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PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. in the current calendar year up through the date of filing? 2018 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet 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? E. Did you hold any reportable positions during the reporting period or D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: Name reporting period? exceeding \$1,000 during the reporting period? FILER REPORT Receive more than \$200 in unearmed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? lise Marie Stefanik × × 2018 Annual (Due: May 15, 2019) House of Representatives Member of the U.S. State: District: NY Yes Yes ŏ ¥es Yes × × × × × Daytime Telephone: Amendmen' ₹ Z Z Z Z For Use by Members, Officers, and Employees 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" 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? H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? G. 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? Employee Officer or **Employing Office:** Date of Termination: Termination A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTER 2019 MAY JOHICE US SOAG TALLIVING SERVING OF THE SEFICE OF THE CLERK Shared Staff Filer Type: (If Applicable) **∀es** \$ ĕ Yes Yes ¥es Yes Principal Assistant Š 중 Z Z S 0 Š 중 F × \times × × × ×

SCHEDULE A - ASSET

TS & "UNEARNED INCOME"
Name: Elise Marie Stefanik
Page 2 of 10

Assets and/or Income Sources					<		•																												
					1	ē	2	Value of Asset	~					_			Į	흏	3	Type of Income	T					¥	2	로	쿲	Amount of Income	w			_	Transaction
Identify (a) each asset held for investment or		8	alue	Indicate value of asset at close of the reporting period. If you use a	<u> </u>	9	모	3	3	9	, A.	ě	use Esa		Check all columns that apply.	8	Ì	: ड		} _	For		98	sets	j č	Ć, X	1 CT	; ecked	5 Š		Ted.	For assets for which you checked "Tax-Deferred" in Block C. you may check the "None" of urn For all other seese indicate the	* 0		Indicate if the
exceeding \$1,000 at the end of the reporting period,		. 8000	YA JIBII	2 00761	THE COLUMN		dixer	Yan Ca	, pie		Jechy	ā	3		acc all	N E	;) yo	. 2 9	를 돌 라	generate ax-center and may check the "Tax-D	ادر. 8 ⊈		alego	Ž į	50	3 6	3	eckin.	5	app c	oprie	category of income by checking the appropriate box below	56		purchases (P),
and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed" income that seemed to the source.		2386 11 0891	SEW #	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	during	7 m	report		# M		5	o de	3	_		8 P 7	2 2					column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for the reinvested in truthly account for the reinvested baild in truthly accounts.	must be a	1 2 3			: 5 G	Come capir	2 9			Dividence, interest, and capital gains, even it reinvested, must be disclosed as income for assets held in taxable services. Their representations are consisted to the control of the con	taxal		sales (S), or exchanges (E) exceeding \$1 000
dentify any late passes of states and marked find	_		d is for	*Column M is for assets held by your spouse or dependent child in which	<u>8</u>	by you	ur spo	NISe (det.	ěnde	랖	5	Š		90 100	Merat	3	hoor	급	nng #	9	eriod.	2	*	5		} ;	Į	2	3					in the reporting
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		aya .	you nave no interest.	Jean																			a Ver	Sh you	"Column XII is for assets neto in which you have no interest.	200	nterea		your s	Spoles	9	"Column XII is for assets netd by your spouse or dependent child in which you have no interest.	Jeni Ci		penod. If only a portion of
For all IRAs and other retirement plans (such as					İ																													<u>_</u>	an asset was sold, please indicate as
the account that exceeds the reporting thresholds.	>	В	0	D	Е	F	G	Ŧ	_	r	*	_	<u> </u>	\dashv	\dashv	\dashv	\dashv	\dashv	\dashv	\dashv	4		_	=	=	7	۷	\$	≦	¥	ᄝ	×	×	ĕ	follows: (S (part)).
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																						. —												4365	Leave this column blank If there are no transactions that exceeded
\$1,000 in interest-bearing accounts.																		_																44 -	\$1,000.
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.																																			
The ser assemble interest in a advertate hold business					_									_									_									_		_	
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 vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income defended from, a federal retirement program, including the Thrift Savings Plan.																						Farm Income)											14 00B 00B	1,000,000	
ff you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.													000,000*									ncome or												me over	
If you so choose, you may indicate that an asset o	<u>`</u>								,	0	00		\$1,00						UST			hip Ir												Incor	
If you so choose, you may incurate that an esset 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.			000	0,000	00,000	250,000	500,000	1,000,000	\$5,000,000	\$25,000,000	1-\$50,000,00	00,000	Asset over \$		3			AINS)/BLIND TRU	RRED												-\$5,000,000		Asset with I	
For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	None	\$1-\$1,000	\$1,001-\$15	\$15,001-\$5	\$50,001-\$1	\$100,001-\$	\$250,001-\$	\$500,001-\$	\$1,000,001	\$5,000,001	\$25,000,00	Over \$50,0	Spouse/DC	NONE	DIVIDEND	RENT	INTEREST	CAPITAL G	EXCEPTE	TAX-DEFE	OI T		None	\$1-\$200	\$201-\$1,00	\$1,001-\$2,	\$2,501-\$5,6	\$5,001-\$15	\$15,001-\$5	\$50,001-\$1	\$100,001-\$		Over \$5,00		P, S, S(part), or E
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-Adirondack Trust Certificate of Deposit				X			_								ļ		<u> </u>		-	×	<u> </u>		<u> ~</u>		<u> </u>	_	<u> </u>	_	ļ	<u> </u>	_	_			
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NED INCOME"	
Name: Elise Marie Stefanik	
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See Note 2 regarding Guideline IRA

