<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 Yes No	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	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 Yes No Single source in the current year and two prior years?	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?  F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar yes No year up through the date of filing?	<ul> <li>A. Did you, your spouse, or your dependent child:</li> <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> <li>Yes</li> <li>No</li> <li>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</li> <li>Yes</li> <li>No</li> <li>Indicate the period or in the current calendar year up through the date of filing?</li> </ul>	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	New Officer or Employee  Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to individual who files more than 30 days late.	New Member of or Candidate for State: A  U.S. House of Representatives District: Q2  Check if Amendment  Candidates – Date of Election:	Name: Scott Taylor Daytime Telephone: 201-225 U.S. HOUSE OF REPACSENTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and New Employees  17. III 11. AM IO: OR	IAND
				t year and two prior years?  NSWER "YES" EQUIRED TO COMPLETE  H OF THESE QUESTIONS	Asble agreement or arrangement with an porting period or in the current calendar filling?  Is sation of more than \$5,000 from a tyear and two prior years?  INSWER "YES"  EQUIRED TO COMPLETE  H OF THESE QUESTIONS	able positions during the reporting rendar year up through the date of filing?  Table agreement or arrangement with an porting period or in the current calendar of filing?  Issation of more than \$5,000 from a tyear and two prior years?  INSWER "YES"  EQUIRED TO COMPLETE  H OF THESE QUESTIONS	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?  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?  J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?  ING SCHEDULE IF YOU ANSWER "YES"  DULES THAT YOU ARE REQUIRED TO COMPLETE	Period Covered: January 1,	Check if Amendment    Check if Amendment	Telephone: 2021-225-4215    Check if Amendment     Amendment     Lassistant   To     Period Covered: January 1,   To     Period Covered: January 1,   To     Did you hold any reportable positions durin period or in the current calendar year up through the reporting period or in year up through the date of filing?    J. Did you receive compensation of more than single source in the current year and two prio     DULES THAT YOU ARE REQUIRED TO     AATION - ANSWER BOTH OF THESI	Telephone: 202-235-4215  Telephone: 202-235-4215  LS. Hüll Check if Armendment    Check if Armendment   A \$200 pena to be period or in the current calendar year up through the date of filing?    E. Did you have any reportable agreement or arrangement outside entity during the reporting period or in the current year and two prior years?    I. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?    DULES THAT YOU ARE REQUIRED TO COMPLE IF YOU ANSWER BOTH OF THESE QUEST

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Sultrem Broke Swyns	Southern Bank Theeling	UNION BANK & TRUST	Naun Federal Orealm	Aper Arrowhere	ABC Hedge Fund X	Examples: Simon & Schuster	DC, Mega Corp Stock	SP. EIF		If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second nomes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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.	or rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.	For bank and order cash accounts, total the amount ing all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		For all IRAs 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 "(do not use only ticker symbols).	Identify (a) each asset held for investment or in production of income and with a fair market value or exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income pushish generated more than \$200 in "uneamed" in income during the year.	Assets and/or Income Sources	BLOCK A
×	×	X	X	×	×	Indefinite	×		None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50-000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$25,000,001-\$5,000,000 \$25,000,001-\$50,000,000 Spouse/DC Asset over \$1	000,000	00,			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	A B C D F F G H J K L M		*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 tspecify 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	BLOCK B
×	<b>×</b>	<b>×</b>	X	×	Partnership Income	Royaities	×		NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Spe		g., Partnership Inco	me or Farm Inco	me)				"None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, the "Tax-Deferred" column. Dividends, interest, and capital gains, even if enivested, must be disclosed as income enivested, must be disclosed as income for assets held in taxable accounts. Check	Type of Income	BLOCK C
	×	×	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	>	×	×	*		None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$15,000 \$1100,001-\$1,000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$1,000,000 \$1,001,\$2,500 \$2,501-\$5,000 \$2,501-\$5,000,000 \$1,001,\$2,500 \$2,501-\$1,000,000 \$1,001,\$2,500 \$2,501-\$1,000,000 \$1,001,\$2,500,000 \$2,501-\$1,000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$1,000,000 \$2,001-\$1,000,000 \$2,001-\$1,000,000 \$2,001-\$1,000,000						Current Year Preceding Year			For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other sassets indicate the category of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, must be disciosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.	Amount of Income	BLOCK D

Use additional sheets if more space is required.

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				:								Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 3

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## SCHEDULE C - EARNED INCOME

Name: Soft Taylor Page 4 of 5

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. Commonwealth of Virginia Examples: Source (include date of receipt for honoraria) ABC Trade Association, Battimors, MD (July 15)
State of Manyland
Chil War Roundtable (Oct. 2)
Ontario County Board of Education Honorarium Salary Spouse Speech Spouse Salary Type **Current Year to Filing** \$20,000 \$0 Amount \$32,640 Preceding Year

## SCHEDULE D - LIABILITIES

g period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	Name: Sof Toulor Page 5 of 3
the reporting	M

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.

		BC, JT		
Fina	Example	=		
First Union Bank	First Bank of Wilmington, DE	Creditor		
9/15	5/98	Date Liability Incurred MO/YR		
Mortgages on Proporties	Mortgage on Rental Property, Dover, DE	Type of Liability		
		\$10,001- \$15,000	>	
		\$15,001- \$50,000	В	
		\$50,001- \$100,000	c	
	×	\$100,001- \$250,000	D	
		\$250,001- \$500,000	m	Amount of Liability
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		\$25,000,001- \$50,000,000	_	
		Over \$50,000,000	د	
		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.

	-
President-/Principal Broken Nephone-Associales - Unicompensated	President/Principal Broker
77	Manasar
Assurance Properties, LLC - Uncompens sted	Manaser
Virsinia House of Delegates	State Blesak
Name of Organization	Position
pener and the callent beat. The year callendate and her emproyees report positions held in the callent year and her years.	politica and and carroin caronada year. I was year canadase