|  |   | 7 2017  |
|--|---|---|
| UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT  | FORM B For New Members, Candidates, and New Employees   | LEGISLATIVE RESCURCE CENTER   |
| Name: Edie BRIER   | Daytime Telephone:  | 17 JUL 13 PM 1: 14  |
| New Member of or Candidate for State: 0  U.S. House of Representatives District:  Candidates – Date of Election:   | Check if Amendment  | U.S. HOUSE OF REPRESENTATIVES  (Office Use Only)  |
| New Officer or Employee Staff File  Employing Office: Shared   | er Type (If Applicable): Period Covered: January 1, to  | A \$200 penalty shall be assessed against any<br>individual who files more than 30 days late. |
| PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS   | 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 unearmed income from any reportable asset during the reporting period? | No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?  | g the reporting<br>gh 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 Yes reporting period?   | 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? | arrangement with an Yes No No   |
| D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?  | No  J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?  | \$5,000 from a Yes No   |
| ATTACH THE CORR  | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE   | COMPLETE  |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER $\underline{\mathbf{B}}$   | INFORMATION - ANSWER BOTH OF THESE QUESTIONS  | 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?  | e on Ethics and certain other "excepted trusts" need not be disclosed. Fent child?  | Have you excluded Yes No 1  |
| <b>EXEMPTION</b> - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.                                    | "income, or liabilities of a spouse or dependent child because they meet all three tests for<br>hittee on Ethics.   | at all three tests for Yes No C   |