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

Name: Elise Marie Stefanik Page 4 of 10

Report and	v purchase, sak	Report any curchase, sale, or exchange transactions that exceeded \$1,000 in the	اب		Type of Transportion			7				ļ	Amount	Zf Tran	Transaction				
reporting p	period of any se	reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that					eeded		>		c	•	m		6	=	_	_	~
Exclude tra purchase of only a port transaction.	ensactions bet or sale of your rtion of an ass).	Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "pertial sele" as the type of transaction.					apital Gain Ex	(MO/DAYR) or Quarterly,											
Capital Gu	uina: If a sales "capital gains" t e capital gain in	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gains' box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	chase	•	ial Sale	hange		weeldy, if applicable	01- ,000	,001- ,000	,001- 0,000	0,001- 0,000	0,001- 0,000	0,001- 000,000	000,001- 000,000	,000,001- ,000,000	,000,001- ,000,000	sr \$50,000,0	or \$1,000,00 ouse/DC Ar
• Column F	(is for assets s	* Column K is for assets solely held by your spouse or dependent child.	Pun	Sale	Part	Exc	Che \$20		\$1,0 \$15								\$50		
SP, DC, JT		Asset																	
SP	Ехаправ	Mega Corp. Stock			×		×	3/9/18		×									
Sp	Residen	Residential Real Estate (Lawrence, KS)		×				3/20/18				×							
SÞ	Schwab	Schwab Govt Money Fund (SWGXX)	×					2/1/18	×										
SP	Schwab	Schwab Govt Money Fund (SWGXX)			X			2/2/18	×		'								İ
SP	JPMRGI	JPMRGN Divs Rt US Mid Cap EQ ETF (JPME			X			2/20/18	×										
SP	JPMorga	JPMorgan Div Return Emerging (JPEM)			X			5/2/18	×										
န	JPMRGN	JPMRGN Divs Rt US Mid Cap EQ ETF (JPME)			×			5/2/18	×										
SP	JPMorga	JPMorgan Diversified Return Internat (JPIN)			×			5/2/18	×										
SP	Schwab	Schwab Fund US Small Com ETF (FNDA)			Χ			5/2/18	×										
ş	Schwab	Schwab Govt Money Fund (SWGXX)	×					5/7/18	×										
SP	Schwab	Schwab Govt Money Fund (SWGXX)			X			5/10/18	×								_		
SP	JPMRGN	JPMRGN Dvrs Rtn US Sml CP EQ ETF (JPSE	×					7/2/18	×			_							
SP	JPMRG	JPMRGN Div Rtn US Eqy ETF (JPUS)	×					7/2/18	×										
SP	Schwab	Schwab Fund US Small Com ETF (FNDA)		×				7/2/18	X										
Sp	DFA U.S	DFA U.S. Large Cap Value Port Inst (DFLVX)		×	,			11/26/18	X										
Sp	DFA U.S	DFA U.S. Targeted Value Port Inst (DFFVX)		×				11/26/18	×						ļ			ļ	
Sp	JPMorgai	JPMorgan Lrg Cp Growth Fund R6 (JLGMX)		X	,			11/26/18	×										
SÞ	Vanguare	Vanguard Total Stock Market Index (VTSAX)	×					11/26/18	×		<u> </u>								
SP	Vanguar	Vanguard Developed Markets Index (VTMGX)	×					11/26/18	×						·				
SP	Vanguard	Vanguard Emg Markets Stock Index (VEMAX)	×					11/26/18	×										

