E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? **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 all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. **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? 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. 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 exceeding \$1,000 during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS exchange any securities or reportable real estate in a transaction PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS reporting period? Name:_ UNITED STATES HOUSE OF REPRESENTATIVES REPORT TYPE FILER STATUS b. Receive more than \$200 in unearned income from any reportable end of the reporting period? or RAYMOND EVERUE GAVE GREEN < 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S State: District: Yes Yes Yes Yes Yes 10 Daytime Telephone: X Amendment <u>8</u> Ö ö Š For Use by Members, Officers, and Employees × X 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 \$390 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any **G.** Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single reportable travel or reimbursements for travel totaling more than source during the reporting period? Employee Officer or Employing Office Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTTR 2019 JAN 150 USPIPULY) 14 POSTMARK REFERIF Shared Staff Filer Type: (If Applicable) Yes Yes Yes Yes Yes Yes Yes Principal Assistant × 8 × Š 중 Š Š 중 중 X X X >

SCHED

BLOCK A	DULE A – ASSETS 8
BLOCK B	DULE A – ASSETS & "UNEARNED INCOME"
BLOCK C	Name PAYNOND EUGENE
BLOCK D	SANE GREEN Page 2_0
BLOCK E	4

1	ÁS				K		J	뎠똣	requ	inco depo	Exce	Excl hom inco inter retire	that busi	rend Yord	For \$5,0	# 45 F	(do l	and (b) income t income o	exce prod		
teus	A MASS SUSTAINANDS	PREFERENCE AMMENTES	ALSOME PLEPERSO	のまり	MINBE		Examples:	8	For a detailed discussion of Schedule requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset 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.	If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financia interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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.	For rental and other 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, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.	oentry (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,	Assets and/or Income Sources	
2	K	Mera	45	1	Ĺ		န္	Ш	lse ref	S that (DC),	privat Ient Fi	rsonal on hou report income n, inclu	intered by transture on in B	erreal ete av	er cas iring a financ in inte	d other	name ckers	er rep ated r year.	n ass ome a at the	o/pr	œ
TRA	<u> </u>	Œ	131	PAT WAS	OXYS WHAD	ABC Hedge Fund	Simon & Schuster	Mega Corp. Stock	discussion e refer to the	nay in t of j or joi	und, p	mes (cling pe	ock A is	prope ddress xty an	h acco	r retir e value s the r	s of st	nore t	end ≰. ne	j D	BLOCK A
	ZE K	Am	N.	T	ξ.	ge Func	Schuste	p. Stoc	en of	dicate your hather the fa	ided .	ence, infess priod); ived the Th	private t state t	erty he	ounts, its. # stitutio earing	ement e for e eportii	s).	han \$	S. F iii F a. 5	OTHE	>
	K DF	u _{zn}	8	*	8	_	*	*	f Sc tructio	spous leid w	chec chec	incluc there and a from, rift Sa	ely-he the na stivities	escri	total the to an what acco	t plan bach a ng thin	and m	200 in	repoi	So	
	,,	Ø							Schedule tion book)	ar es	that	ding so was my find a fe	s, ame o	invest ption,	the er otal is are th	s (su sset h eshok	utuaf	Sour Sour	arket ting p	77.00	
						×		Ŧ	khet.	set or by or nyone	EF.	econd rental ancial aderal ederal	iness of the dits	ment, e.g.,	nount over ere is	. 6년 35 S. 85 55 S.	funds	E of	value eriod	. "	
									None						>	_		0 0 = 0 0 =			
									\$1-\$1,000						•		you have no interest.	1 assu	ation •		
							Indefinite		\$1,001-\$15	,000							no int	etwa tgene Misfo	metho	-	
	*5			×			#		\$15,001-\$5	0,000						1	erest.	s sold	or as	•	
<u> </u>	,			-		_		×	\$50,001-\$1	00,000					г			durin incom	or than	_	
H					×		-		\$100,001-\$	250,000					7	-1	3	g the e, the	fair n	alue	œ
						×	<u> </u>		\$250,001-\$	500,000					G.	-1	1	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which	Indicate value or asset at close or the reporting period. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	BLOCK B
H			-					\vdash	\$500,001-\$	1,000,000					2	-	į	rting (ne rep	ASSI	æ
					Н			╁┤	\$1,000,001	\$5,000,000					_	1	! <u>!</u>	period d be	e, ples	*	
П									\$5,000,001	\$25,000,000								and None	pend pend		
									\$25,000,00	1-\$50,000,000								nt chi	ecity =	;	
									Over \$50,0	00,000						-		in w	m en		
									Spouse/DC	Asset over \$1,	000,000°				3	:		hich only	ethod		
									NONE								period.				
								×	DIVIDEND	3							i.	column. even if n for asset	check all columns that apply. generate tax-deferred income (su 529 accounts), you may check		
									RENT				•				5	el not	tax-de		
					×				INTEREST								9	eted.	you you	¥	
									CAPITAL G	ains					_		ā	axable	may may	0	ВГС
									EXCEPTED	ABLIND TRUS	T						8	e acc	checks	- Inc	BLOCK C
	X			×					TAX-DEFE	RRED	-						9	column. Dividends, interest, and even if reinvested, must be disclos for assets held in taxable accounts. If the asset paragraph on income during the second of the second	check all columns that apply. For generate tax-deferred income (such as 529 accounts), you may check the	\simeq	
						Partnership Income	Royalties		Other Type (Specify: e.	of Income g., Partnership	Income or Fr	árm (ncome)						capita sed as . Chec	s 401(k)		
						ST ST	*			ì							period.	capital gains, ad as income Check "None"	401(k), IRA, or "Tax-Deferred"		
	Х			×					None \$1-\$200						-	_ 5					
\vdash			<u> </u>		×	\vdash	×		\$201-\$1,00	0					=	whice	<u> </u>	: : : : : : : : : : : : : : : : : : :	SetSit	•	
H					<u> </u>	\vdash	<u> </u>	×	\$1,001-\$2,						-	n you	æ` ₫	Inters scios Che	incon N		
\vdash			ļ			×	-	Ĥ	\$2,501-\$5,0						<	nave	r ass	÷ # = # :	one"c	Αm	
$\vdash \vdash$			\vdash			Ĥ	<u> </u>		\$5,001-\$15							no p	e\$ 1 €	ond ca	olumi olumi	Ē	B
			\vdash			\vdash	-		\$15,001-\$5							erest.	항	apital		ç	BLOCK D
H			-			\vdash			\$50,001-\$1								your	and capital gains, eve as income for assets "None" if no income	Tall o	Amount of Income	D
			\vdash			\vdash			\$100,001-\$	1,000,000		<u> </u>				-	spo _L	ssets ome	ther as	me	
\Box			 			 	-		\$1,000,001	-\$5,000,000					· · ·	4	오 8	held Was	ssets riate	i '	
H			<u> </u>						Over \$5,00	0,000				·	2		depe	nterest, and capital gains, even if reinvested, closed as income for assets held in taxable check "None" if no income was earned or	indica box t		
									Spouse/DC	Asset with Inc	ome over \$1	,000,000*				1	ndent	reinvested, in taxable earned or	te the		
						<u> </u>		S(part)	P, S,						blank if no trans that exc \$1,000.	an a plea folloy	period				
						l			S(pa						Leave this columblank if there are no transactions that exceeded \$1,000.	se ind ws: (S	period.	sates (S), or exchanges (E) exceeding \$1,00 in the reporting	indicate if the asset had purchases (P)	ansi	BLOCK E
									S(part), or						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold please indicate as follows: (S (part)).	period.	sates (S), or exchanges (E) exceeding \$1,000 in the reporting	(P)	Transaction	Ä
. '		1	I	l	l	1	1		7						φ∄	\approx \approx \approx	Q	×		=	