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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|    | -        |  | ├—   | -              | -  |                  |                 | /<br>T | retirement program, including the Thrift Sevings Plan.  If you have 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 child (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.   | Exclude: Your personal residence, including second nomes and vacation homes (unless there was rental nome during the reporting period); and any financial niterest in, or income derived from, a federal niterest in, or income derived from, a federal | 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. | 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 Dank 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 & more than \$1,000 in interest-bearing accounts. | the account that exceeds the reporting thresholds. | For <b>all IRAs</b> and other retirement plans (such as 401/k) plans) provide the value for each asset held in | Provide complete names of stocks and mutual funds<br>(do not use only ticker symbols).        | Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting pendo, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.  | ≥                            |         |
|    |          | ]  |  |                | 1  | EX.              |                 |        | ent pent pent pent pent pent pent pent p   | and v   | own<br>not<br>phic  | prop  | inest<br>inest  | - OL   |  | Se Se   | (a) each assettion of income an iing \$1,000 at the any other reportations generated more during the year.  | Assets and/or Income Sources |         |
|    |          |  |  |                | }  | Examples:        |                 |        | a pri<br>Fun<br>Fun<br>child<br>child<br>nal c   | ing to  | og ersh   | erty,   | 51,00   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1              | 2 <b>5</b>   | 말   | of it<br>\$1,0<br>othe<br>erate   | Ğ                            |         |
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|    |          |  |  |                | ABC Hedge Fund                                   | 9                | Mega Corp Stock |        | andec and in may in the first of S   | ing mes   | Š   | prop<br>ddred   | rest ac   | \$ ₹   | r rei  | ğ ç   | et the  | į                            | BLOCK A |
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| _  |          | ĺ  |  | ĺ              | ×  |                  |                 | ¶      | ortan.  Pred  Pred  ort  (JT),  ort  ort  ort  ort  ort  ort  ort  or  | second is rental financial federal  | a privately-held business state the name of the its activities, and its A.  | 9.9.<br>(4.0.0)   | 78 ¥ ≅<br>3× ¥ ≡  |  | ± 88<br>± 1  | inds  | ned,  | _                            |         |
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|    |          |  |  |                |  | T                | T               |        | \$1-\$1,000  |   |   |   |   | . T  |  | lumn  | Indicate value of asset at use a valuation method c specify the method used. If an asset was sold directuded only because it to "None."   |                              |         |
|    |          |  |  |                |  | 쿭                |                 |        | \$1,001-\$15,000   |   |   |   |   | 0  |  | 함조  | e net valu  |                              |         |
|    |          | Ì  | T  |                |  | Indefinite       | r               |        | \$15,001-\$50-000  |   |   |   | -   | ,  |  | Ş Ş   | e of a  |                              |         |
| _  |          |  |  |                | +  | ┦_               | <b> -</b>       |        | \$50,001-\$100,000   |   |   |   | гг  | п  |  | ass<br>hav  | asse<br>nethod us<br>solo   | <                            |         |
|    |          | <del>                                     </del> | <del></del>                                      | $\vdash$       | +  | ╁                | +               | _      | \$100,001-\$250,000  |   |   |   |   | ,  |  | ets I   | eitg  | ᆲ                            | _       |
|    | <u> </u> |  | <u> </u>   | <u> </u>       | -  | +                | +               | _      | ·  |   |   |   | <del></del>   |  |  | ing each  | close   | 0                            | Ö       |
|    | -        | <del>  -</del>                                   | -  | <del> </del> - | ×  | +                | +               |        | \$250,001-\$500,000  |   |   |   |   | -  |  | *Column M is for assets held by yo<br>child in which you have no interest                     | than ated   | <u>∓</u>                     | BLOCK B |
|    |          |  | <del> </del>                                     | -              | +  | +                | +               |        | \$500,001-\$1,000,000  |   |   |   |   | _  |  | *Column M is for assets held by your spouse or dependent child in which you have no interest. | Indicate value of asset at close 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."   | Value of Asset               | J       |
|    | _        | ļ  | ļ  | ļ              |  | 4                | 1               | _      | \$1,000,001-\$5,000,000  |   |   |   |   |  |  | Spor  | mar<br>mar  | *                            |         |
|    |          | <u> </u>   |  |                |  | $\perp$          | ↓_              |        | \$5,000,001-\$25,000,000   |   |   |   |   |  |  | 8   | the the   |                              |         |
|    |          |  |  |                |  | $\perp$          | 1               |        | \$25,000,001-\$50,000,000  |   |   |   |   |  |  | de  | perio<br>Palue<br>Palue<br>Value  |                              |         |
|    |          | l  |  |                | 1  |                  |                 |        | Over \$50,000,000  |   |   |   | ,   | - ]  |  | Çeq.  | esan esa  |                              |         |
|    |          |  |  |                |  |                  |                 |        | Spouse/DC Asset over \$1,000,000*  |   |   |   |   | 2  |  | dent  | you<br>base<br>d is   |                              |         |
|    |          |  |  |                |  |                  | Т               |        | NONE   |   |   |   |   |  |  | 을 Z   |   |                              |         |
|    |          | <u> </u>   | <del> </del>                                     |                | +  | ┿                | 十,              | ×      | DIVIDENDS  | <del></del>   |   |   |   |  |  | g ě,  | Check all<br>that gene<br>401(k), IR<br>the "Tax<br>interest,<br>reinveste<br>for asset   |                              |         |
|    |          |  | -  |                |  | ╁                | ľ               | _      |  |   |   |   |   |  |  | <b>7</b> = 1  | ax-Dara   |                              |         |
|    |          | ļ  |  | Ĺ              |  | 1                | 1               |        | RENT   |   |   |   |   | -4   |  | "None" if the asset generated no income during the reporting period.                          | 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. Dufdends, interest, and capital gains, even if reflivested, must be disclosed as income for assets held in taxable accounts. Check  | Type of Income               |         |
|    |          |  |  |                |  |                  |                 |        | INTEREST   |   |   |   |   |  |  | ting :  | in te   | ě                            | 굗       |
