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UNITED STATES HOUSE OF REPRESENTATIVES 2017 FINANCIAL DISCLOSURE STATEMENT	Fo For Use by Members,	Form A embers, Officers, and Employees	2019 FEB	2019 FEB 26 PM 1:49
			(Office Use Only)	Use Only)
Name: Joe BARD Da	Daytime Telephone:		A \$200 penalty shall be Individual who files mo	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
FILER Member of the U.S. State: 1245 STATUS House of Representatives District: 6	\ \\S	Officer or Employing Office:		Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2017 Annual (Due: May 15, 2018)	Amendment	Termination Date of Termination:	nination: 1-2-2	
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?	No D	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 No X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes Exceeding \$1,000 during the reporting period?	**************************************	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?	Ф	Yes
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?	* ×			Yes X No
D. Did you, your spouse, or your dependent child have any reportable Yes X liability (more than \$10,000) at any point during the reporting period?	8	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?		Yes No X
E. Did you hold any reportable positions during the reporting period or in Yes the current calendar year up through the date of filing?	No ×	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	SCHEDULE IF YO	U ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR	TRUST INFORMATION	RMATION - ANSWER EACH OF THESE QUESTIONS	OF THESE QUES	SNOIT
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	ffering during the repor	rting period? If you answered "yes" to this qu		Yes No X
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on this report details of such a trust that benefits you, your spouse, or dependent child?	Ethics and certain other	and certain other "excepted trusts" need not be disclosed. Ha	Have you excluded from	Yes No Z
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabithree tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ne, transactions, or lia he Committee on Ethic	or liabilities of a spouse or your dependent child because they meet all Ethics.		Yes No

Use additional sheets if more space is required.

	SCHEDULE A - ASSETS & "UNEARNED INCOME"	
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	SCHEDULE A - ASSETS & "UNEARNED INCOME"
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SCHEDULE B - TRANSACTIONS

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reporting period of any security or real property held by you, your spouse, or your	ype or rransaction	cuon	_	Date				Am	Amount of		Iransaction]3			
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, resulted in a capital loss. Provide a brief description of an exchange transaction or the capital section.			1		>		C	0	m	TI	ត	x	_	_	*
purchase of sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "paribal sale" as the type of transaction.			pital Gai	(MO/DA/YR) or Overherly.		-) 0	
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.	häse	ange	k Box if Ca eded \$200	worthy, or be- weekly, if applicable)1-)(X)		001- 1,000	,001- ,000	,001- 1,000	,001- 06,000	00,001- 00,000	00,001- 000,000	-100.000 000,000	\$50,000,0	\$1,000,00 use/DC As
* Column K is for assets solely held by your spouse or dependent child	Sak				\$1,0 \$15	\$15 \$50	\$50 \$10							Ove	
SP, DC, JT Asset															
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SCHEDULE C EARNED INCOME		
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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.	loyment by the U.S. government) totaling \$200 or more during the g\$1,000. See examples below.	e reporting period. For a spouse, list
EXCLUDE : Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the	mefits received under the Social Security Act.	

INCOME LIMITS and PROHIBITED INCOME: 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. Examples: Keene Stale
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education Source (include date of receipt for honoraria) Approved Teaching Fee Legislative Pension Spouse Speech Type Amount \$6,000 \$18,000 \$1,000

SCHEDULE D - LIABILITIES

Name:	
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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. 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 at liabilities secured by real properly including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you *Column K is for liabilities held solely by your spouse or dependent child.

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			1 st State Bunkle Pace	First Bank of Wilmington, DE	Creditor		
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			LINCOF CREDIT	Mortgage on Rental Property, Dover, DE	Type of Liability		
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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: Positions held in any religious, social, fraternat, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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			Name of Organization	Tiero III etty tengrous, social, italieritat, or political etitues (such as political parties alla campagn organizations), and positions somely oral instructory nature.

SCHEDULE F - AGREEMENTS

reement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;		
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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
•		

SCHEDULE G - GIFTS

prior approval of the Committee on Ethics. Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. **Exclude**: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. **Note**: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require

	Source	Description	Value
Example:	Mr. Joseph Smith, Artington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	
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sponsor or were paid by you and reimbursed by the sponsor. 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

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 the filer

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
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Examples	Habdat for Human ty (chefty fordraiser:	Mar 3-4	DC-Boston-DC	Ÿ	¥	≺
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te, and amount of any payment made by the si	te, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A	aying an honorarium to you. A

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	r of an event to a charitable organ	zation in lieu of pay	ing an honorarium to you. A
Source	Activity	Date	Amount
	Speech	Feb, 2, 2017	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2017	
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FILER NOTES (Optional)

Name:

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