---------------------------------------|
| Source (Name and City/State) | Brief Description of Duties |
| Exemple: Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| Lagura Dovidopment Carp. | Contract Services - redical Centracts |
| 1 | |
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