|    |          |  |  | ļ              |  |                  |                 |        | CAPITAL GAINS  |   |   |   |   | İ  |  | Be g  | ns that apply. Fo<br>x-deferred income<br>29 accounts), you<br>red" column. I<br>capital gains,<br>st be disclosed a<br>in taxable accour   | <u> </u>                     | BLOCK C |
|    |          |  |  |                |  | 7                | Τ               |        | EXCEPTED/BLIND TRUST   |   |   |   |   |  |  | i i i   | nat apply<br>ferred in<br>ecounts),<br>column,<br>oital ga<br>a disclos   | ក្ត                          | ဂ       |
|    |          | <del>                                     </del> | <del>                                     </del> |                | 1  | $\top$           | †               |        | TAX-DEFERRED   |   |   |   |   | 7  |  | <u>\$</u>   | you sed   | 3                            |         |
|    |          |  |  |                | ⊣ "։   | N                | +-              |        |  |   |   |   |   |  |  | 3   | ly. For accounts income (such as income (such as s), you may check n. Dividends, n. Dividends, even if galhs, even if osed as income occurits, Check  |                              |         |
|    |          |  |  |                | Parmership<br>Income                             | Royalbes         |                 |        | Other Type of Income (Specify: e.g., Pa  | artnership Incom  | e or Farm Inco  | me)   |   |  |  | 200   | accoul<br>(such<br>(such<br>ray che<br>ividend<br>even<br>s incor   |                              |         |
| _  |          |  |  |                | - 18 €   | ß                | Ļ               |        |  |   |   |   |   | _  |  | 76  |   |                              |         |
|    |          |  |  | <u> </u>       |  | $\perp$          | L               |        | None   |   |   |   | _   | l  |  |   | For asset assets in capital g Check "N  |                              |         |
|    |          |  |  |                |  |                  | ;               | ×      | \$1-\$200  |   |   |   | =   |  |  |   | imn Xaisse:   |                              |         |
|    |          |  |  |                |  |                  | <u> </u>        |        | \$201-\$1,000  |   |   |   | =   |  |  |   | ldica<br>ldica<br>lone  |                              |         |
|    |          |  |  |                |  |                  |                 |        | \$1,001-\$2,500  |   |   |   | N   |  |  |   | the #   |                              |         |
|    |          |  |  |                |  | ×                |                 |        | \$2,501-\$5,000  | _   |   |   | ٧   | ទិ   |  |   | is for which you checked "Tax-Deferred" in Block C, you may check the "None" column dicate the calegory of income by checking the appropriate box below. Dividends, aline, even if reinvested, must be disclosed as income for assets held in taxatione" if no income was earned or generated.  XII is for assets held by your spouse or dependent child in which you have no interest in the case of |                              |         |
|    |          |  | Ī  |                | ×  | 1                |                 |        | \$5,001-\$15,000   |   |   |   | ≤   | Current Year                                       |  |   | ets h   |                              |         |
|    |          |  |  | T              |  | 1                | T               |        | \$15,001-\$50,000  |   |   |   | ¥   | 31   |  |   | heck<br>bry c<br>invest   |                              |         |
|    |          |  |  |                | <del>                                     </del> | T                | T               |        | \$50,001-\$100,000   |   |   |   |   | (ea  |  |   | sted search   |                              |         |
|    |          |  |  |                | $\top$   | +                | †               |        | \$100,001-\$1,000,000  |   |   |   |   |  |  |   | Tax-  |                              |         |
|    | -        | <b>†</b>   | <del>                                     </del> | <del> </del>   | +  | +                | +-              |        | \$1,000,001-\$5,000,000  |   |   |   |   | ]  |  |   | Defe<br>by<br>org   | ≥                            |         |
|    |          |  |  | <del> </del>   | +  | +                | +               |        | Over \$5,000,000   |   |   |   |   |  |  |   | se or   | ğ                            |         |
| ш. |          |  | <del>                                     </del> | ┼─             | +  | ╁                | $\vdash$        | _      |  |   |   |   |   |  |  |   | f" in leking  | Amount of Income             | 쭈       |
|    | _        |  |  | 1              | 1  | +                | -               |        | Spouse/DC Income over \$1,000,000*   |   |   |   | 프   | Н  |  |   | Bloc<br>the<br>the<br>the   | 9                            | BLOCK D |
|    |          | -  |  | -              | +-   | +                | +               |        | None   |   |   |   |   |  |  |   | app k.C.  | ᇫ                            | ô       |
|    |          | <b> </b>   | -  |                | -  | +                | 1               |        | \$1-\$200  |   |   |   | -   | 1 1  |  |   | you<br>Inco   | ğ                            |         |
|    |          | <u> </u>   |  | ļ <u>.</u>     | _  | $\perp$          | '               | Κ      | \$201-\$1,000  |   |   |   |   |  |  |   | may<br>riate<br><b>ome</b>  | ē                            |         |
|    |          |  |  | <u></u>        |  | $\downarrow$     | L               |        | \$1,001-\$2,500  |   |   |   | ~~~   | ور   |  |   | box<br>for  |                              |         |
|    |          |  |  |                |  | $\perp$          | L               |        | \$2,501-\$5,000  |   |   |   | ٧   | Preceding Year                                     |  |   | asse  |                              |         |
|    |          |  |  |                |  | ×                |                 |        | \$5,001-\$15,000   |   |   |   | ≤   | ᇍ  |  |   | i hay   |                              |         |
|    |          |  |  |                | ×  |                  | Γ               |        | \$15,001-\$50,000  |   |   |   |   | ₫ [  |  |   | Ped Ped   |                              |         |
|    |          |  |  |                |  | Γ                |                 |        | \$50,001-\$100,000   |   |   |   | ¥   | ğ  |  |   | ider<br>in t  |                              |         |
|    |          |  |  | Ī              | 1  | $\top$           | 1               |        | \$100,001-\$1,000,000  | -   |   |   | ⋝   |  |  |   | lumn<br>Kds,<br>axak  |                              |         |
|    |          |  |  |                | +-   | T                | T               |        | \$1,000,001-\$5,000,000  |   |   |   | ×   |  |  |   | 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. Check "None" if no income was earned or generated.  "Column XII is for assets held by your spouse or dependent child in which you have no interest.   |                              |         |
|    |          |  |  | †              | $\top$   | +                | $\dagger$       | _      | Over \$5,000,000   |   |   |   | ×   | 1 1  |  |   | x all<br>icco   |                              |         |
|    |          | 1  |  | $\vdash$       | +  | +                | +               | -      | Spouse/DC Income over \$1,000,000*   |   |   |   |   |  |  |   | othe othe   |                              |         |
|    |          |  | 4  | 1              |  |                  |                 |        |  |   |   |   |   |  |  |   |   |                              |         |

