Name: New Member of Candidate for State: U.S. House of Representatives District: PH-15 Candidates - Date of Election: Nov 2018 Staff Filer Ty Employing Office: Shared	ytime Telephonuytime Telephonupe (If Applicable): Principal Assistant		APR 13 2018 Page 1 of LEGISLATIVE RESOURCE CENTER 18 APR 20 AM II: 58 U.S. HCUSE OF REPRESENTATIVES (Coffice Use Only) A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Page 1 of 2 : 58 : 58 IATIVES (1) INITIALITY IN THE STATE (1) IN THE STATE
PRELIMINARY INFORMATION ANSWER <u>EACH</u> OF TI	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 E. Did you to period or in	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 Yes	No X
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?	No F. Did you foutside entity year up three	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 the current calendar	§
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 r	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	1 \$5,000 from a Yes	₹ <u>×</u>
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	CORRESPONDING SCHEDULE IF YOU NLY THE SCHEDULES THAT YOU ARE	IF YOU ANSWER "YES" OU ARE REQUIRED TO COMPLETE	COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	FORMATION - ANSV	VER <u>BOTH</u> OF THESI	TH OF THESE QUESTIONS	
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne from this report details of such a trust that benefits you, your spouse, or dependent child?	Ethics and certain other "excepte hild?	ed trusts" need not be disclosed. Have you excluded	Have you excluded Yes	No X
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.	ome, or liabilities of a spouse or on Ethics.	dependent child because they me	et all three tests for Yes	□ 8 □

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Provide complete names of stocks and mutual (do not use only ticker symbols). For all IRAs and other rebrement plans (st 401(k) plans) provide the value for each asset the account that exceeds the isporting thresholfor bank and other cash accounts, total the amail interest-bearing accounts, if the botal is \$5,000, list every financial institution where the more than \$1,000 in interest-bearing accounts. For rental and other real property held for investor than \$1,000 in interest hearing accounts. For an ownership interest in a privately-held but that is not publicly traded, state the name business, the nature of its activities, an geographic location in Block A. Exclude: Your personal residence, including thones and vacation homes (unless there was income during the reporting period); and any full interest in, or income derived from, a retirement program, including the Thrift Saving If you have a privately-traded fund that is an Ex investment Fund, please check the "Eif" box. If you so choose, you may indicate that an an income source is that of your spouse (so dependent child (DC), or jointly held with anyon in the far left. Simon & Schauster Examples: Mega Copp Stock Simon & Schauster ABC Hedge Fund ABC Hedge Fund	Identify production exceeding and (b) a which g	_
나 크	(e) each asset held ion of income and with ng \$1,000 at the end of any other reportable asset generated more than \$1,000 at the veeze than \$1,000	Assets and/or I
The street of th	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 period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income cluring the year.	Assets and/or Income Sources
None > Chlumm Mis for asset 5 held by your spouse or dependent S1,001-\$15,000,000 C S25,000,001-\$10,000,000 C S50,001-\$50,000,000 C S50,000,001-\$50,000,000 C S50,000,000 C	Indicate value of asset at dose of the reporting period. If you specify 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 if generated income, the value should	
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Over \$50,000,000	line and the state of the state	
Spouse/DC Asset over \$1,000,000* ≤	lfyo blease shout	
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X \$2,501-\$5,000	Amount For assets for which you checked "Tax-Deferred" in B assets indicate the category of income by checking capital gains, even if reinvested, must be disclot Check 'None' if no income was earned or generated.	
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Use additional sheets if more space is required.

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SCHEDULE A ~ ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

	Name:
/	Dade Jodun
	Page 1 of 5

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

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. 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

					US. Fish & Wildlife (Dept of Interes)	US Fish ? Wildlife (Dept of Interior)	EXAMPLES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	ABC Trade Association, Baltimore, MD (July 15) State of Maryland	Source (include date of leceipt for honoralia)	Course (include date of special for homograph)
				,	Sclan	Salary	Spouse Speech Spouse Salary	Honorarium	Туре	T
				•	90,064	90,064	\$0 N/A	\$00,000	Current Year to Filing	Am
					87, 352	87,352	\$1,000 N/A	\$76 000 \$760 000	Preceding Year	Amount

SCHEDULE D - LIABILITIES

g period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	Name: WATE Jodus
int owed during the reporting	Page 1 of 6

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				
		•	>	Example					
			None	First Bank of Wilmington, DE	Creditor				
		_ /	W/A	5/98	Date Liability Incurred MO/YR				
		,	N/A	Mortgage on Rental Property, Dover, DE	Type of Liability				
					\$10,001- \$15,000	≻			
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J					Over \$1,000,000* (Spouse/DC Liability)	*			

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

7777		None	Position
		N/A	Name of Organization

SCHEDULE F - AGREEMENTS

SCHEDU	SCHEDULE F – AGREEMENTS	Name: Made Jodun	Page / of 7
Identify the da continuation o employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer.	ve with respect to: future employment; a leave of absence during the period of government service; ernment; or continuing participation in an employee welfare or benefit plan maintained by a former	of government service; maintained by a former
Date	Parties to Agreement	Terms of Agreement	
	Xone	N/A	

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.

