ill three tests for Yes No V	a spouse or dependent child because they meet all three tests for	arned" income, or liabilities of committee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent c exemption? Do not answer "ves" unless you have first consulted with the Committee on Ethics.
re you excluded Yes No	wither "excepted trusts" need not be disclosed. Have	mittee on Ethics and certain c	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?
SNOITS	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	JST INFORMATIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BO</u>
OMPLETE	THAT YOU ARE REQUIRED TO COMPLETE	Y THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE CO
5,000 from a Yes No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
angement with an Yes 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?	Yes No	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?
ne reporting the date of filing? Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	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?
	TIONS	OF THESE QUES	PRELIMINARY INFORMATION ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1,	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee S Employing Office:S
(Office Use Only)	Check if Amendment	New MOXID	New Member of or Candidate for State: U.S. House of Representatives District Candidates – Date of Election:
OFFICE OF THE CLERK US HOUSE OF REPRESENTATIVES	hone	Daytime Telephone	Name: Ann Elizabeth Chaver
AUD 4 201/ Page 1 of 2	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Ann Elizabeth Chanz

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Schools Not I rep And	C- J: 1-1/1-1/1/1	LISTS JOSEPH HOLLY)	USS FC W	Rental Propert Wich	ABC Hedge Fund X	Examples:	DC, Mega Corp Stock	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. For rental and other real property held for investment, provide a complete address 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 location in Block A. Exclude: Your personal residence, including second homes 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. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent chid (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, and the place of the instruction booklet.	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.	Provide complete names of stocks and mutual funds "C (do not use only ticker symbols).		Assets and/or Income Sources	BLOCK A
7	×	×	*	×	×	Indefinite	×	\$1-\$1,000		"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 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."	Value of Asset	вгоск в
*	<	× ·	×	*	Partnership Income	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			u Check all columns that apply. For accounts el that generate tax-deferred income (such as 401 (k), IRA, or 529 accounts), you may check is the "Tax-Deferred" column. Dividends, is the "Tax-Deferred" column. Dividends, is the "Tax-Deferred" column. Given de income or assets held in taxable accounts. Check	Type of Income	вгоск с
		X	*	×	×	×	× ×	\$100,001-\$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 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.	Amount of Income	вгоск в

SCHEDULE C - EARNED INCOME

Name: Ann Elizabeth Page S 잌 S

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.

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
\Box	Honorarium	\$0	\$500
Examples: State of Maryland Cost. 2) Contanto County Board of Education	Salary Spouse Speech Spouse Salary	\$20,000 \$0 N/A	\$76,000 \$1,000 N/A
Sardia Matianal Laboratorius	Salan	74.3 8 0	141,300
	C	•	
			:

SCHEDULE D - LIABILITIES

Name: Ann Elizabeth Charles Pa

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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 exceeded \$10,000. 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 (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 *Column K is for liabilities held solely by your spouse or dependent child.

						SP, DC, JT		
			311.	LISAA	Exemple	<u> </u>	-	
			Sallie Mase	1	First Bank of Wilmington, DE	Creditor		
				1/2012	5/98	Date Liability Incurred MO/YR		
		4	Stadent lain	Morpha M	Mortgage on Rental Property, Dover, DE	Type of Liability		
						\$10,001- \$15,000	>	
		,	×			\$15,001- \$50,000		
						\$50,001- \$100,000	n	
				X	×	\$100,001- \$250,000	0	$\Big]_{lacktriangle}$
						\$250,001- \$500,000	m	Amount of Liability
						\$500,001- \$1,000,000	п	of Lia
						\$1,000,001- \$5,000,000	o 	bility
						\$5,000,001- \$25,000,000	Ι	
						\$25,000,001- \$50,000,000		
						Over \$50,000,000	-	
						Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

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. 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,

		Position
		Name of Organization

FILER NOTES (Optional)

Name: Page U <u>.</u>

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Use additional sheets if more space is required.