POSTMARK ILLFRIRIF

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employeegerist ATIVE RESOURCE CENTER FOR New Members, Candidates, and New Employeegerist ATIVE RESOURCE CENTER FOR New Members, Candidates, and New Employeegerist ATIVE RESOURCE CENTER FOR New Members, Candidates, and New Employeegerist ATIVE RESOURCE CENTER FOR New Members, Candidates, and New Employeegerist ATIVE RESOURCE CENTER FOR New Members, Candidates, and New Employeegerist ATIVE RESOURCE CENTER FOR New Members, Candidates, and New Employeegerist ATIVE RESOURCE CENTER FOR New Members, Candidates, and New Employeegerist ATIVE RESOURCE CENTER FOR New Members, Candidates, and New Employeegerist ATIVE RESOURCE CENTER FOR New Members, Candidates, and New Employeegerist ATIVE RESOURCE CENTER FOR New Members, Candidates,	SISLATIVE RESOURCE CENTER
Name: Benjamin R. Leon	Daytime Telephone:	8 JAN I I PM 1: 26
New Member of or Candidate for State: \(\frac{\frac{1}{2}\chi^2 \lambda_4}{\lambda_4}\) New Member of or Candidate for State: \(\frac{\frac{1}{2}\chi^2 \lambda_4}{\lambda_4}\) U.S. House of Representatives District: \(\lambda_0 \rightarrow^{\frac{1}{2}}\) Candidates - Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee Staff Fil Employing Office: Shared	Staff Filer Type (If Applicable): Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE 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 unearmed 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?	g the reporting igh the date of filing? Yes No
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	X 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?	1 \$5,000 from a Yes No X
ATTACH THE CORR	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATION - ANSWER BOTH OF THESI	: 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?	on Ethics and certain other "excepted trusts" need not be disclosed.	Have you excluded Yes No 🔯
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they me littee on Ethics.	et all three tests for Yes No No

all interest-bearing accounts. If the total is ov \$5,000, list every financial institution where there 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. production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income For rental and other real property held for investment provide a complete address or description, e.g. For bank and other cash accounts, total the amount (do not use only ticker symbols). SCHEDULE A - ASSETS & "UNEARNED INCOME" nomes and vacation homes (unless there was rent noome during the reporting period); and any financial norms derived from, a feder nierest in, or income derived from, a feder hat is not publicly traded, state the nan business, the nature of its activities, nore than \$1,000 in interest-bearing accounts or an ownership interest in a privately-held busii rental property," and a city and state. or a detailed discussion of Schedule A requirement you so choose, you may indicate that an asset some source is that of your spouse (SP) stirement program, including the Thrift Savings Plan rovide complete names of stocks and mutual fund ependent child (DC), or jointly held with anyone you have a privately-traded fund that is an Excepte westment Fund, please check the "EIF" box. xclude: Your personal residence, including secon ease refer to the instruction booklet the optional column on the far left. eographic location in Block A. Assets and/or Income Sources (a) each asset more than \$200 in "unearned ABC Hedge Fund Simon & Schuster Mega Corp Stock BLOCK A held for investment name ne of ₾ * 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 included only because it generated income, the value shou > *Column M is for assets held by your spouse or depende child in which you have no interest. None be "None." \$1-\$1,000 8 \$1,001-\$15,000 O \$15,001-\$50-000 0 \$50,001-\$100,000 ш Value of Asset × \$100,001-\$250,000 71 BLOCK B \$250,001-\$500,000 ഒ I \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ے \$25,000,001-\$50,000,000 **×** Over \$50,000,000 _ Z Spouse/DC Asset over \$1,000,000* the "Tax-Deferred" column. unvuented interest, and capital gains, even interest, and capital gains, even interested, must be disclosed as income. 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, for assets held in taxable accounts. Chec "None" if the asset generated no incom NONE × DIVIDENDS RENT Type of Income INTEREST BLOCKC Name: CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Royalties . Chec Other Type of Income (Specify: e.g., Partnership Income or Farm Income) 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 galine, 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 × ≤ \$5,001-\$15,000 P ≦ \$15,001-\$50,000 \$50,001-\$100,000 ≦ \$100,001-\$1,000,000 ⋝ Amount of Income \$1,000,001-\$5,000,000 × × Over \$5,000,000 BLOCK D ≚ Spouse/DC Income over \$1,000,000* None \$1-\$200 = = \$201-\$1,000 ₹ Page \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 ≤ × \$5,001-\$15,000 ≨ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 오 × \$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.

