HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES For Us 2017 FINANCIAL DISCLOSURE STATEMENT	Page 1 of Form A se by Members, Officers, and Employees
Name: Thomas Ewl Enw & Daytime Te	(Office Use Only)
	Individual who files more than 30 days late.
FILER STATUS Member of the U.S. State. WW House of Representatives District: 6	Officer or Employing Office: Staff Filer Type: (If Applicable) Employee Shared Principal Assistant
REPORT 2017 Annual (Due: May 15, 2018) Amendment	t Termination Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTION	NS
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 uneamed income from any reportable asset during the reporting period?	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?
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 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?
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?	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?
D. Did you, your spouse, or your dependent child have any reportable liebility (more than \$10,000) at any point during the reporting period?	I. 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?
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	INFORMATION - ANSWER EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the Committee on Ethics for further guidance.	g the reporting period? If you answered "yes" to this question, please contact Yes No No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and ce this report details of such a trust that benefits you, your spouse, or dependent child?	ortain other "excepted trusts" need not be disclosed. Have you excluded from Yes No X
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactithree tests for exemption? Do not answer "yes" unless you have first consulted with the Committee	

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Thorne Eurl Enne Jr. Page Z of 90

ſ	BLOCK A Assets and/or Income Source:	.					٧a		XXX B											BLOC of I	K C ncon	ne	1					тоц	BLO ant c		com				BLOCK E Transaction
Deak H P ()	identify (a) each asset trebt for investme production of income and with a fair market exceeding \$1.000 at the end of the reporting p and (b) any other reportable asset or sour income that generated more than \$200 in "unes income during the year Provide complete names of stocks and mutual (do not use only licker symbols). For all \$EAs and other retriement plans (six	nt or value enod, ca of emed*	valuat used if an becau "Colu	area use it mn fv	nethod it was genera it is for	sold d stad inc assets	t at ci than fi turing come,	one of the fi	of the critest v eportion where sh	reportatue. I	ting p please nod a be 76	e spe and a one."	cafy ith	va me uded	enty onty nich	gene 529 colun even for a	rate to accom nn. If re seets assets	colui ax-del unts), Divid irrves held	nns t ferred you lends, ited, i	net ap incom may (inter must i	ply e (suci heck eet, a se dis accou	For the the close on the close	401(k), IRA, or "Tax-Deferred" capital gains, ed as income	may cate Divis mus meet gene *Cot	check jory of lends t be unts. rated	the 'of inc intended disch C	None come come const, const heck	by columned and and and and and and and and and an	inin. hecks capi noom ne" it	For a ng the teal ga we for inco	l other app les, seed incon	er asse propried even ets file ne wit	ets ind to box if rock eld in es es	icate the x below nvested texable	e asset had purchases (P). I, sales (S), or e exchanges (E) r exceeding \$1,00 in the reporting period If finity a portion or an asset was sol
4 th F # \$	401(k) plans) provide the value for each passe (e) 401(k) plans) provide the value for each asset if the account the exceeds the reporting threshold. For bank and other cash accounts, total the art all interest-bearing accounts. If the total is \$5,000, list every financial mislikution where the nore than \$1.000 in interest-bearing accounts.	neid in is. mount i over	٨	8	С	D	E	f	G	н	i	3	ĸ	Ł	М									-	#		₩	v	۷I	VH	V₩	DX .	x	x x	please indicate a follows: (S (part) Leave this column transactions that exceeded \$1,000
þ	For rental and other real property held for invest provide a complete address or description, "rental property," and a city and state.																																		
H	For an ownership interest in a privately-held but that is not publicly traded, state the name of business, the nature of its activities, ar geographic location in Block A.	of the																																	
h	Exclude: Your personal residence, including a homes and vacation homes (unless there we income during the reporting period); and any fir interest in, or income derived from, a fi retrement program, including the Thrift Savings	rental ancial ederal															:						этп (носта)											000,000	
ŧ	If you report a privately-traded fund that Excepted investment Fund, please check the box	'E:F'													over \$1,000,000*								Income or Fi											PICOTHE OVER \$1,000,000	
	If you so choose, you may indicate that an at income source is that of your spouse (S dependent child (DC), or jointly held with a (JT), in the optional column on the far left. For a detailed discussion of Schedu	P) or rnyone to A		900	\$1,001-\$15,000	\$15,001-\$50,000	900.001-\$100.008	\$100,001-\$250,000	\$250,001-\$500,000	1500,001-\$1,000,000	91.000.001.\$5.000.000.18	000'000'525'000'000'58	000'000'008'180'000'525	Over \$50,000,000	Spouma/DC Asset over \$1		DIVIDENDS		mterest	CAPITAL GAMIS	EXCEPTED/BLIND 19/UST		Other Type of Income Specify a g., Partnershy		80	000'1\$-102\$	\$1,001-\$2,500	22.501-45,000	\$5,001-\$15,000	\$15,001-\$80,000	\$60,001-\$100,000	\$100 001-\$1,000,000	\$1,000,001-\$6,000,000	Over \$5,000,000 SocueOC Asset with in	
	requirements, please refer to the instruction boo		None	\$1-\$1.000	90°	\$15.0	<u>ş</u>	91	\$250	1800	81.80	00'88	0'52\$	Ö	800	MOM	GV/G	REN	MITE	3	2		Spage Spage	ş	81-\$200	1023	97	Si Si	06.53	\$15.0	550.0	ş	8	8 8	P, S, S(pert), (
	BP. SP Mega Corp. Stock If Simon & Schuster Examples.	6# .		. , .	Indefin	<u> </u>	<u> </u>		ļ						-		×						Royalties			×	×								J. Daniy
	ABC Hedge Fund	x							X							L	L	L					Partnership Incorre	L				×			Ļ	Ш	_		<u> </u>
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SCHEDULE B - TRANSACTIONS

