UNITED 1	UNITED STATES HOUSE OF REPRESENTATIVES 2018 FINANCIAL DISCLOSURE STATEMENT		Form A For Use by Members, Officers, and Employees	CARTILLOF THE CLORK CARTILLOF THE CLORK AND THE OF REPRESENTATIVES
Name: John B. Larson	n B. Larson	Daytime Telephone: 202-225-2285	10ne: 202-225-2265	(Office Use Only) HAND A \$200 penato hall by Assaul Bainst any individual who files more than 30 days late.
FILER STATUS	X Member of the U.S. State: CT House of Representatives District: 1		Officer or Employing Office:	ce: Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT TYPE	X 2018 Annual (Due: May 15, 2019)	Amendment	Termination Date of Termination:	nrmination:
PRELIMINA	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE	HESE QUESTIONS		
A. Did you, yo a. Own any end of th b. Receive asset dur	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? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? 	Yes X No	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?	able agreement or arrangement with an porting period or in the current calendar Yes No X
B. Did you, yo exchange any exceeding \$1,	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes X No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	child receive any Yes No X
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 reporting period?	Yes X No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more th \$390 in value from a single source during the reporting period	r your dependent child receive any rements for travel totaling more than source during the reporting period?
D. Did you, yo liability (more)	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 X No	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	onation to charity in Yes No X
E. Did you hol	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	E COR	RESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND E	IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSI	T, OR TRUST INFO		WER EACH OF THESE QUESTIONS
IPO - Did you contact the Co	IPO – Did you purchase any shares that were allocated as a part of an incontact the Committee on Ethics for further guidance.	as a part of an Initial Public Offering during the reporting period? If you ans	porting period? If you answered "yes" to this question, please	question, please Yes No X
TRUSTS - De from this repor	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	mittee on Ethics and certain oth pendent child?		not be disclosed. Have you excluded Yes . No X
EXEMPTION -	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or you have first consulted with the Committee on Ethics	arned" income, transactions, or	r liabilities of a spouse or your dependent child o Ethics	ur dependent child because they meet Yes No. X

Identify (a) each asset held for investment or Indica production of income and with a fair market value value acceeding \$1,000 at the end of the reporting period, used, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income becauding the year.	Assets and/or income Sources	BLOCK A		SCHEDULE A – ASSETS
te value of asset at close of the reporting period. If you use a tion method other than fair market value, please specify the method asset was sold during the reporting period and is included only use it generated income, the value should be "None."	Value of Asset	вгоск в		SCHEDULE A – ASSETS & "UNEARNED INCOME"
Check all columns that apply. For accounts that generate tax-deferred income (such as 401(s), IRA, or 529 accounts), you may check the Tax-Deferred column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if the	Type of Income	BĽÓCK C	:	Name: John B. Larson
Check all columns that apply. For accounts that For assets for which you checked "Tax-Deferred" in Block C, you Indicate if the generate tax-deferred income (such as 401(s), IRA, or may check the "None" column. For all other assets indicate the asset had generate tax-deferred income by check the "Tax-Deferred" category of income by checking the appropriate box below, purchases (P), 529 accounts), you may check the "Tax-Deferred" category of income by checking the appropriate box below, purchases (P), column, Dividends, interest, and capital gains, even Dividends, interest, and capital gains, even Dividends, interest, and capital gains, even if reinvested, sales (S), or if reinvested, must be disclosed as income for assets held in taxable exchanges (E) assets held in taxable accounts. Check 'None' if the accounts. Check 'None' if no income was earned or generated, exceeding \$1,0	Amount of Income	BLOCK D		
k C, you Indicate if the case the asset had below. purchases (P), vested, sales (S), or taxable exchanges (E) nerated. exceeding \$1.0	Transaction	BLOCK E		Page 2 of 13

Alcoa Int'i	Adobe Sys (ADBE)	SEP IRA	Fidelity Investments	American Eagle FCU	ABC Hedge Fund X	JF Examples: Simon & Schuster	SP Mega Corp. Stock Eff	For rental and other real property held for investment, provide a complete address or description, e.g., Tental 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 homes and vacation homes (unless there was rental income during the reporting period), and any financial interest in, or income defived from, a federal retirement program, including the Thrift Savings Plan. If you report 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 spouse (SP) or dependent crial (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.	For bank and other cash accounts, total 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.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Assets and/or Income Sources Identify (a) each asset held for investment or production of income and with a fair market value axceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).
				X	×	indefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$250,001-\$250,000 \$250,001-\$1,000,000 \$1,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G H I J K L W	Value of Asset Value of Asset Indicate value of asset at dose 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." "Column M is for assets held by your spouse or dependent child in which you have no interest.
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ס די	S(part)						S(part)	P, S, S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	please indicate as follows: (\$ (part)).	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold.