													25	B	왕정부	****	
						EMB-0/EES REBUNDAN		(MID) STARED 40	COMMINDED BOOK		CHEMINA EVANGENCY	WHITE METERS	CHX BWD TRA	KIBENEY KEEK			BLOCK A Assets and/or income Sources
Н						<u> </u>									딲	None	
	 												-			\$1.81.000	
	 										_	ļ	<u> </u>		ļ		
							1								<u> </u>	\$1,901-\$15,000	
						2			×							\$15,001-\$50,000 e	
						NDE		_			<u> </u>		×	<u></u>		\$50,001-\$100,000 m	<u>≤</u> _
						E	<u> </u>							K		\$100,001-\$250,000 m	BLOCK B Value of Asset
	<u> </u>		<u> </u>			TERMINE	ļ		<u></u>		<u> </u>				<u> </u>	\$250,001-\$500,000	ž S
						3							<u> </u>	ļ		\$500,001-\$1,000,000 ==	set W
						₹.					ļ					\$1,000,001-\$5,000,000	
			L			8				-		<u> </u>	╙			\$5,000,001-\$25,000,000 <u> </u>	
					ļ		ļ	ļ	ļ							\$25,000,001-\$50,000,000	
		L							L_		_	_	<u> </u>	ļ		Over \$80,000,000	
		,			,				,		<u> </u>		_	ļ.,		Spouse/DC Asset over \$1,000,000°	
									<u> </u>		<u> </u>	_	<u> </u>			NONE	
		ļ				Ļ		ļ		ļ	ļ		<u> </u>	ļ		DIVIDENDS	
		ļ				38.5					<u> </u>		<u> </u>			RENT	
	ļ		ļ				<u> </u>				<u> </u>		<u> </u>			INTEREST	ур в
	<u> </u>				_	NO TO NO	<u> </u>	<u>L</u>			_	<u> </u>	_	ļ		CAPITAL GAINS	BLOCK C Type of Income
	 _	_		ļ		8	<u> </u>	<u> </u>					-	-	ļ	EXCEPTED/BLIND TRUST	更分
						1	Ì		×				×	\		TAX-DEFERRED	3
						0										Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
									×				K	区		None	
				<u> </u>												\$1-\$200 =	
									Ī							\$201-\$1,000 <u>=</u>	
						†										\$1,001-\$2,500 \rightarrow	>
																\$2,501-\$5,000 <	BLOCK D Amount of Income
							_									\$5,001-\$15,000 ≤	unt of Inc
													Γ			\$15,001-\$50,000 <u>≤</u>	S Š
																\$50,001-\$100,000 <u>≦</u>	CON
						Γ		Γ								\$100,001-\$1,000,000 g	8
																\$1,000,001-\$5,000,000 ×	
																Over \$5,008,000	
																Spouse/DC Asset with Income over \$1,000,000*	
																P, S, S(part), or E	BLOCK E Transaction