Name: Thomas Earl Enn Page 3 of 90

Report any	purchase, su	nie, or exchange transactions that exceeded \$1,000 in the	T	pe of T	ensactio	on .		Date	Amount of Transaction										
dependent resulted in Exclude its purchase of a portion of Capital Gai	reporting period of any security or reaf property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a ceptial test. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated erreal anome. If only a portion of an essel is sold, please choose "partial sale" as the type of transaction. Capital Gains: if a sales transaction resulted in a capital gain in excess of \$200, check						Check Box # Capral Gen Exceeded \$283	(MCNSA/YR); or Cuarterly, Monthly, or Si- weakly. E	A	8	С	D	£	F	G	Ħ	±8	, 000,000	S) SCOT
the capital (ain income or	niess it was an asset in a foo-deferred account, and disclose. Schedule A. Isleiy held by your spouse or dependent child,	Purchase	3	Parket Science	Exchange	Check Box Exceeded	applicable	\$1.00}-	\$15,0016- \$50,000	\$90,005- \$100,000	\$100,001- \$250,000	5250,000±	\$1,900,000	100,000,12 90,000,000	\$5,000,007- \$25,600,000	\$25,000,000- \$56,000,000	Over \$50,000,000	Over \$1,000,000* (Sponse/OC Asset)
SP. DC. JT		Asset								*******								\vdash	\vdash
SP .	Енитрів	Mags Corp. Stock			X		X	3/9/17		×			·						\vdash
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Name: Thome Ewl Enw Jr. Page 4 of 9

EXCLUDE: Military pay (such as National Guard or Reserve pays), federal retirement programs, and benefits roceived under the Social Society Act.

INCOME LIMITS and PRCHIBITED INCOME: The 2011 limit on outside earned income for Members and employees comparasited at or above the "senior staff" rate was \$27,765. The 2018 limit is \$20,950, in edition, certain types of income (notably honorains, director's fees, and payments for professional services involving a flouristy staff to staffy profibilisty.

Source (include date of receipt for honoraria)

Type

Amount

Serve title

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.

SCHEDUL	.E D -	LIABIL	ITIES
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	Name: Thomas	End Em	, }-	Page 5 of 96
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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. 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 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.

					Amount of Liability											
]		Date		A	В	c	0	Ē	f	G	н	ł	,	*	
SP. DC.JT	1	Creditor	Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100.001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)	
	Example	First Bank of Wilmington, DE	5/15	Mortgage on Rental Property, Dover, DE		<u> </u>		x								
	Klei	- Burel Victoria	5/07	Mortgage on				X		,						
	<u></u>	MN		Primary Regular				Ĺ								
	Bark	of Maple Plain	6/13	Nok				X								
	1	in ,														
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SCHEDULE E - POSITIONS

Position	Name of Organization							
held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.								
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								
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								

Position Position	Name of Organization

SCHEDULE F - AGREEMENTS

Name: Thomas Earl Eng Jr. Page 6 of 90

Date	Parties to Agreement	Terms of Agreement
		· ···

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, 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, Artington, VA	Silver Plotter (prior determination of personal friendship received from the Committee on Ellhics)		\$400
			-	
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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 the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (YAG)	Food? (YRI)	Family Member Included? (Y/N)
	Sovernment of China (MECEA)	Aug 6-11	DC-Beijing, China-DC	Y	Y	N
Examples.	Habitat for Humanity (charity fundrasser)	Mar 3-4	DC-Boston-DC	Y	Y	¥
Caster	forthe Denouny in Annium	March 3-7	DC-Miuni-Hum-Mimie	QΥ	Y	Y
Rib.	n Society	Au 6-12	Mineralis-Ansleden-Berlin	Y	Y	Y
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Thome Eur Emmit Page 8 of 9

	Source	Activity Date		Amount
xamples:	Association of American Associations, Washington, DC	Speech	Feb, 2, 2017	\$2,000
KONIDIOS.	XYŻ Magazine	Article	Aug. 13, 2017	\$500
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FILER NOTES (Optional)

Name: Thomas East Frant J. Page 9 of 9

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