	7
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
LIN	N/A
, ,	

Name: MAde Jodun Page 1 of 8

	4		<i>'</i> ~	2.	NOTE NUMBER
) Das A 9 4/13/2018	I have no other stocks, bonds, compensation, savings, honorariums, of financial holdings or income	[mist] bank in Mill Hell, 24	I have a personal checking (belance \$2,000) and a personal	I made \$50,064 (gerbor 1 on W-2 Form) as an employee (salary) of us. Fish & Wildlik (Dept of Interior) in 2017	I made \$87,352 (perbox 1 on 12 Form) as an employed (salary) of U.S. Fishs Wildliff (Dept. of Interes) in 2014

Form 1040EZ	Income Tax Return for Single and Joint Filers With No Dependents (99) 2017		OMB No. 1545-0074
TOTOLL	JOHN THEIS WITH NO DEPCHACITIS (60) 2017		ial security number
		L	
	/	Spouse's	s social security no.
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WAL	E A JODUN	▲ ~	Make sure the SSN(s) above are correct.
المعمد ا		President	tial Election Campaign
		Checkhere	e if you, or your spouse if y, want \$3 to go to this
التنقية		fund. Chec	king a box below will not ir tax or refund.
			You Spouse
-	1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.		
Income	Attach your Form(s) W-2.	_1	90,064
Attach	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	•	,
Form(s) W-2 here.	2 Taxable Interest: If the total is over \$1,500, you cannot use Form 1040EZ.	2	
Enclose, but	3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	(
do not attach, any payment.			
any paymona	4 Add lines 1, 2, and 3. This is your adjusted gross income.	4	90,064
	5 If someone can claim you (or your spouse if a joint return) as a dependent, check the		
	applicable box(es) below and enter the amount from the worksheet on page 2.		
	You Spouse		
	If no one can claim you (or your spouse if a joint return), enter \$10,400 if single; \$20,800 if married filing jointly. See page 2 for explanation.	_	10 400
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0	5	10,400
	This is your taxable income.	6	79,664
Davasanta	7 Federal income tax withheld from Form(s) W-2 and 1099.	7	16,896
Payments, Credits,	8a Earned income credit (EIC) (see instructions)	8a	207030
and Tax	b Nontaxable combat pay election. 8b		
	9 Add lines 7 and 8a. These are your total payments and credits.	9	16,896
	10 Tax. Use the amount on line 6 above to find your tax in the tax table in the		
	instructions. Then, enter the tax from the table on this line.	10	15,658
	11 Health care: individual responsibility (see instructions) Full-year coverage X	11	15 650
	12 Add lines 10 and 11. This is your total tax. 13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund.	12	15,658
Refund	13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund. If Form 8888 is attached, check here ▶ ☐	13a	1,238
Have it directly deposited! See	NT OTH COOK IS ABOUT HOLD TO		
inst, and fill	▶ b Routing number	vings	
in 13b, 13c, and 13d, or		Ū	
Form 8888.	d Account number		
Amount	14 If line 12 is larger than line 9, subtract line 9 from line 12. This is		
You Owe	the amount you owe. For details on how to pay, see instructions.	14	0
Third Party :	Do you want to allow another person to discuss this return with the IRS (see instructions)?	s. Complete	e below. L No
Designee	Designee's HAND DOOR Phor-		
	under penalties of perjury, I declare that I have examined this return and, to the best of my Annual Plant and belief, it is		t and
Sign	accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than ton all information of which the preparer has any knowledge.	he taxpayer)	is based
Here Joint return?	Your signature Date Your occupation	Dav	time phone number
See instructions.	- · · · · · · · · · · · · · · · · · · ·	1 -	
Keep a copy or your	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the	IRS sent you an Identity
ecords.		enter here	it (see inst.)
	Print/Type preparer's name Preparer's signature Date Che		PTIN
	04-12-2018 self	-employer	<u> </u>
Preparer	Firm's name ► H AND R BLOCK Firm's EIN ► Firm's address ► 18 E MAIN ST Phone no.		
Use Only	Firm's address > 18 E MAIN ST Phone no.	-	

Ε LOCK HAVEN PA 17745 For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

AND R

MAIN

Spouse's signature. If a joint return, both must sign.

Η

If the IRS sent you an Identity Protection PIN,

enter it here (see inst.)

Check

04-12-2018| self-employed

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Firm's EIN

Phone no.

Spouse's occupation

Date

O

See instructions.

Кеер а сору

Preparer

Use Only

for your records.

Paid

Firm's name

Firm's address

Print/Type preparer's name

BLOCK

Preparer's signature