

# FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

### FILER INFORMATION

Name: Max Rose

**Status:** Congressional Candidate

State/District: NY11

## FILING INFORMATION

**Filing Type:** Candidate Report

Filing Year: 2017

**Filing Date:** 09/29/2017

# SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
ISHARES CORE S&P MID CAP ETF	\$15,001 - \$50,000	Interest	\$201 - \$1,000	None
ISHARES CORE S&P SM CAP ETF	\$1,001 - \$15,000	Interest	\$201 - \$1,000	None
ISHARES INC CORE MSCI ETF	\$1,001 - \$15,000	Interest	\$201 - \$1,000	None

## SCHEDULE C: EARNED INCOME

Source	Туре	Amount Current Year to Filing	Amount Preceding Year
Brightpoint Health	Salary	\$105,152.00	\$145,000.00

SCHEDULE D: LIABILITIES

None disclosed.

**SCHEDULE E: POSITIONS** 

Position	Name of Organization
Chief Of Staff	Brightpoint Health

### SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
October 2017	Brightpoint Health	Strategy consultant services rendered

# SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**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 benefiting you, your spouse, or dependent child?

C Yes No

**Exemption**: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

∇es No

#### CERTIFICATION AND SIGNATURE

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Max Rose, 09/29/2017