SCHEDULE C - EARNED INCOME

Name: Elise Marie Stefanik	
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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 In addition, certain to	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 relationship) are totally prohibited.	ed at or above the "senior staff" rate was the relationship) are totally prohibited.	\$28,050. The 2019 limit is \$28,440.
	Source (include date of receipt for honoraria)	Type	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	Size or Matyland Civil War Roundtable (Oct. 2) Onlarlo County Beard of Education	Spouse Speech Spouse Salary	\$1,000 N/A
Media Group of America	of America	Spouse Salary	N/A
Firehouse Strategies	ategies	Spouse Salary	N/A
Charles Schwab	rab	Spouse IRA Distribution	N/A

SCHEDULE D - LIABILITIES

Name: Elise Marie Stefanik Page_ σ 잋 10

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 owed to you by a spouse or the child, parent, or sibling of you or yourseouse. 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.

		ဟ	占			SP.		
	Cha	Capi	Adin	Adin	Example	<u> </u>		
	Chase Sapphire Credit Card	Capitol Federal Bank (See Note 3)	Adirondack Trust	Adirondack Trust	First Bank of Wilmington, DE	Creditor		
	12/18	7/11	11/18	6/16	5/16	Date Liability Incurred MO/YR		
	Personal Credit Card	Mortgage on Residential Real Estate (Lawrence, KS)	Mortgage on Personal Residence (Schuylerville, NY)	Business loan to EMS DC Properties (Personally Liable)	Mortgage on Rental Property, Dover, DE	Type of Liability		
	X					\$10,001- \$15,000	>	
						\$15,001- \$50,000	œ	
		×				\$50,001- \$100,000	ი	
				×	×	\$100,001- \$250,000	0	
			×			\$250,001- \$500,000	м	mour
						\$500,001- \$1,000,000	π	Amount of Liability
-						\$1,000,001- \$5,000,000		ability
						\$5,000,001- \$25,000,000	I	
						\$25,000,001- \$50,000,000	_	
						Over \$50,000,000	د	
						Over \$1,000,000* (Spouse/DC Liability)	_	1

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	Position Name of Organization
Senior Advisory Board Member	Harvard Institute of Politics
Board of Directors Member	Signature Theatre

SCHEDULE F – AGREEMENTS

Name: El
Elise Marie Stefanik
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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
	(NONE)	

SCHEDULE G - GIFTS

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, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
(NONE)	NE)		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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	Name: Elise Marie Stefanik
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

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		Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	-	Government of China (MECEA)	Aug. 6-11	DC-Belling, China-DC	٧	٧	æ
	Examples:	Habital for Humanity (charity fundralser)	Mar. 3-4	DC-Boston-DC	¥	٧	۲
	(NONE))		99		:	
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA	Name: Elise Marie Stefanik		Page 9 of 10
List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	ж of an event to a charitable organization i	in lieu of paying an h	onorarium to you. A separate
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2018 Aug. 13, 2018	\$2,000 \$500
(NONE)			

FILER NOTES (Optional)

Name: Elise Marie Stefanik

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NOTE NUMBER
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