5 R &

S
Ö
Ï
丽
Ē
F
Ш
ъ
_!
➣
က္
<u>ග</u>
Шi
궀
Ø
Ωο
2
\subset
Z
Ш
D
Z
_
П
O
=
Ž
Ω
Q
M
Щ
3

Name:

<u>`</u>q

															≒Ŗ,¥					
																			Assets and/or Income Sources	
												ŀ							8	
																			and	
															ASSET NAME				Ŷ	BLOCK A
	}	1	1	}	}						l	1]		Ž				nc.	Š
															m M				me	
																			Ş	
																			Ť	
	<u> </u>										<u> </u>		_						9	
															異			_		
	<u> </u>	ļ	ļ	ļ	ļ						ļ.,.			ļ	L	None	>	4		
	<u> </u>		ļ		<u> </u>	<u> </u>	L						<u> </u>	ļ		\$1-\$1,000	C	4		
	<u> </u>	<u> </u>								,	<u> </u>		<u> </u>	ļ		\$1,001-\$15,000	C	-		
					<u>-</u>	<u> </u>					<u> </u>			-		\$15,001-\$50,000	0	4		
	<u> </u>	<u> </u>		_			-				ļ					\$50,001-\$100,000		4	Val	
		_	 -	ļ <u> </u>	-	ļ								ļ		\$100,001-\$260,000 \$250,001-\$500,000	<u>ஈ</u>	-1	ē	вгоск в
			ļ											 -		\$500,001-\$1,000,000	<u> </u>	-	>	SE SE
	<u> </u>	ļ		-	ļ			 _		-	1	-				\$1,000,001-\$5,000,000		-	Value of Asset	
-	 	ļ	-	<u> </u>		 		-				 	 	-		\$5,000,001-\$25,000,000	_	\dashv	•	
L	 	-	ļ	1					-	.,		-	<u> </u>	Į		\$25,000,001-\$50,000,000		-1		
	 					_							-			Over \$80,000,000	_	1		
											-					Spouse/DC Asset over \$1,000,000*	Z	1		
	_								-				-		7	HONE		十		
	<u> </u>						_				-					DIVIDENDS		1		
		-									<u> </u>					RENT	•	1	_	
	<u> </u>	 		-							-	-	L	ļ		INTEREST			Ą.	
<u> </u>					ļ		1				_					CAPITAL GAINS		-	<u> </u>	E O
	<u> </u>	-														EXCEPTED/BLIND TRUST		-	Type of Income	вгоск с
		ļ		ļ	-							-							ş	
L			<u> </u>			·							-			TAX-DEFERRED		4	Φ	
																Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				
		ļ						-			1			ļ			-	+		
		1							· .			٠	<u> </u>	ļ		<u> </u>		ı		ļ
		-		ļ						,			-					ı		
												-		-	<u></u>		2	ı		
	 	-		-										ļ				2		
	├	 	-									 		 -		\$5,001-\$15,000	ַ	3		
	_	 						 				-				\$15,001-\$50,000	≤ q	:		
	\vdash	1		-	<u> </u>							T				\$50,001-\$100,000	A M MI MI			
																	7	· [
	L															\$1,000,001-\$5,000,000	<		Ą	
			<u> </u>				L									Over \$5,000,000	4	1	Amount of Income	
																Spouse/DC Income over \$1,000,000*	_		좑	BLOCK D
																			3	X
	<u> </u>				<u> </u>					ļ		-		ļ	ļ		=		ဋ	
L	<u> </u>		<u> </u>	ļ		<u> </u>						ļ	ļ					I	9	
					ļ	<u> </u>						ļ					₹ 3	9		
ļ	 	 	1		<u> </u>	 	· · ·	-		L	-		-	 			/ V V V W V V V V			
-	 		 	 	 		 	-	-	-		-	-	 	-	\$15,001-\$10,000	- [ŧ I		
-	 	-		-			-	L			 	·	<u> </u>			\$50,001-\$100,000	V 4	{		
	-	-	-	-			ļ	,			-		 			\$100,001-\$1,000,000	2 2	į		
 -	 		-			-			-	<u> </u>		-	<u> </u>				ζ.			
	 	 			<u> </u>	7-	-		ļ	-	-	-	1			,,	4			
					<u> </u>		Ť						1				<u>≚</u>			
		<u> </u>	•	-			-	•						-						

