UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: DouGLAS E. McLinko Daytime Telephone	U.S. HOULDFRE, MESEM WINES
New Member of or Candidate for State: PA U.S. House of Representatives District: 10 Th Check if Amendment	(Office Use Only)
New Officer or Employee Staff Filer Type (if Applicable): Employing Office: Shared Principal Assistant to Dece Nact 31, 2017	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION ANSWER <u>EACH</u> 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?	ng the reporting Yes No No
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? 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?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Ves Volume No Ves J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	n \$5,000 from a Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S") COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE	TH 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?	Have you excluded Yes No
EXEMPTION – Have you excluded from this report any other assets, "unearmed" 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.	et all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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5 **8** \$ production of income and with a fair market value exceeding \$1,000 at the end of the reporting period land (b) any other reportable asset or source of income 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 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 do not use only ticker symbols). or a detailed discussion of Schedule A requirement nore than \$1,000 in interest-bearing accounts. or all IRAs and other retirement plans (such etirement program, including the Thrift Savings Plan ncome during the reporting period); and any financia nterest in, or income derived from, a federal iomes and vacation homes (unless there was exclude: Your personal residence, including second hat is not publicly traded, usiness, the nature of or an ownership interest in a privately-held busin rovide complete names of stocks and mutual fund dentify (a) each asset held for investment ependent child (DC), or jointly held with anyone you so choose, you may indicate that an asset nome source is that of your spouse (SP) you have a privately-traded fund that is an Excepte westment Fund, please check the "EIF" box. eographic location in Block A. the optional column on the far left account that exceeds the reporting thresholds. ZZYLAMINGCEKRO, TOWAND, PA Assets and/or Income Sources 111 William St, Towanda, PA 7201 S.OCGANBUND, UMP 908 MYCTIC BEACH SC FAIRLAND RESOURCES LLC SWN PRODUCTION plans) provide the value for each asset held generated refer to the instruction booklet Examples more than \$200 in "uneamed ABC Hedge Fund Simon & Schuster Mega Corp Stock BLOCK A 쿲 state the activities, name and of federa Š 쁶 ⋇₩ × *Column M is for assets held by your spouse or child in which you have no interest. specify the method used. Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please None be "None." an asset was sold during the reporting period and cluded only because it generated income, the value shou \$1-\$1,000 • Indefinite Hndefinite \$1,001-\$15,000 O 0 \$15 001-\$50-000 m × \$50,001-\$100,000 × Value of Asset × × \$100,001-\$250,000 71 PLOCK B G \$250,001-\$500,000 × \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ے _ \$25,000,001-\$50,000,000 Over \$50,000,000 × Spouse/DC Asset over \$1,000,000* "None" Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, the "Tax-Deferred" column. **Dividen** interest, and capital gains, even reinvested, must be disclosed as inco NONE for assets held in taxable accounts. Chec None if the asset generated no incom × DIVIDENDS X × × RENT Type of Income INTEREST BLOCK C **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED Parthershi Koyalt Reyal for Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income capital gains, even if reinvested, must be disclo-Check "None" if no income was earned or generated 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. *Column XII is for assets held by your spouse or dependent child in which you have no interest None × \$1-\$200 = = \$201-\$1,000 ₹ \$1,001-\$2,500 < Current Year \$2,501-\$5,000 ≤ \$5,001-\$15,000 × × × ≦ × \$15,001-\$50,000 × ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × × Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 BLOCK D ≚ Spouse/DC Income over \$1,000,000 None \$1-\$200 = ≡ \$201-\$1,000 \$1,001-\$2,500 ₹ Preceding Year < \$2,501-\$5,000 ≤ × X × × > \$5,001-\$15,000 ≦ × × \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 ≥ Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000*

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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DOUGLAS E. MCLINKO

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SCHEDULE C - EARNED INCOME

Name: Douglas E. McLinke Page 4 of 7

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.

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.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	1	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ot	Honorarium	\$0	\$500
Examples: State or manyland Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$20,000 \$0 N/A	\$/6,000 \$1,000 N/A
BRADFORD COUNTY COMMISSIONERS	SALARY	ବଠଦ¹ଏ୬≴	\$60,000

SCHEDULE D - LIABILITIES

Name: DOUGLAS E. MCLINKO

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exceeded \$10,000. (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 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. 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 *Column K is for liabilities held solely by your spouse or dependent child.

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CREST COM BANK	KLINE & MARY STRADLEY	FIRST CITIZENS COMMUNITY BANK	First Bank of Wilmington, DE	Creditor		
6/16	12/H	1/15	5/98	Date Liability Incurred MO/YR		:
Mortgage on Reutal Property Myrthe Beach, SC	Mortgage an Rental Property Torigada PA	Mortgage on Reutat Property Tomanda, PA	Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

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. Report all positions, compensated or uncompensated as an officer, director, trustee of an organization, partners, proprietor, representative, employee, or consultant of any corporation, firm, partnership,

ACE I (AMERICAS COUNTIES FOR ENERGY INDEPENDENCE)	BOARD MEMBER
AREA AGENCY ON AGING	BOARD MEMBER
BIG BROTHER BIG SISTER	BOAKD MEMBER
SERVE	BOARD NEWBER
Name of Organization	Position

SCHEDULE F

es to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence du	- AGREEMENTS
respect to: fu	Name:
uture employment; a leave of absence during the period o	Douglas E. McLinko
ring the period of government service;	Page 6 of 7

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. Identify the date, parti Date Parties to Agreement Terms of Agreement

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.

•		-
S	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Name: Douglas E. McLI	Name: Douglas E. McLinko F	Douglas E. McLinko
Douglas E. M	Douglas E. McLinko	Douglas E. McLinko Page 7
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