Yes No	meet all three tests for	a spouse or dependent child because they	arned" income, or liabilities of Committee on Ethics.	<b>EXEMPTION</b> – 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.
Yes No Y	need not be disclosed. Have you excluded		mittee on Ethics and certain opendent child?	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?
	ESE QUESTIONS	N - ANSWER BOTH OF THESE	UST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B
	TO COMPLETE	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	LY THE SCHEDULES	THIS FORM INCLUDES ON
	(ES"	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YO	ATTACH THE CO
Yes No	than \$5,000 from a prior years?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes 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?
Yes No	reportable agreement or arrangement with an the reporting period or in the current calendar date of filing?	Did you have any reportable agreemen outside entity during the reporting period of year up through the date of filing?	Yes	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 No	during the reporting through the date of filing?	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	A. Did you, your spouse, or your dependent child: <ul> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or</li> <li>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</li> </ul>
		TIONS	OF THESE QUES	PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 penalty sha individual who file	Period Covered: January 1,	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee S  Employing Office:S
Ce Use Only	Office Use Office	Check if Amendment	Primary June	New Member of or Candidate for State:  U.S. House of Representatives District:  Candidates – Date of Election: Nov. 6, 201
2017 AUG -2 AM IT: 27	2017 AUG-	hone:	Daytime Telephone:	Name: Autoinette sedillo Lopez
Light Annual Control of the Control		<b>FORM B</b> For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT
13374				

Name:

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For all RAs and other retirement plans (such 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. for an ownership interest in a privately-held busines hat is not publicly traded, state the name of th business, the nature of its activities, and it geographic location in Block A. rental property," and a city and state. or rental and other real property held for investmen nore than \$1,000 in interest-bearing accounts. \$5,000, list every financial institution where there or bank and other cash accounts, total the amount Provide complete names of stocks and mutual fund (do not use only ticker symbols). or a detailed discussion of Schedule A requirement roduction of income and with a fair market value acceding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income omes and vacation homes (unless there was rent come during the reporting period); and any financi therest in, or income derived from, a feder you so choose, you may indicate that an asset come source is that of your spouse (SP) xclude: Your personal residence, including secon pendent child (DC), or jointly held with anyone (J ou have a privately-traded fund that is an Excepte tirement program, including the Thrift Savings Plan -2108 silver SE -6001 Mostano Nu stment Fund, please check the "EIF" interest-bearing Assets and/or Income Sources optional column on the far left. 233 High NE generated refer to the instruction booklet Albugij Examples: Kentas (a) each asset held for more Simon & Schuster ABC Hedge Fund Mega Corp Stock accounts. If the total BLOCK A than \$200 in "unearned 3 or description, investment Š 묶 × ੜਉ If an asset was sold during the reporting period and included only because it generated income, the value shou be "None." \*Column M is for assets held by your spouse or depender child in which you have no interest. Indicate value of asset at close of the reporting period. If you use a valuetion method other than fair market value, please None specify the method used. \$1-\$1,000 σ \$1,001-\$15,000 c \$15.001-\$50-000 o \$50,001-\$100,000 × m Value of Asset XX \$100,001-\$250,000 П BLOCK B × \$250,001-\$500,000 G \$500,001-\$1,000,000 I X \$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\* Z ou Check all columns that apply. For accounts a solfhat generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check is the "Tax-Deferred" column. Dividends, c is the "Tax-Deferred" column. Dividends, or interest, and capital gains, even if the interest, and capital gains, even if the interest of the counts. Check the column of the saset sheld in taxable accounts. Check on the column of the saset generated no income NONE during the reporting period DIVIDENDS ×  $\times |\times| \times$ RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Partnersh Incom Royabes Other Type of Income (Specify: e.g., Partnership Income or Farm (ncome) None 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. Dividents, Interest, and capital galins, even if reinvested, must be disclosed as income for assets held in taxable accounts Check "None" if no income was eamed or generated. Column XII is for assets held by your spouse or dependent child in which you have no interest × \$1-\$200 \$201-\$1,000 ≡ χ \$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 \$1,000,001-\$5,000,000 × Amount of Income 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 XX ≤ \$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\*

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	SCHEDULE A - ASSETS & "UNEARNED INCOME"
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Name: Anthinette Sedillo Lopez Page 7 of 10

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### SCHEDULE C - EARNED INCOME

Name: Antoinette Sedillo Lopez Page 8 of 10

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.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff	staff.		
	7	Amı	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$76 000 \$76 000
EXAMPleS: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
ENPOS COMMUNICATION DISCUSSION DI	Saloru.	675 61 \$	# 78.276.82
	Spouse		11/1
N.M. Sound Judicial Dist Court (spouse)	Salary	N/A	N/A
Antoine The Sedillo Lopez Jazzercise,	,		
Franchisee			

#### SCHEDULE D - LIABILITIES

Name: Antonette Sedillo Lopez Page 9 of 10

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 (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.

Γ				Γ	SP DC, JT		
	Blaine	Indi	Bank	Exemple			
	e, was Varcoures BC	estral Alliance Fin Gra	Bank of America, NA	First Bank of Wilmington, DE	Creditor		
:		7/2015	1/2016	5/98	Liability Incurred MO/YR	, ,	
	Mortanon withbup No	Industrial/Higner Tin Gra 7/2015 Rental morty, 6001	Personal residence morting	Mortgage on Rental Property, Dover, DE	Type of Liability		
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Г					Over \$50,000,000		
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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 positions held in the current calendar year and two previous years.

Position	Name of Organization
Exec, Director	Enlace Comunitario, Albug. NM
Board of Directors	Southwest womens Law Ctt. Albuc. NW
Board of Directors	
Board of Directors	
Board of Trustees	Menbul School, Albuq., NM
Partner Member	Carmelita LLC (for management of cental proporti)
Use additional sheets if more space is required.	

#### SCHEDULE F - AGREEMENTS

Namo: Antoinette Sedillo Lopez

Page 10 of 10

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

empioyer.		
Date	Parties to Agreement	Terms of Agreement
2 (2014	2 (2014 NM Educational Retirement Bd	Recipient receives dofined benefits
	and Antoinette Sedi (16 Lopez (recipient)	ount) for life,
	(Pension/Retire ment benefits)	
	Coased on UN M Law retirement	

# 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
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

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