		Page 1 of X
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Steven M. Reilly	Daytime Telephone	17 AUG 22 AM II: 43
New Member of or Candidate for State: Seera ion U.S. House of Representatives District:	Check if Amendment	U.S. HOUSE OF REPRESENTATIVES $\mathcal{C}\mathcal{L}$
STATUS New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant toto	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> 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 unearned 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?	ring the reporting ves 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?	portable agreement or arrangement with an ereporting period or in the current calendar Yes No II
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?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	ior years? Yes No No
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	ANSWER "YES" REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATION - ANSWER BOTH OF THES	SE 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?	on Ethics and certain other "excepted trusts" need not be disclosed ent child?	. Have you excluded Yes No V
EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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.	income, or liabilities of a spouse or dependent child because they mittee on Ethics.	neet all three tests for Yes No V

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Steven M. Reilly

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BL	BLOCK A						ΒE	BLOCK B	8									O BE	BLOCKC	.,												0 0	BLOCK D	õ											
Assets and/or	Assets and/or Income Sources					٧a	le e	숙	Value of Asset	e							Ą	Type of Income	ž	Š	0										Amount of Income	ğ	<u>ē</u>	Ž	Ö	ĕ									
Identify (a) each asset production of incorne an exceeding \$1,000 at the and (b) any other reportativitich generated more incorne during the year.	t held for investment or d with a fair merket value and of the reporting period, lel asset or source of income than \$200 in "unearned"		Indicate value of asset at use a valuabon method o specify the method used. If an asset was sold dincluded only because it gbe "None."	value luation ne my set v	of a shoot athoo beca	sset a thod sold use i	atclo othe d. durin	se of In that erate	e in fair	r mai porti	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."	berioc alue, priod value	d. If y plea and shou		Check all that gene 401(k), IR the "Tax interest, reinveste	an RA	efern 55	ok all columns that apply. For generate tax-deferred incom (kg, IRA, or 529 accounts), you "Tax-Deferred" column. Tax-Deferred and capital gains, wasted, must be disclosed assets held in taxable accounts.	at ap emec coun colur ital	ply.	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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check		For assets assets indicassets indicassets indicasted gai Check "Nor	sets indicindic	nos, e	hich y the c wen no in	/ou d atego If rei come	heck bry of nves was	ed "T f inco f inco f earr	me to	eferm tbe rgen	eckir eckir discl erate	Bloc osec ad.	dent as	ince	may nate ime	chec box for a	the below	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.	ne"o loinide	olumi Inds, taxa	n. Fo	orall. Prest		
Provide complete names of stoc (do not use only ticker symbols).	Provide complete names of stocks and mutual funds (do not use only ticker symbols).		*Column M is for assets held by yo child in which you have no interest.	∄ich Sis	you to	have	s he	d by	st you	Spo	*Column M is for assets held by your spouse or dependent child in which you have no interest.	r deg	ende		"None" if the asset gene during the reporting period.	# = 0	a a code	sset ing p	eriod	rate	"None" if the asset generated no income during the reporting period.	76																							
For all IRAs and other 401(k) plans) provide the the account that exceeds	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	T			_	_	4	4	1	4	4	-	4	┿┈	1	-	-	-1	4			╄				· [i		il .	1	1		┩			1	' 		•			1		1	
For bank and other cash all interest-bearing acc \$5,000, list every financ more than \$1,000 in inte	For bank 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 is more than \$1,000 in interest-bearing accounts.	>	8	C	D	т	n		I	_	<u>-</u>			Z									=	=			V VI VII VIII	≦ [≦ 2	52	×	×	≚		=	=		< ≤	V V V		<u>~~</u> =	×	×	≚	
For rental and other real property held for invest provide a complete address or description, "rental property," and a city and state.	or rental and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.	* -													******						me)				-																	•			
For an ownership interest in a partial that is not publicly tracked, st business, the nature of its geographic location in Block A.	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.	V.,,± V.																			ne or Farm Inco																			• •					-
Exclude: Your personal homes and vacation hor income during the report interest in, or income retirement program, inch	Exclude: Your personal residence, including second thomes 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.												·								, Partnership Incor												0*		····· 						<u> </u>			0*	<u> </u>
If you have a privately-tra Investment Fund, please	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.													1,000,000						iT	ecify: e.g.												\$1,000,00											\$1,000,00	
If you so choose, you may indicate income source is that of your a dependent child (DC), or jointly held in the optional column on the far left.	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.		0	15,000	\$50-00 0	\$100,000	-\$250,000	-\$500,000	-\$1,000,000	01-\$5,000,000	01-\$25,000,000	001-\$50,000,000		C Asset over \$		D\$	<u> </u>			ED/BLIND TRUS				000				\$50,000	\$100,000	\$1,000,000	01-\$5,000,000	000,000	C Income over							\$100,000	J-\$1,000,000	01-\$5,000,000		C Income over	3 0101
For a detailed discussion of Schedule please refer to the instruction booklet.	For a detailed discussion of Schadule A requirements, please refer to the instruction booklet.	None	\$1-\$1,00	\$1,001-\$	\$15,001-	\$50,001-	\$100,001	\$250,001	\$500,001	\$1,000,0	\$5,000,00	\$25,000,0	Over \$50		NONE	DIVIDEN	RENT	INTERES	CAPITAL		TAX-DEF	Mana	None \$1-\$200	\$201-\$1,	\$1,001-\$	\$2,501-\$	\$5,001-\$	\$15,001-	\$50,001-	\$100,001	\$1,000,0	Over \$5,6	Spouse/I	None	\$1-\$200	\$201-\$1,	\$1,001-\$	\$2,501-\$	\$5,001-\$	\$15,001- \$50,001-			Over \$5,		Ch03301
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven M. Reill

