

2019 MAY 15 4:06 PM

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES**HAND
DELIVERED****UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT****FORM B**

For New Members, Candidates, and New Employees

Name: **Hon. Debbie Lesko**Daytime Telephone: **202-225-4576**

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>AZ</u> District: <u>08</u>	<input checked="" type="checkbox"/> Check if Amendment	Period Covered: January 1, 2017 to 12/31/2018	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	Candidates - Date of Election: Feb 27, 2018				
FILER STATUS	<input type="checkbox"/> New Officer or Employee	Staff Filer Type: (If Applicable) Employing Office: <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant			

(Office Use Only)

PRELIMINARY INFORMATION - ANSWER EACH 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? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE****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" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Page (A) 1 of 4

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Page (A) 2 of 4

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Page (A) 3 of 4

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Page (A) 4 of 4

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			A	B	C	D	E	F	G	H	I	J	K	L	M	None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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SCHEDULE C - EARNED INCOME

Name: Hon. Debbie Lesko

Page (C) 1 of 1

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 income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. 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.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
Examples:			
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$75,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
ARIZONA SENATE	SALARY	\$1272.67	\$24000
AMERICAN EXPRESS	SPOUSE SALARY	N/A	N/A

SCHEDULE E – POSITIONS

Name: Hon. Debbie Lesko

Page (E) 1 of 1

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

Position	Name of Organization
CHAIRMAN	SENATE REPUBLICAN LEADERSHIP FUND PAC (RESIGNED FROM THIS POSITION PRIOR TO RUNNING FOR CONGRESS)
COMMUNITY ADVISORY COUNCIL	FAITH HOUSE DOMESTIC VIOLENCE SHELTER (NON COMPENSATED)
REPRESENTATIVE	AZ STATE SENATE (COMPENSATED - RESIGNED POSITION IN JANUARY 2018)
TREASURER	AMERICAN LEGISLATIVE COUNCIL (NO LONGER SERVING IN THIS POSITION)

SCHEDULE F – AGREEMENTS

Name: Hon. Debbie Lesko

Page (F) 1 of 1

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
1/12/2009	ME AND STATE OF ARIZONA	Participation in State of Arizona Pension Plan.

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

Name: Hon. Debbie Lesko	Page 1 of 1
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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.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
NONE		

FILER NOTES
(Optional)

Name: Hon. Debbie Lesko

Page (N) 1 of 1

NOTE NUMBER	NOTES
1	US Savings Bonds - Value is listed as amount due upon cashing out such bonds based on their total value including interest as of the date reported. Income listed is the interest income once the bond has been redeemed.
2	Please note the AZ State Pension does not provide for any information as to holdings.
3	Note: no positions are compensated except for the one indicated.