Use additional sheets if more space is required.

Name: EHIE FORTER

Page 3 of

### SCHEDULE C - EARNED INCOME

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.

|   |                         | Am                                     | Amount              |
|---|-------------------------|--|---------------------|
| <b>Source</b> (include date of receipt for honoraria)   | Туре                    | Current Year to Filing                 | Preceding Year      |
| ABC Trade Association, Baltimore, MD (July 15)  | Honorarium              | \$0                                    | \$500               |
| Examples: State of Maryland Civil War Roundtable (Oct. 2)   | Salary<br>Spouse Speech | \$20,000<br>\$0                        | \$76,000<br>\$1,000 |
| Ontario County Board of Education   | Spouse Salary           | N/A                                    | N/A                 |
| CASA OF   |                         | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | <b>\</b>            |
| INCOME FROM Employment, OKLAHOMA CENTY  | SALAIRY                 | 48,000                                 | 880 80              |
| Constitution of the second of | CUSULTINO               | 65.5                                   | 11400               |
| Solder 17000 Husting Carutenaline Usage   | 1.659                   |  |                     |
| STATE OF CALARDMA RATIFICAMENT SUSTEM   | RotiRement              | 11,150                                 | 32,000              |
|   |                         | 118"1"                                 | 2                   |
| SOCIAL SECURITY   | SOCIAL SOCIATY          | / <b>(1)</b>                           | Ø                   |
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#### SCHEDULE D - LIABILITIES

| me:        |  |
|------------|--|
| Edje Brier |  |
|            |  |
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| 7          |  |

Za

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

| ſ |  |   |                          |                  |  | SP,<br>DC, JT                 |          |                     |
|---|--|---|--------------------------|------------------|--|-------------------------------|----------|---------------------|
| - |  |   | 2/5                      | Ame              | Example                                |                               |          |                     |
|   |  |   | DISCUER Charle can 11-12 | AMERICAN EXPROSS | First Bank of Wilmington, DE           | Creditor                      |          |                     |
|   |  | • | 11-12                    | 93-9             | 5/98                                   | Date Liability Incurred MO/YR |          |                     |
|   | To the second se |   | DOPPSOMME USE            | JORSONAL USE     | Mortgage on Rental Property, Dover, DE | Type of Liability             |          |                     |
|   |  |   | X                        |                  |  | \$10,001-<br>\$15,000         | >        |                     |
|   |  |   |                          |                  | ę                                      | \$15,001-<br>\$50,000         | œ        |                     |
| ſ |  | · |                          |                  |  | \$50,001-<br>\$100,000        | c        |                     |
|   | •  |   |                          |                  | ×                                      | \$100,001-<br>\$250,000       | 0        |                     |
|   |  |   |                          |                  |  | \$250,001-<br>\$500,000       | П        | moun                |
|   |  |   |                          |                  |  | \$500,001-<br>\$1,000,000     | 71       | t of Li             |
|   |  |   |                          |                  |  | \$1,000,001-<br>\$5,000,000   | ø        | Amount of Liability |
|   |  |   |                          |                  |  | \$5,000,001-<br>\$25,000,000  | <b>=</b> |                     |
|   |  |   |                          |                  |  | \$25,000,001-<br>\$50,000,000 | -        |                     |
|   |  |   |                          |                  |  | Over \$50,000,000             | ے        |                     |
|   | <br>-  |   |                          |                  |  |                               |          |                     |

#### 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, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership,

| Position | Name of Organization |
|----------|----------------------|
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#### SCHE

| 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 continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfar employer. | SCHEDULE F - AGREEMENTS  Name: DUE For Terminal 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 |
|--|---|
| ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former  | Name: With respect to: future employment, a leave of absence during the period of government service;   |

## Date A DAI GOILIGHT

# 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.

| g   |                             |
|---|-----------------------------|
| Source (Name and City/State)                    | Brief Description of Duties |
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting Services         |
| Ø   |                             |
|   |                             |
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| Optional)  NOTE  NUMBER |  |
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| Name: Edie Pote 7 of 2  |  |

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