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		X	,×	·	×			* · · · · · · · · · · · · · · · · · · ·			×	The second secon	*			\$1,001-\$2,500	Amount of Income	
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		X	×	·	×			3 3 3 2 2			×	The second secon	*			\$1,001-\$2,500	Amount of Income	

Name: Steven M. Reilly

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 4 of 8

Law Hyperille, GA 300	45m. 42 660	逆.	Lawrence: 16 GA	7 Lunokia St	Stemn M. Railly P.C.	NW Whal	ST Fidelity	H	Cantal	AMRICAN REALTY	50 Fidelity Cush Rus	B Ishares Inc	Trist to Exch	So to chinal on the Klest	Materials select	SP, OC, ASSET NAME EF			Parenti Invite Source	Acade and for Income Rouse	SCHEDULE A – ASSETS
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· .			in a		· · · · · · · · · · · · · · · · · · ·	×	; ;	*	×	X	X -	*	*	 	×		NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		l ypa of income	BLOCK C	Name:
	The state of the s		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		September Septem	~**				×		1					None \$		Amount of Income	BLOCK O	even M. Reilly
	7																\$1-\$200 = \$201-\$1,000	receding Year	ncome		Page 5 of 8

SCHEDULE C - EARNED INCOME

Name: teven il. Page

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.

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

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.

	1	Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium Salary	\$0 \$20,000	\$500 \$76,000
Exal II pies. Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Steven M. Reilly, P.C. (law practice)	Salary	441,000.00	₫ 73,700.00
	Ú	٠	
Cathy E. Reilly (Spouse)	Salary (spine)	463, 240.00	a 148, 482.00
Oracle America Inc.) 1		

SCHEDULE D - LIABILITIES

Name: Steven M. Reilly	
Page T of 8	

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		
	1/4	- 6a	JA DI	Example			
	ite insurance policy	balance from whole	NW Mutual (losa	First Bank of Wilmington, DE	Creditor		
				5/98	Liability Incurred MO/YR)	
		whole life policy	lang balans trans	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	a	
			X		\$50,001- \$100,000	ဂ	
				×	\$100,001- \$250,000	0	≥
					\$250,001- \$500,000	m	Amount of Liability
					\$500,001- \$1,000,000	π	of Lia
					\$1,000,001- \$5,000,000	6	bility
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	-	
			_		Over \$50,000,000	۔	
1					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, fratemal, 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

SCH

1	Date	identify the date, parties continuation or deferral employer.	SCHEDULE F -
	Parties to Agreement	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 is employer.	SCHEDULE F - AGREEMENTS
	Terms of Agreement	have with respect to: future employment; a leave of absence during the period of government service; overnment; or continuing participation in an employee welfare or benefit plan maintained by a former	Name: Steven M. Reilly Page_
		nment service; d by a former	Page S of S

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
Steven M. Railly P.C.	Law Firm Legal Services
	(clients are confidential per
	Georgia State Bar Rules)