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: RAYMUND ELLENE GOVE GREEN

Page 3

SCHEDULE B - TRANSACTIONS

Name: RAYDONO ENGENTE GENEGREEN Page 4 of 9

Report any reporting pe dependent or resulted in Exclude tra purchase or a portion of Capital Gal the capital the capital the Capital SP, DC, JT	purchase, sall effort of any se child for invests a capital loss, ansections beh an asset is sold income on jain income on is for assets so	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the 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 resulted in a capital loss. 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 rental income. If only a portion of an asset 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 the 'capital gain' income on Schedule A. *Column K is for assets solely held by your spouse or dependent child. SP, DC, JT Asset Mega Corp. Stock Mega Corp. Stock	8 X V S P R S S		Sale Of T	Sale Of Transaction	Exchange	Check Box if Capital Gain Exceeded \$200	Date (MODAYTR) or Charlenty, Monthly, or Bitweeldy, if applicable	\$1,001- \$15,000 >	× \$15,001- \$50,000 ∞	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000 m	\$1,000,000 Transaction \$5,000,000 G	\$5,000,001- \$25,000,000 ±	\$25,000,001- \$50,000,000 —	Over \$50,000,000	
		NONE																	
			į														_		
																	_		
		000															↓		
		***************************************				<u> </u>											<u> </u>		
																	<u> </u>		
															<u> </u>		ļ		
																	<u> </u>		
				-													ļ		
																	ļ		
																	ļ		
																	<u> </u>		
																	-		
																	<u> </u>		
																	_		
		13.5.7.7.7.7.7.																	
		- 1- TERRY 1						·											
			-																

SCHEDULE C - EARNED INCOME

Name PRYPONDENCENE GIVE GREEN Page 5 of 9

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 PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

					CWA) ITM NEGOGIAGED BENSON PLAN	TEACHER RESTARANT SKEDEM OF JEXAS	EMOLOYEES PETEREMENT SYSTEM OF TEXAS	Ontario County Board of Education	Keene State Keene State State of Maryland State of Child 2)	Source (include date of receipt for honoraria)
					WHON PERSON	MASNAG 35 MOBS	LEGT SLOOTHE PENST W	Spouse Salary	Approved Teaching Fee Legislative Pension	Туре
					35256	NA	58,08564	WA	\$6,000 \$18,000 \$1 000	Amount

SCHEDULE D - LIABILITIES

Name: ROMOND ENGANT CANE GREEN Page 6 of a

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 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 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

				SP, DC, JT		
			Example			
		NONL	First Bank of Wilmington, DE	Creditor		
			5/15	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	9 0	
				\$50,001- \$100,000	ဂ	
			×	\$100,001- \$250,000	0	ļ
				\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	п	Amount of Liability
				\$1,000,001- \$5,000,000	6	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)	~	

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 and positions social fraternal or political entities (such as political parties and campaign and positions social fraternal or political entities (such as political parties and campaign and positions social fraternal or political entities (such as political parties and campaign and positions).

	Ī			_
		of the control of the	Position	neid in any religious, social, fraternal, or political entities (such
			Name of Organization	neig in any religious, social, fraternal, of political entities (such as political parties and campaight organizations), and positions solely of an notionally nature.

SCHEDULE F - AGREEMENTS

NameRAYMOND EV GENE GENE GREEN Page 7 of 9

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	
05/1990	CWA/IN NEODAD PAYSTON PLAN	CONGRUED PARTICIPATION IN PENSEW PLAN
	SOME UP TEMS	11),

SCHEDULE G – GIFTS

prior approval of the Committee on Ethics. 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 approvar or are committee on Funcs.		
Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
	NONE	

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Namppyhoustnane Gane GREEN	
Page go of	

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

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
1	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	Υ	Υ	Z
Examples.	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Υ	Υ .	Υ
WETH	ALLIANCE FOR HEALTH REFORM THE THE	MARCHATO	DC TO WARRENTON VA	٧	У	٧
Comma	COMPANIMENTAL (2018 BARATION CONSCRIBINA MARCH 1)	MARCH 11	70 PC			
Heth	HEALTH POLICY CONFERENCE					
17						
	2 0.000.					

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

 ϵ 1

IEU OF HONOKAKIA	Namoldym and LUGENF GENC GREEN	WE GREEN Page	9 of 9
st the source, activity (<i>i.e.</i> , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event parate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	sponsor of an event to a charitable organ	to a charitable organization in lieu of paying an honorarium to you. A	honorarium to you. A
Source	Activity	Date	Amount
Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2017 Aug. 13, 2017	\$2,000 \$500
NowE			
		Sanger or a	