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Kinder Morgan Inc	JP Morgan Chase	Illumina Inc	Home Depot (HD)	General Dynamics	Fortive Corp (FTV)	Fidelity Treas MM	Fidelity Treas Only MM	Enbridge Inc	Danaher Corp (DHR)	Costco Wholesale (COST)	Constellation Brands Inc	Constellation Brands Inc Note	Apple Inc (AAPL)	Amphenol (APH)	Allergan Inc.	ASSET NAME	,		BLOCK A Assets and/or Income Sources	SCHEDULE A – ASSETS & "UNEARNED INCOME"
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Name: John B. Larson

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Г	T	\vdash	\vdash	+	 	T	T			†		\dagger	\vdash	\vdash	\top	1	\$1,000,001-\$5,000.000	
Г			Г	1	1	T	 	t	T	\dagger^-			T	\vdash	\top	1	Over \$5,000,000	
-	T	T	T		T	1	T	t	\dagger	\dagger	T	T	T	T	T	1	Spouse/DC Asset with Income over \$1,000,000° ≚	
																	P. S. S(part), or E	Transaction

SCHEDULE B - TRANSACTIONS

Name: John B. Larson
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Sale
Amount of Transaction Date Amount of Transaction Date Amount of Transaction Date
Date
\$1,001- \$15,000 > \$1,001- \$15,000
\$15,000
\$50,000
\$100,000 C \$100,000 C \$100,001 C \$250,000 C T \$250,000 C T \$250,000 C T \$31,000,000 C T \$5,000,000 C \$5,000,0
\$250,000 Base of Transaction
\$500,001- \$1,000,000 T T T T T T T T T T T T T T T T
\$1,000,000 Tanger and the state of the state
\$25,000,000 ± \$25,000,000 ± \$25,000,000
\$25,000,000 ± \$25,000,000 ± \$25,000,001

SCHEDULE B - TRANSACTIONS

Name: John B. Larson
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Report any numbers, sale or exchange transactions that exceeded \$1.000 in the	7		4		7											
reporting period of any security or real property held by you, your spouse, or your dependent third for investment or the production of income. Include transactions that	Type of Transaction			ided	Data						<u> </u>	- I all saction				
resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.				pitalGainExce	(MO/DA/YR) or Quarterly,	>	æ	C		Ĺ	т					
Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	rchase	rtial Sale	change	eck Box if C	weekly, if applicable	,001- 5,000	5,001- 0,000	0,001- 00,000	00,001- 50,000	50,001- 00,000	00,001- ,000,000	,000,001- ,000,000	,000,001- 5,000,000	5,000,001- 0,000,000	ver \$50,000,0	ver \$1,000,00 pouse/DC A
* Column K is for assets solely held by your spouse or dependent child.	Pu Sa	Pa	Ex	Ch \$2		\$1, \$1:									Ov	
SP, DC, JT Asset																
SP Example Mega Corp. Stook		×		×	3/9/18		×									
Home Depot Inc		X			8/1/18	X										
JP Morgan Chase & Co		\times			8/1/18	×										
Kinder Morgan Inc Com		X			8/1/18	×										
Mastercard Incorporated		×			8/1/18	×										
McDonalds Corp		X			8/1/18	X										
Mettler-Toledo Intl		X	<u> </u>		8/1/18	\times										
Microsoft Corp		×			8/1/18	X										
Nestle		X		-	8/1/18	×										
RBC Bearings		<u>メ</u>			8/1/18	X										
Starbucks Corp		×			8/1/18	×										
Thermo Fisher Scientific Inc		X			8/1/18	×						ļ				
Transcanada Corp		×			8/1/18	X										
Westlake Chem Corp					8/1/18	×										
Weyerhauser Co		X	<u> </u>	L.	8/1/18	X								_	_	
Zoetis Inc Com		×			8/1/18	X										
United States Treasury	\times				8/2/18		\times									
United States Treasury	×				8/2/18		X									
Mondelez Int		X			8/1/18	\times										
Adobe Sys Inc		X	_		10/5/18	\succeq									L	