SCHEDULE C - EARNED INCOME

Name: Berfamin Lesti 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.

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.

						Disney Corporation	Ontario County Board of Education	Examples: State of Maryland Civil War Roundtable (Oct. 2)	ABC Trade Association, Baltimore, MD (July 15)	Source (include date of receipt for nonoraria)	
					•	Salery	Spouse Salary	Spouse Speech	Honorarium	Type	#
						5%	NIA	\$20,000	\$0	Current Year to Filing	
						22,178.66	N/A	\$1,000	\$500	Preceding Year	Amount

SCHEDULE D - LIABILITIES

uring the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	Mark the highest amoun	, or your dependent child.	eriod by you, your spouse	uring the reporting p
Pageof		Rujamie Ceix	Name: 3	

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, perent, 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 d

				SP, DC, JT		
		Auto	Example			
	- 45	Acto muh. b	First Bank of Wilmington, DE	Creditor		
		11/10	5/98	Date Liability Incurred MO/YR		
	1.0.4 Ca4	At law	Mortgage on Rental Property, Dover, DE	Type of Liability		
		×		\$10,001- \$15,000	>	
				\$15,001- \$50,000	œ	
				\$50,001- \$100,000	C	
			×	\$100,001- \$250,000	D	
			,	\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	'n	t of Li
				\$1,000,001- \$5,000,000	ø	Amount of Liability
				\$5,000,001- \$25,000,000		
		ì		\$25,000,001- \$50,000,000		
				Over \$50,000,000	٠	
				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 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	period and the cantain calcinal year. I har year candidates
			Name of Organization	panou and una cantain calainai year. They year candidates and new employees report positions had in the cantain a year and two previous years.

SCHEDULE F - AGREEMENTS

Page <u>o</u>

Identify the da 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 in 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

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.

Soverillion and any information considered confidential as a	gerennen and and mennamen een seen en aprincipal reason en proposition of tax. De net repeat minimizen news en
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	e Accounting Services

FILER NOTES (Optional)

							NOTE NUMBER
:		:					
							NOTES
				is a second			

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

3	c		_
⋍	.s. ≅c	<u>co</u>	EGIS
THARK ILLEGIBLE	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVE	18 JAN 11 PM 1: 26	LEGISLATIVE RESOURCE CENTER
	FE		RES
	SESE CI	3	OUKC
	NIAI	# 120	ב ניבת
-	Z.	_ G	Ç

Indicate Your Status: (Select One)

Dear Madam Clerk:

Over \$5,000 Threshold Not Exceeded This is to notify you that I have not yet raised (either through contributions or coans from rifyself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial 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.

	Withdrawal
1	of Candidacy

This is to notify you that under the laws of the state of	_,
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): 18 Name	Leon		
State: Florida		District: 10+4	
Date: 1/2/18			

(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