		240 0 1 2018
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: EDWARD R. ZIEGLER Day	Daytime Telephone:	U.S. HOUSE WEST
New Member of or Candidate for State:	Check if Amendment	(Office Use Only)
STATUS  New Officer or Employee  Staff Filer Ty  Employing Office:  Shared	Staff Filer Type (If Applicable):  Shared Principal Assistant to FED N. j. 2017	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	IESE 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? OI  b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ig the reporting yes No ling?
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?	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?	arrangement with an Yes 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?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	r years?
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	FORMATION - ANSWER BOTH OF THES	TH OF THESE QUESTIONS
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?	thics and certain other "excepted trusts" need not be disclosed.	Have you excluded Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent of exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	me, or liabilities of a spouse or dependent child because they meet all three tests for on Ethics.	et all three tests for Yes No X

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A	BLOCK B	BLOCK C	BLOCKD
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income
ntity (a) each asset held for investment orfindicate value of asset at duction of income and with a fair market value use a valuation method c assetting \$1,000 at the end of the reporting period, specify the method used. (b) any other reportable asset or source of income if an asset was solid of ch generated more than \$200 in "unearned" included only because it once during the year.	ntity (a) each asset held for investment or indicate value of asset at close of the reporting period, if you check all columns that apply. For accounts For assets for we duction of income and with a fair market value use a valuation method other than fair market value, please that generate tax-deferred income (such as assets indicate 401(t), IRA, or 529 accounts), you may check capital, gains, of (b) any other reportable asset or source of income if an asset was sold during the reporting period and is the "Tax-Deferred" column. Dividends, Check 'None' if ch generated more than \$200 in "unearned" included only because it generated income, the value should interest, and capital gains, even if check all columns that generate tax-deferred occurns, you may check capital gains, of the "Tax-Deferred" column. Dividends, Check 'None' if check all columns that generate tax-deferred income, and capital gains, even if the generated more than \$200 in "unearned" included only because it generated income, the value should interest, and capital gains, even if the generated income than \$200 in "unearned" included only because it generated income, the value should interest, and capital gains, even if the generated income.	Check all columns that apply. For accounts For assets for that generate tax-deferred income (such as assets indicate 401(k), IRA, or 529 accounts), you may check capital gains, the "Tax-Deferred" column. Dividends, Check 'None' interest, and capital gains, even if interest, and capital gains, even if column XII is	ntify (a) sech asset held for investment or indicate value of asset at close of the reporting period. If you check all columns that apply. For accounts for assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other duction of income and with a fair market value as a valuetion method other than fair market value, please that generate tax-deferred income (such as assets indicate the category of income by checking the appropriate box below. Dividends, interest, and 401(K), IRA, or 529 accounts), you may check capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. (b) any other reportable asset or source of income in asset was sold during the reporting period and is the "Tax-Deferred" column. Dividends, Check 'None' if no income was samed or generated. Check 'None' if no income was samed or generated. Check 'None' if no income was samed or generated.  The capital gains, even if included only because it generated income, the value should interest, and capital gains, even if column XII is for assets held by your spouse or dependent child in which you have no interest.
wide complete names of stocks and mutual funds not use only ticker symbols).	wide complete names of stocks and mutual funds "Column M is for assets held by your spouse or dependent "None in the asset generated no income not use only ticker symbols).  dhild in which you have no interest.	"None" if the asset generated no income during the reporting period.	
eil IRAs and other retirement plans (such as (k) plans) provide the value for each asset held in account that exceeds the reporting thresholds.			
count mat exceeds the reporting messions.			Current Year Preceding Year
pain and other cash accounts, total the amount in interest-bearing accounts. If the total is over 000, list every financial institution where there is than \$1,000 in interest-bearing accounts.			
rental and other real property held for investment, wide a complete address or description e.g.			

For at 401(k) identii produ excee and (b which incom Provid (do no 5<u>8</u> For rental and other real property held provide a complete address or de tental property," and a city and state. For ba For an ownership interest in a privately-held busin that is not publicly traded, state the name of business, the nature of its activities, and or a detailed discussion of Schedule A requirement bease refer to the instruction booklet. ncome during the reporting period); and any fine nterest in, or income derived from, a fe eographic location in Block A. omes and vac you so choose, you may indicate that an asset o come source is that of your spouse (SP) o pendent child (DC) or jointly held with anyone (JT) the optional column on the far left. you have a privately-traded fund that is an Except vestment Fund, please check the "EIF" box. direment program, including the Thrift Savings ctude: Your personal residence, including seco LAND DNO MINERU HRA 1722 - HZ760 046 ation homes (unless there was 1 Simon & Schuster Mega Corp Stock HALLON (LES ENGLYXI 쯖 × None \$1-\$1,000 \$1,001-\$15,000 X \$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 Spouse/DC Asset over \$1,000,000\* NONE × × DIVIDENDS × RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED 588 Partnersh Other Type of Income (Specify: e.g., Partnership Income or Farm Inco None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500  $\times \times$ \$2,501-\$5,000 × \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000\* \$1-\$200 \$201-\$1,000

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Spouse/DC Income over \$1,000,000

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Use additional sheets if more space is required.

ASSETS & "UNEARNED INCOME"
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## **SCHEDULE C - EARNED INCOME**

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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 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 income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments 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.

						- EDWAND IL ZIEGLEL LLC	Civil War Roundtable (Oct. 2) Ontarto County Board of Education	ABC Trade Association, Battimore, MD (July 15)  Evaryption: State of Maryland	Source (include date of receipt for noticitalia)	Course (include date of receipt for hoperatio)
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		-			300, 000	150 000	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

#### SCHEDULE D - LIABILITIES

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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. 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 exceeded \$10,000. 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 \*Column K is for liabilities held solely by your spouse or dependent child.

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		Sers	FRUITY TINDUCION	BEACEN FUNDING	First Bank of Wilmington, DE	Creditor		
			10   17	ع/ ال	5/98	Liability incurred MO/YR	<b>)</b>	
		CAMPAIGN LOAN	DRILLIAK DIC	OIL AND BAS ELDING	Mortgage on Rental Property, Dover, DE	Type of Liability		
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						Over \$1,000,000* (Spouse/DC Liability)	<i>*</i>	

#### 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.

Position	Name of Organization
THEASONER	FIEURI FUR CONGRESS COMMINITER
SOLE SESPEN	EDWAND R, EIBCHER, LLC
マカマウでって マラウのの	OIL SMISSIS LLC
PRESIDENT	FIEGUEL-PERU INC
MANDGING MEMBER	BIEGLES FAMILY LAND AND MINBROLD LLC
JERNESON TONO	ANSI: WELDING AND CUTTING COMMITTES 749.1

### **SCHEDULE F - AGREEMENTS**

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identify the date continuation of employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmer continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation i employer.	nave with respect to: future employment; a leave of absence during the period of government service; overnment; or continuing participation in an employee welfare or benefit plan maintained by a former
Date	Parties to Agreement	Terms of Agreement
	DD	

# 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
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FILER NOTES (Optional)

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