### RALPH LEE ABRAHAM, M.D. 5TH DISTRICT, LOUISIANA

COMMITTEE ON ARMED SERVICES

COMMITTEE ON AGRICULTURE

COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY



### HAND DELIVERED

417 Cannon House Office Building Washington, DC 20515 (202) 225-8490

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### Congress of the United States House of Representatives

Washington, **DC** 20515—1805

The Honorable Karen L. Haas Clerk of the U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515

June 22, 2018

Dear Clerk of the House, Karen Haas:

This letter is to report several amendments to my previously-filed Financial Disclosure Statements.

First, Schedule A of all of my previous filings listed an ownership interest in Abraham Farms, Inc. Abraham Farms, Inc. Was merged into Abraham Farms, LLC several years ago, and the LLC is the surviving entity. Therefore, I am amending Schedule A of all previous filings to reflect the current legal name of this asset..

Second, on the amendments to Schedule A of all previous filings, I have listed a note receivable as an underlying holding of Ralph L Abraham MD APMC, a professional medical corporation of which I serve as President and Director and in which I previously reported an ownership interest.

Third, I have amended Schedule E of all previous filings to list several uncompensated positions that I continue to hold with respect to Abraham Farms, LLC; Ralph L Abraham MD APMC; Air2There, LLC; and Drake's Landing, LLC.

Finally, I have amended Schedule F of all previous filings to reflect my participation in a 401(k) retirement savings account through Vantage Health Plan, the parent company of my previous employer, Affinity Health Group, LLC, as an agreement or arrangement. This investment account and its holdings were disclosed as an asset on all previous filings.

I would appreciate your making this letter a part of my original submissions.

Ralph L. Abraham, M.D.

HAND DELIVERED

Yes No X	use they meet all three tests for	spouse or dependent child because they n	ned" income, or liabilities of a mmittee on Ethics.	<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No X	disclosed. Have you excluded	her "excepted trusts" need not be disclased	ittee on Ethics and certain off modent child?	TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be from this report details of such a trust that benefits you, your spouse, or dependent child?
,	F THESE QUESTIONS		ST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH O
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Yes No	of more than \$5,000 from a and two prior years?	J. Did you receive compensation of more the single source in the current year and two p	Yes No	D. Did you, your spouse, or your dependent child have any reportable Y liability (more than \$10,000) at any point during the reporting period?
Yes No	t or arrangement with an yr in the current calendar	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?
Yes No	uring the reporting hrough the date of filing?	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? Of  b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
		TIONS	OF THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 penalty sha	Period Covered: January 1to	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee State  Employing Office: Sha
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JUN 23 THE SCHIATIVES	le Jun 23 Til Schlaftw	lone:	Daytime Telephone:	Name: RALPH LEE ABRAHAM
EGISLATIVE RESOURCE CENTERS 1 of 44		<b>FORM B</b> For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT
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## SCH

	HEDULE A – ASSETS & "UNEARNED INCOME"
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	Page 2 of 21

Time Deposit	1	CROSS KEYS		Francies	SP, Shrow Core Shrok EIF	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source its that or your spouse (SP) or dependent child O(D), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund please check the "EIF" box	Explude. Your personal residence, including second homes and readelish homes (unless there was rental income during the reporting period), and any financial interest in, or income derived from a leaeral retirement program, including the Traft Savings Plan.	For an ownership interest in a privately-hold business that is not publicly traded, state the name of the business, the native of its activities, and its geographic location in Block A.	For rental and offer real property held for investment, provide a complete address or description e.g., rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000 ist every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other refrement plans (such as 401(k) plans) provide the value for each asset hald in the account that a exceeds the reporting thresholds	Provide complete names of stocks and mutual funds (do not use only ticker symbols)	Identify (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 responsible asset or source of income which generated more than \$200 in "unearned" momet during the year.	Assets and/or income Sources	BLOCK A
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Report liabilities of over \$10,000 awed 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 (unless you rent it out or ere a Member); loans secured by automobiles, household furniture, or applicances; 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 sabling 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.

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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, limit, pertnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; 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

 _					
	PRESIDENT AND DIRECTOR	MANAGING MEMBER	PRESIDENT AND DIRECTOR	MANAGING MEMBER	Position
	DRAKE'S LANDING INC	MANAGING MEMBER AIR 2 THEYE, LC	RALPH L ABRAHAM MD APMC	MANAGING MEMBER ABRA HAM FARMS, LLC.	Name of Organization

## SCHEDULE C - EARNED INCOME

Name: Ralph Liet Abraham Page 21 of 21

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is uncharged in 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a foundary 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. 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 filler's spouse, list the source and amount of any horizontal. List only the source for other spouse earned income exceeding \$1,000. See examples below. Examples: Source (include date of receipt for honoraria) ABC Trade Association, Beltimore, MD (118/15).
State of Maryland
Civil War Roundtable, Richmond, VA (Oct. 7) 加州 ancial Type £340 163 Current Year to Filing **Amount** 353 4k3 Preceding Year

## SCHEDULE F - AGREEMENTS

Name: RALPH LEE ABRAHAM Page 2201 22

employer. 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 12011 Date VANTAGE HEALTH PLAN RALPH LEE ABROWAM Parties to Agreement ANA PARTICIPATION IN VANTAGE HOIK 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.

90,000	get an interior and and justice the property of the property o	
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
		f