UNITED STATES HOUSE OF REPRESENTATIVES 2018 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	DELIVERED
Name: Un LACK CLAY	Daytime Telephone: ユーココンーコンケーシャのと	A \$200 penaity shall be assessed against any Individual who files more than 30 days late.
FILER Member of the U.S. State: 14	Officer or Employing Office:	Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2018 Annual (Due: May 15, 2019)	Amendment Termination Date of Termination:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	SE 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?	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?	ant with an Yes X No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes exceeding \$1,000 during the reporting period?	S. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	e any 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 Yes reporting period?	× ×	e any ves No X
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?	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	charity in Yes No X
E. Did you hold any reportable positions during the reporting period or Yes in the current calendar year up through the date of filing?	X No ATTACH THE	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -	OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	ESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If y contact the Committee on Ethics for further guidance.	ublic Offering during the reporting period? If you answered "yes" to this question, please	lease Yes No X
TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	ee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded dent child?	excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	d" income, transactions, or liabilities of a spouse or your dependent child because they meet liked with the Committee on Ethics.	hey meet Yas No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

& CNEXXNED INCOME
Name: Wm LACY CLAY
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SOW CITITION	MINROSOFT	CLIERSON	COLORO PHILLIPS	A	101		Ехатрівя:		Assets and/or income Sources bentify (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 sesset or source of income during the yeer. Provide complete names of stocks and mutual funds (do not use only facter symbols). For all IRAs and other retirement plans (such as 401(f) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For the stand other cash accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. If the total is over \$5,000, sit every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete actories or description, e.g., "rental property," and a city and state. 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 formes and vecation homes (unless there was rental property," and a city and state. For an ownership interest in a privately-held publicly traded funds that is not exceed the content of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second nomes and vecation homes (unless there was rental income during the reporting period), and any financial income during the reporting period), and any financial income during the reporting period), and any financial income during the reporting period) and any financial income during the reporting period), and any financial income during the reporting period
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SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name: Wm LACYCLAY

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SCHEDULE C - EARNED INCOME

Name: WM LACY CLAY 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 a 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: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440.

In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary	fiduciary relationship) are totally prohibited.	
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundable (Oct. 2)	Spouse Speech Spouse Speech	\$1,000 N/A
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TREATMENT IOMMUNITIES OF AMERICA	SPONCE SALARY	NA
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SCHEDULE D - LIABILITIES

Name: Um LACY CLAY Page 5 of 6

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. 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. 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

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	12/05	NOVA L	10/13	6/02	5/16	Date Liability Incurred MO/YR
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

Position	Name of Organization
DIRECTOR	WM L. CITY SCHOLARSHIP & PESCHROH FUMP
DIRECTOR	PRIJECT VOTE AMART
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SCHEDULE F - AGREEMENTS

Name: War. LACY CLAY	
Page 6 of 6	•

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
9/11	Ezzhonus zhels innessim	
	RETIREMENT SYSTEM	MISSOURI STATE LEGISLATION RETIREMENT

SCHEDULE G - GFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Artington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
	N/A	