Yes No X	nild because they meet all three tests for	ouse or dependent child because th	rned" income, or liabilities of a spo committee on Ethics.	<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent cl exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No 🔀	osed. Have you excluded	"excepted trusts" need not be disch	mittee on Ethics and certain other sendent child?	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?
S	HESE QUESTION	ANSWER BOTH OF TH	JST INFORMATION -	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS
	ANSWER "YES" REQUIRED TO COMPLETE	_	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU  THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
Yes No	ore than \$5,000 from a wo prior years?	J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	Yes No J. C	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
an Yes No	nent or arrangement with a od or in the current calends	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 F. [ outs	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?
g? Yes No 🗡	ortable positions during the reporting calendar year up through the date of filing?	E. Did you hold any reportable position period or in the current calendar year u	Yes No K Peri	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?
		SNS	OF THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 penalty s	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	10 0 1X	New Member of or Candidate for State:
2019 MAR 21 AM III. 17	2019 MAR	ne	Daytime Telephone	Name: Michael Felts
TAN 1 1 2019 Page 1 of	<u>\$</u>	<b>FORM B</b> For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT
•	<b>*</b>			

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For a detailed discussion of Schedule A requiremer please refer to the instruction booklet. For an ownership interest in a privately-held busine that is not publicly traded, state the name of business, the nature of its activities, and For bank and other cash accounts, total the amount is all interest-bearing accounts. If the total is ove \$5,000, list every financial institution where there is For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. (do not use only ticker symbols). exceeding \$1,000 at the end of the reporting period and (b) any other reportable asset or source of income If you so choose, you may indicate that an asset income source is that of your spouse (SP) dependent child (DC), or jointly held with anyone (J nomes and vacation homes (unless there was renta moome during the reporting period); and any financia interest in, or income derived from, a federa For rental and other real property held for investmen provide a complete address or description, e.g. nore than \$1,000 in interest-bearing accounts. Provide complete names of stocks and mutual fund ncome during the year. production of income and with a fair market value dentify (a) each asset held for investment SCHEDULE A - ASSETS & "UNEARNED INCOME" exclude: Your personal residence, including second eographic location in Block A. stirement program, including the Thrift Savings Plan the optional column on the far left. xcepted you report a privately-traded fund that is Assets and/or Income Sources property," and a city and state. generated more than \$200 in "uneamed Examples: Investment Fund, please check the Simon & Schuster ABC Hedge Fund Mega Corp Stock BLOCK A tate the name of the activities, and or description, Ę 9.9 R × Indicate value of asset at close of the reporting period. If you Check all columns that apply. For accounts use a valuation method other than fair market value, please that generate tax-deferred income (such as specify the method used.

If an asset was sold during the reporting period and is included the "Tax-Deferred" column. Dividends, only because it generated income, the value should be reinvested, must be disclosed as income "None."

None."

The three transporting period and is included the rest and capital gains, even if reinvested, must be disclosed as income "None."

The transporting period in taxable accounts. Check "Column M is for assets held by your spouse or dependent "None" if the asset generated no income child in which you have no interest. None \$1-\$1,000 ø \$1,001-\$15,000 O ø \$15,001-\$50,000 Value of Asset × \$50,001-\$100,000 m \$100,001-\$250,000 ъ BLOCK B × \$250,001-\$500,000 9 × \$500,001-\$1,000,000 -\$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ٠.  $\mathbf{x}$ \$25,000,001-\$50,000,000 -Over \$50,000,000 Spouse/DC Asset over \$1,000,000\* 3 NONE × DIVIDENDS RENT Type of Income INTEREST Name: BLOCK C **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED Michae Partnersh Royaties moon Other Type of Income (Specify: e.g., Partnership Income or Farm Incom 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. None 'Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 = × = \$201-\$1,000 \$1,001-\$2,500 ₹ **Current Year** < \$2,501-\$5,000 40/48 ≤ × \$5,001-\$15,000 S \$15,001-\$50,000 VIII \$50,001-\$100,000 \$100,001-\$1,000,000 × Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 ₹ BLOCKD ¥ Spouse/DC Income over \$1,000,000\* None = \$1-\$200 蘳 × \$201-\$1,000 Page \$1,001-\$2,500 ₹ Preceding Year < \$2,501-\$5,000 ≤ × \$5,001-\$15,000 ≨ × \$15,001-\$50,000 S \$50,001-\$100,000 잌 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 ₹ Over \$5,000,000 ¥ Spouse/DC Income over \$1,000,000\*

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	SCHEDULE A - ASSETS & "UNEARNED INCOME"
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	BLOCK C	읔			ITAL GAINS															
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<b> </b>	BLOCK D	Amount of Income	4		se/DC income over \$1,000,000*	<del>_</del>												<del> </del>		<b>L</b>
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## **SCHEDULE C - EARNED INCOME**

Name: Michge	
Felts	
Page of	

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.

### SCHEDULE F - AGREEMENTS

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 Name: Michael FC Its Page 으

employer.		
Date	Parties to Agreement	Terms of Agreement
	NA	
	200	

# 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.

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

FILER NOTES (Optional)

Name: Michael Felts Page

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							NO
							NOTES

### SCHEDULE D - LIABILITIES

Name:	
Pageof	

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, 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. 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

SCHE					SP, DC, JT		
			SAF	Example		•	
SCHEDINE E - BOSITIONS			SANTANDER	First Bank of Wilmington, DE	Creditor		
			10117	5/98	Date Liability Incurred MO/YR	<b>J</b>	
		ì	Anto LOAN	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	*	
			X		\$15,001- \$50,000	700	
	4.				\$50,001- \$100,000	n	
	c			x	\$100,001- \$250,000	Ø	
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					\$500,001- \$1,000,000	70	Amount of Liability
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					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000	ζ.	
					Over \$1,000,000* (Spouse/DC Liability)	*	

### SCHEDULE E - POSITIONS

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 amniousses report positions held in the current calendar year and two providers report. 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

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		Position	zenou ano tre corretti calendar year. Enist-year candidates
		Name of Organization	period and the careint distinct year. Filest year candidates and her employees report positions had an activity previous years.

### CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

	20 (EC)
ndicate Your Status: Select One)	Dear Madam Clerk:
	This is to notify you that I have not yet raised (either through contributions of loans from myself
Over \$5,000 Threshold Not	or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Represe atives.
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaigns Finus file and inancial
	Disclosure Statement with the Clerk of the House of Representatives according to the deadlines
	set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been
	provided to me by the Clerk.
	This is to notify you that under the laws of the state of,
Withdrawal of Candidacy	I withdrew my candidacy for the U.S. House of Representatives on
	[Note: If your Financial Disclosure Statement was due before the date on which you withdrew
	from the race, you still must file a Financial Disclosure Statement with the House.]
	Name (Please Print or Type): Michael Felts  State: Texas District: 21
	Stare: Texas District: 21
	Date: 2/21/2019
	Date

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO

The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601