PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** Name: 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 A. Did you, your spouse, or your dependent child:
a. Own any reportable asset that was worth more than \$1,000 at the EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for 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? exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics reporting period? FILER STATUS Receive more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period? Cos U.S. House of Representatives Employing Office: New Officer or Employee Candidates - Date of Election: New Member of or Candidate for THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" State: District: Shared Staff Filer Type (If Applicable): Yes Yes Yes X Daytime Telephone: For New Members, Candidates, and New Employees Principal Assistant Z Z N N J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? 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? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? FORM B ₽ Period Covered: January 1, Check if Amendment A \$200 penalty shall be assessed against any individual who files more than 30 days late. U.S. HOUSE OF REPRESENTATIVE LEGISLATIVE RESOURCE CENTER 18 MAR 12 PM 12: 44 (Office Use Only) FEB 23 2018 1 of / šes X Yes Yes Υes Yes X \boxtimes 콩 Š ö

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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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 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). production of income and with a fair market value succeeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" nomes and vacation homes (unless there was renta or rental and other real property held for investment production of or a detailed discussion of Schedule A requirements or an ownership interest in a privately-held busin rental property," and a city and state. nore than \$1,000 in interest-bearing accounts. etirement program, including the Thrift Savings Plan eographic location in Block A. you so choose, you may indicate that an asset come source is that of your spouse (SP) apendent child (DC), or jointly held with anyone (J you have a privately-traded fund that is an Excepted westment Fund, please check the "EIF" box. tome during the reporting period); and any financial terest in, or income derived from, a federal xclude: Your personal residence, including secon the optional column on the far left ise refer to the instruction booklet Assets and/or income Sources preces famo Ila TENM. VALLEY AVIH. not publicly traded, ss, the nature of Examples: CHASE SANK each asset Monta G nowin find Simon & Schuster ABC Hedge Fund Mega Corp Stock BLOCK A នី state the /NVESIN activities, for investment name ᆲ 9.0 #3 × ે લ Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should child in which you have no interest *Column M is for assets held by your spouse or depender be 'None." \$1-\$1,000 8 O \$1,001-\$15,000 \$15,001-\$50-000 0 × \$50,001-\$100,000 т Value of Asset \$100,001-\$250,000 77 BLOCK B × \$250,001-\$500,000 G \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 _ \$5,000,001-\$25,000,000 ے \$25,000,001-\$50,000,000 ᆽ _ Over \$50,000,000 ኟ Spouse/DC Asset over \$1,000,000* Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA or 529 accounts), you may check the "Tax-Deferred column. Dividends, interest, and capital gains, even if for assets held in taxable accounts.
"None" if the asset generated no identify the reporting period. einvested, must be disclosed as incom DIVIDENDS × RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST M TAX-DEFERRED Royallies incon Check Other Type of income (Specify: e.g., Partnership Income or Farm Income) For assels for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assels indicate the category of income by checking the appropriate box below. Dividends, interest, and capital galitis, even if refuvested, must be disclosed as income for assets held in taxable accounts Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest None = × \$1-\$200 = \$201-\$1,000 \$1,001-\$2,500 ₹ Current Year < \$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 × Amount of Income × Over \$5,000,000 BLOCK D × Spouse/DC Income over \$1,000,000 None = \$1-\$200 ≖ \$201-\$1,000 × \$1,001-\$2,500 ₹ Preceding Year < \$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*

Use additional sheets if more space is required

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Page 3

SCHEDULE C - EARNED INCOME

Name: Page_

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.

| 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. Amount | income may apply to you after you limit is \$27,765. In addition, cert or staff. | ain types of income (notably honorar | 2016 limit on outside earned income for noraria, director's fees, and payments for Amount |
|--|--|--------------------------------------|--|
| Source (include date of receipt for honoraria) | Type | Current Year to Filing | Preceding Year |
| ABC Trade Association, Baltimore, MD (July 15) | Honorarium | \$0 | \$500 \$76 000 |
| EXAMPLES: Civil War Roundtable (Oct. 2) Onlario County Board of Education | Spouse Speech Spouse Salary | \$0 N/A | \$1,000 N/A |
| Asizon GOVENMENNAR Affans | CONSVITINGEE | 71,000 | NIA |
| SMIT OF ARIZONA | DENSION | Minax. Topics | \$ 36,000 |
| Scrool CAPICE ANTONA INC. | COMMISSION | N/A | \$ 750 |
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SCHEDULE D - LIABILITIES

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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 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 properly 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 *Column K is for liabilities held solely by your spouse or dependent child.

| | | SP, DC, JT | | | | | | | |
|--|--|--|----------|---------------------|--|--|--|--|--|
| | Example | | | | | | | | |
| | First Bank of Wilmington, DE | Date Liability Incurred MO/YR | | | | | | | |
| | 5/98 | | | | | | | | |
| | Mortgage on Rental Property, Dover, DE | Type of Liability | | | | | | | |
| | | \$10,001- \$15,000 | ➣ | | | | | | |
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| | | \$250,001- \$500,000 | т | Amount of Liability | | | | | |
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| | | Over \$50,000,000 | _ | | | | | | |
| | | Over \$1,000,000* (Spouse/DC Liability) | ~ | | | | | | |

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 period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. 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

| Position | Name of Organization |
|---------------------|------------------------------|
| CHAR | PHOENIX OPENA |
| TNUSTEE | PHOENIX CAPIR |
| DEVETORMENT BYSICER | SOMOR CHOICE ANDONA, INC. |
| PRESIDENT | Spino STATEGIES |
| CNSUKANO | ARIZAMA SOVENIMENIAN ALLAMES |

(SAE ATTROCHES)



SCHENNE E- POSITIONS

SENIOR D'UNG ADVISOR, SENTEMBER JUMP, LC

SENIOR D'UNG ADVISOR, NARVC

BOARD OF DINECTOMS, NARVC

EXECUTIVE EDITOR, ThUTH IN PROTECT

ANVISORY QUALITY MEMBER, CENTER FOR

PUBLIC UNITES



SCHEDUL

| SCHEDU | SCHEDULE F AGREEMENTS | Name: Page 6 of 8 |
|---|---|--|
| Identify the di continuation of employer. | Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation is employer. | ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former |
| Date | Parties to Agreement | Terms of Agreement |
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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 |
| STATE of ANIMA | ELEGED OFFICIAL - CORPORATION COMMISSION |
| STATE of ARICANA | DEN SIAN |
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FILER NOTES (Optional)

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Page 7 of S

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FILER NOTES (Optional)

Name: Page & of 8

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