		PROTECTION OF THE PRINTERS IN
UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of 7
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: MIKE GHASSALI	Daytime Telephone:	2019 NOV -6 PM 1: 44
New Member of or Candidate for State: U.S. House of Representatives District:	Check if Amendment	(L.3 FICULE OF REPRESENTATIVES (Office Use Only)
FILER Candidates - Date of Election:		
New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant to	A \$200 penalty 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? Of the reporting period? Yes b. Receive more than \$200 in unsamed income from any reportable asset during the reporting period?	Yes No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of	ortable positions during the reporting 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 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?	r arrangement with an Yes No No
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 single source in the current year and two prior years?	n \$5,000 from a Yes No No
ATTACH THE CORR	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	INFORMATION - ANSWER BOTH OF THES	<u> TH</u> OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne 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. Have you excluded	Have you excluded Yes 🔲 No 🔯
EXEMPTION - 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 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 me littee on Ethics.	et all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MIKE GHASSALI

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STRATEGIC INCOME	1	7	7		[T]		П	For bank and other cash accounts, total the amount in all interest-besing accounts. If the total is over \$5,000, lat every financial institution where there is \$5,000, lat 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 complets 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 nature of the business, the nature of its edities, and its geographic location in Block A. Excelude: Your personal residence, including second forms and vacation homes (unless there was rental income during the reporting period); and any interest and exception homes furies that an exact of 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. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other reflement 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 (do not use only ficker symbols).	identify (a) each asset held for investment or production of income and with a fair market value acceeding \$1,000 at the end of the profing pend of and (a) any of the reported esset opening pend and (b) any of the reported esset opening of hoome which generated more than \$200 in "unearmed" income during the year.	Assets and/or Income Sources	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

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	Page 4 of 7
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List the source, type, and amount of samed 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. INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. 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 payurents for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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		Am	Amount
Source (include date of receipt for nonoraria)	i ype	Current Year to Filing	Preceding Year
ABC Trade Association, Battimore, MD (July 15)	Honorarium	Q\$	\$500
Examples: State of Maryland Civil War Roundhable (Oct. 2)	Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Onterio County Board of Education	Spoune Selary	N/A	N/A
FEED THE CHILDREN, OKC.	SALARY	120,000	130,000
BOROWA OF MONTHALE	SALARY	1 8,500	8,1000.
BIROCH OF WEST WOOD	SALARY	3,500	0
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SCHEDULE D - LIABILITIES

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e during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence	ortgages	se, or your depend	dent child. Whan	k the highest amour xclude: Anv mortgag	ntowed durin	sonal residence	
es, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	; liabilitie	s of a business in	which you own	an interest (unless)	ou are person	nally liable); and	
you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period if		de account (i.e.	credit card) ont	vifthe balance at the	close of the	reporting period	

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Example	Report liabilities of a period. New Mem (unless you rent it o liabilities owed to ye exceeded \$10,000.
	s of over \$10,0 fembers: Mer it it out or are a to you by a sp 100. *Colum
Creditor First Bank of Wilmington, DE	Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. You, your spouse, or your dependent child. Wark 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, perent, 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.
Date Liability Incurred MO/YR	or at any time di ort all liabilities se by automobiles, or sibling of you or sibling of you
Type of Liability Mortgage on Rental Property, Dover, DE	ring the reporting pericured by real property household furniture, or or your spouse. Repose or dependent child.
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× \$100,001- \$250,000	lependent child. Mark the highest amount owed during the reporting ersonal residence. Exclude: Any mortgage on your personal residence less in which you own an interest (unless you are personally liable); and (i.e., credit card) only if the balance at the close of the reporting period
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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.

_	 _		_
		NONE	Position
		JNONE	Name of Organization

SCHEDULE F - AGREEMENTS

I terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government s	Name: MIKE GHASSACI Page 6	ENTS
of government service;	Page 6 of 7	`

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 or 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 wettare or benefit plan maintained by a former employer.

				Date
			Nort	Parties to Agreement
				Terms of Agreement

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.

			3 NOV	Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and City/State)
			ZNON	Accounting Services	Brief Description of Duties

MIKE GHASSAY

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