	UNITED STATES HOUSE OF REPRESENTATIVES		TCXM		: :
FINANCIA	FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New	andidates, and New Employees	LEGISLATIVE RE	LEGISLATIVE RESOURCE CENTES
				18 JUN 28	JUN 28 PM 12: 22
Name:_	Elissa B. Slotkin	Daytime Telephone:	ne:_		
FILER	New Member of or Candidate for State: Michigan U.S. House of Representatives District: 8th Candidates – Date of Election: 6 November 2018	gan	Check if Amendment	(Office Use Only)	Only)
STATUS	New Officer or Employee Staff File Employing Office:Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1, 2613 to JUNE 19, 2015	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	sessed against any than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIC	SNS		
A. Did you, y a. Own an end of th b. Receive asset du	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 uneamed income from any reportable asset during the reporting period?	X No E. [E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting yes	X No
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	X No F. C outs	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?	r arrangement with an Yes n the current calendar	No X
D. Did you, y liability (more	D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	X No Sing	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	or years?	No ×
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANS	ESPONDING SCHEI		SWER "YES" QUIRED TO COMPLETE	
EXCLUSI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u>	INFORMATION -		OF THESE QUESTIONS	
TRUSTS - D from this repo	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other		be disclosed. Have you excluded Yes	No X
EXEMPTION exemption?	EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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.	income, or liabilities of a spottee on Ethics.	ouse or dependent child because they mee	et all three tests for Yes	No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: B. Slotkin Page 2 약

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ІВИ (ІВИ)	Family Trust (Cash and Universal Life Insurance by U.S. Financial Life Ins Co)	Morgan Stanley Ivy Asset (WASAX)	P Morgan Stanley Henderson Internat Opportunities A (HYOAX)	Horgan Stanley Columbia Seligman Comms and Information (SLMCX)	ABC Hedge Fund	Examples: Simon & Schuster	Mega Corp Stock		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 its geographic location in Block A. Exclude: Your personal residence, including second flores and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan, if you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spuse of SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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 dial exceeds the leponing directions.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that account the terrands the recording thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value production of income and with a fair market value accepting \$1,000 at the end of the reporting penoid, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.	Assets and/or Income Sources	BLOCK A
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					Partnership Income	Royalties	-	· · · · · ·	TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				"None" if the asset generated no income during the reporting period.	Check ell columns that apply. For accounts that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "1.a.Cheferred column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check	ō	
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						Ι	Ι		\$15,001-\$50,000	≦				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.		
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Elissa B. Slotkin

Page 3 of 6

SCHEDULE C - EARNED INCOME

Name R Slotki		
Page 4 of 0		

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 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

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	or staff.		
	•	Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
_	Honorarum	\$0 0\$	\$56,000 \$76,000
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$5000 \$15000	\$1,000
Опало соиту возго от посатоя	chorse care.	3473	1977
Ministry of Defense, Government of Canada	Honorarium	none	\$1500

SCHEDULE D - LIABILITIES

Name: Elissa B. Slotkin Page 5 of 6

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 iabilities 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		
		None	Example			
			First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
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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 nositions held in the current calendar year and two previous years.

period and the current calendar year. First-year candidate	penod and the current calendar year. First-year candidates and new employees report positions neigh the current calendar year and two previous years.
Position	Name of Organization
Founder, CEO	Pin Point Consultants, Holly MI 48442

SCHEDULE F - AGREEMENTS

Name:	
Elissa B. Slotkin	
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Page 6	
of 6	

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

Date	Parties to Agreement	Terms of Agreement
	None	

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.

	Source (Name and City/State)	Brief Description of Duties
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