SCHEDULE B - TRANSACTIONS

Name: John B. Larson	
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Report amy purchase, sale, or exchange transactions that exceeded \$1,000 in the	ďΛ <u>Γ</u>	e of Tra	Type of Transaction	3		Date				<u>▶</u>	Amount of		Transaction	Ö			
reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income, Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction.				ľ	xceeded	1	>		°	0	m		6	Ξ	-	-	_
Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.					apital Gain E	(MO/DA/YR) or Quarterly,										000	<u></u>
Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gains' box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	rchase	le	rtial Sale	zhange	neck Box if C 90	weeldy, if applicable	,001- 5,000	5,001- 0,000	0,001- 00,000	00,001- 50,000	50,001- 00,000	00,001- ,000,000	,000,001-	i,000,001- 25,000,000	5,000,001- 6,000,000	ver \$50,000	ver \$1,000,0
 Column K is for assets solely held by your spouse or dependent child. 	Pu	Sa	Pe	5	C+ \$2						\$2 \$2					0	T
SP, DC, JT Asset																	t
SP Example Mega Corp. Stock			×		×	3/9/18		×									—
Apple Inc			\times			10/5/18	×										\vdash
Fortive Corp Com			X			10/5/18	×						-	-			\vdash
JPMorgan Chase & Co			×			10/5/18	×										1
Mondelez Intl Inc Com			\times			10/5/18	X										1
RBC Bearings Inc			\times			10/5/18	X					"					1
Westlake Chem Corp		X				10/5/18	×							-			t
United States Treasury	×					10/12/18		×									
Alcoa Inc	X		-			10/24/18		X									T
Constellation Brands Inc Note	X					10/25/18	×										Т
SS&C Technologies Hldgs Inc	×					10/26/18	X							_			1
Citigroup Inc		\geq				12/06/18	X										1
Anheuser-Busch Inbev		\times				12/17/18	X							1			\top
Constellation Brands Inc	X					12/17/18	X										T
													\top			\top	\top
	<u> </u>																\dashv
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SCHEDULE C - EARNED INCOME

Name: John B. Larson Page 10 of 13

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 a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

INCONE LIMITS and PROHIBITED INCONE: The 2018 limit on outside eamed income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

in addition, certain types of income (notably nonorana, director's lees, and payments for professional services involving a inducially rela-	y relationship) are totally profibited.	
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Cull War Raudiable (Oct. 2)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NIA
State of Connecticut Controllers Office	Spouse Salary	N/A
Connecticut Innovations Inc	Spouse Salary	N/A
Bank of America - Fixed Term IRA	IRA Distribution	\$1,676.32

SCHEDULE D - LIABILITIES

Name: John B. Larson Page 11 of 13

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 owned 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 period. Members: Members are required to report all liabilities secured by real properly including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless

			TL		SP. DC, JT		
			Ameri	Example			
6 6 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			American Eagle FCU Nigo NJ	First Bank of Wilmington, DE	Creditor		•
			3/21/12	5/16	Date Liability Incurred MO/YR		
	-		1st Mortgage on 1887 Old Main St. East Hartford, CT	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>-	
					\$15,001- \$50,000	Ø	
					\$50,001- \$100,000	C	
			X	×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m	Amount of Liability
		-			\$500,001- \$1,000,000	т	t of Li
					\$1,000,001- \$5,000,000	G	ability
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	٠	
					Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

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:

Doctrices hald in the profit forternal or political entities for the profit partnership or profit partnership.

Positions held in any religious, social, fraternal, or political e	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

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: John B. Larson Page 12 of 13

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

Ripon lockety+ Fronklia Center tor Examples Habitat for Humanity (charity fundraiser) Government of China (MECEA) Source Gishal Policy Nov. 7-12 Aug, 6-11 Mar. 31 Date(s) City of Departure-Destination-City of Return DC-Paris-DC DC-Beijing, China-DC DC-Boston-DC Lodging? (Y/N) ≺ ~ (Y/N) ~ ~ Family Member included? (Y/N) ~

			:				<u>.</u>	NOTE NUMBER
					brought the end of year balance to zero.	A distribution of \$1,676.32 was taken from that IRA in calendar year 2018 that	Bank of America - Fixed Term IRA is listed on both Schedule A and Schedule C.	NOTES