

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

Name: David H Levy Daytime Telephone

FILER STATUS



New Member of or Candidate for U.S. House of Representatives

State: MD District: FIRST
Candidates - Date of Election: MAY 15, 2018 (Primary)



Check if Amendment



New Officer or Employee Employing Office:

Staff Filer Type (If Applicable):
Shared ☐ Principal Assistant ☐

Period Covered: January 1, 2016 to JUNE 1, 2017

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

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U.S. HOUSE OF REPRESENTATIVES
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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?

Yes ☒ No ☐

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 ☐

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 ☐

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 ☐

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 ☐

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☒ No ☐

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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?

Yes ☐ No ☒

EXEMPTION - 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 ☒

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: David H. Henry

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BLOCK A		BLOCK B													BLOCK C							BLOCK D																												
Assets and/or Income Sources		Value of Asset													Type of Income							Amount of Income																												
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year														Preceding Year													
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	I	II	III	IV	V	VI	VII	VIII	IX	X	XI						
	Resort Village Note																	X																																
	Idle Independent Bank, Boise																		X																															
	Auto Life Insurance																																																	
	Arthur J. Gallagher & Co.																																																	
	Ametek, Inc.																																																	
	Amphenol Corp. USA																																																	
	Amwork																																																	
	Apartment Inc.																																																	
	Armed Forces Co.																																																	
	Conagra Brands, Inc.																																																	
	Donaldson Company																																																	
	Dunbar Corp.																																																	
	Edco Inc.																																																	
	Layton Inc.																																																	
	Fluor Daniel Inc.																																																	

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: David H Leroy

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BLOCK A		BLOCK B													BLOCK C							BLOCK D																									
Assets and/or Income Sources		Value of Asset													Type of Income							Current Year												Preceding Year													
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	II	III	IV	V	VI	VII	VIII	IX	X	XI				
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$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	Over \$5,000,000	Spouse/DC Income over \$1,000,000*	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$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	Over \$5,000,000	Spouse/DC Income over \$1,000,000*	
	Fossil Inc																																														
	Fortive Corporation																																														
	Great Western Banc																																														
	AD Supply Holdings Inc																																														
	Ilaco Corp																																														
	IHS Markit Ltd																																														
	Illinois Tool Works																																														
	Landstar System Inc																																														
	MSC Indirect Inc																																														
	M T Bank Corp																																														
	Pentair PLC																																														
	Pager Technologies																																														
	PPH International																																														
	Snap On Inc																																														
	Thermax Fisher Scientific																																														

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Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name:

David H. Henry

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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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
	Di Lech Capital City SD	8/1993	Mortgage on Rental		X									
	Wells Fargo Mortgage, Denver, CO		Mortgage on Rental				X							
	Northwest Mutual Life, Milwaukee, WI	8/	Loan against Insurance Policy		X									

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, 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.

Position	Name of Organization
Director	Northwest Lake Adjustment Assistance Council, Seattle WA
Director	Foundation for Idaho History, Boise ID
Board Member	University of Idaho Law School Advisory Committee, Moscow, ID
Board Member	Boise State University Center for the Book, Boise, ID
Director	Idaho Lincoln Institute, Boise, ID

SCHEDULE D - LIABILITIES

Name:

David A Leroy

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SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							

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Position	Name of Organization
Employee President +	Leroy Law Office, P.A.
100% Shareholder	Base ID

SCHEDULE F – AGREEMENTS

Name:

David H. Levey

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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
8/26/10	Former employee + State of Idaho	retirement system benefit

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
T Challenger, Inc Boise, ID	
Issued Weekly NDA Eagle ID	
Five Star Laundry NDA Boise ID	
American General Life Insurance, Wash D.C.	LEGAL SERVICES
William Wee Legal, Nevada ID	
Dr. William Riker, Boise ID	/
National Right to Work Springfield IL	

SCHEDULE F - AGREEMENTS

Name:

David H Leroy

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Source (Name and City/State)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting Services
Michael Ryan Peal, ESTHER, Meridian, ID	
Victor Kilds, Boise, ID	
Michael Larson, Boise, ID	
Wynne Salsbury, Melba, ID	
Ben Jansson, Boise, ID	
Thomas Simmons, Boise, ID	
Wayne Shepherd, Boise, ID	
	LEGAL SERVICES

SCHEDULE F - AGREEMENTS

Name:

David H Leroy

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Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
Stack Rock, Inc Boise, ID		
Patricia Bell, Idaho, ID		
James Thompson, Boise, ID		LEGAL SERVICES
Mr. Snyder, Boise, ID		
Ronald Walker, Boise, ID		
James Briggs, Boise, ID		
John Fox, Boise, ID		

SCHEDULE F - AGREEMENTS

Name:

David H. Leary

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Source (Name and City/State)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting Services
Lock's Homes, Marsing, ID	
Jeff Brownell, Boise, ID	
John Dickerson, Mullan, ID	
Kaden Lindgren, Boise, ID	
Warren Ford, Eagle, ID	
Allied Fuel Pumps, Gardiner, ID	
Abel, Nevada, Caldwell, ID	
	LEGAL SERVICES

SCHEDULE F - AGREEMENTS

Name:

David H. Lenny

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Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Taylor Law Offices, Boise, ID	
Black Utilities, Meridian, ID	
Marshall Development, LLC, Chicago, IL	LEGAL SERVICES
Dr. William Berenson, Meridian, ID	
Les McCormick, Council, ID	
James Newman, Boise, ID	
Jeffrey Matly, Boise, ID	

SCHEDULE F - AGREEMENTS

Name:

David H. Leary

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Source (Name and City/State)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting Services
Ray Cammack Boise, ID	
Brandon Jeffries Meridian, ID	
Glenda Blessinger Caldwell, ID	LEGAL SERVICES
Bill Campbell Boise, ID	
Charlotte Nolan Boise, ID	
Bill Kinney Castleford, ID	
Martin Holt Boise, ID	

