

DEC 22 2017

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LEGISLATIVE RESOURCE CENTER

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES		FORM B	
FINANCIAL DISCLOSURE STATEMENT		For New Members, Candidates, and New Employees	
Name: <u>Eduard Westgaard Hansen</u>		Daytime Telephone: _____	
FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: _____ District: _____	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> Candidates - Date of Election: <u>11/6/18</u>		
	<input type="checkbox"/> New Officer or Employee	Staff Filer Type (If Applicable):	
	<input type="checkbox"/> Employing Office: _____	Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>	
		Period Covered: January 1, _____ to _____	

PRELIMINARY INFORMATION - ANSWER EACH OF 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? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input type="checkbox"/> No <input type="checkbox"/>	

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Edward Westergaard Hansen

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BLOCK A		BLOCK B													BLOCK C								BLOCK D																							
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income																							
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$15,000	\$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*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
	San Francisco Ctr																																													
	San Francisco Ctr																																													

Name: Edward Westergaard Hansen

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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.

[illegible]

Name: E. Dunsford-Harris Page 5 of

[illegible]

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
Drexler	Worldwide Waterways - non-profit
Dover/Proprietor	Hansen Construction Company

Name: Edward Christopher Ford Page 6 of

[illegible]

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.**

[illegible]

2016 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2016	
Copy C for employer's records. OMB No. 1545-0046			
3 Control number 0000000779 VDF	Dept 87510	Corp. RCJ9	Employer use only 13371
5 Employer's name, address, and ZIP code TEXAS SAN MARCOS TREATMENT CEN 367 S GULPH ROAD KING OF PRUSSIA, PA 19406			
6 Employee's name, address, and ZIP code MARILIZET ALANIZ 1901 CORONA DRIVE AUSTIN, TX 78723			
5 Employer's FED ID number 43-2002231	6 Employee's SSA number		
1 Wages, tips, other comp. 11757.72	2 Federal income tax withheld 1131.34		
3 Social security wages 11757.72	4 Social security tax withheld 728.98		
5 Medicare wages and tips 11757.72	6 Medicare tax withheld 170.49		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 7.16		
14 Other	12b 12c 12d 13 Stat emp Ret. plan/401(k) plan/457 plan/other		
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

MARILIZET ALANIZ
AUSTIN, TX 78723

Social Security Number:
Taxable Marital Status:
MARRIED
Exemptions/Allowances:
Federal: 1
State: 0
Local: 0

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Fold and Detach Here

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ANN N. HANSEN 3008 FOREST AVE PORT ARTHUR, TX 776425301 409-982-7762		1 Rents \$	OMB No. 1545-0115 2016 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient
PAYER'S federal identification number 76-0576574	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code Edward W Hansen Edward W. Hansen Austin TX 78723		7 Nonemployee compensation \$ 32150.00	8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11	12	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code EMPLOYEES RETIREMENT SYSTEM OF TEXAS P.O. BOX 13207 AUSTIN, TX 78711		1 Gross distribution \$ 25,061.40	OMB No. 1545-0119 2016 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.
		2a Taxable amount \$ 25,061.40			
2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
PAYER'S federal identification number		RECIPIENT'S identification number			
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code MARILIZET ALANIZ AUSTIN TX 78723		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 1,246.20		
		5 Employee contributions \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution codes(s) 2	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
		9a Your percentage of total distribution %		9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
Account number (see instructions) *****-01			15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

Form **1099-R** (keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

a Employee's social security number		OMB No. 1545-0008				This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number (EIN) 32-0216834		1 Wages, tips, other compensation 18911.67		2 Federal income tax withheld 1565.00					
c Employer's name, address, and ZIP code COASTAL CAREGIVERS, INC. 3008 FOREST AVE PORT ARTHUR TX 77642		3 Social security wages 18911.67		4 Social security tax withheld 1172.52					
		5 Medicare wages and tips 18911.67		6 Medicare tax withheld 274.22					
		7 Social security tips		8 Allocated tips					
d Control number		9		10 Dependent care benefits					
e Employee's name, address, and ZIP code EDWARD W HANSEN AUSTIN TX 78723		11 Nonqualified plans		12a See instructions for box 12					
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b					
		14 Other		12c					
				12d					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name				

Form **W-2 Wage and Tax Statement**
Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return

2016

Department of the Treasury—Internal Revenue Service

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LW2C/LW22

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Mr. Edward W. Hansen

Austin, TX 78723

ANNUAL STATEMENT OF ACCOUNT

Statement Date: **December 31, 2016**

Monitor and update your account online at
www.texas tuition promise fund.com.

This statement includes only active contracts with
benefits remaining. If your account is paid in full, this
notice serves as an annual communication from the
program office.

Purchaser E-Mail: amazonexpress@gmail.com

ACCOUNT: [REDACTED] BENEFICIARY: Olivia L. Hansen

Beneficiary Mailing Address:

Austin, TX 78723

Contract Financial Summary:

Payments Received: **\$26,335.00**

Your 'Pay-As-You-Go' contract allows you to purchase
units at the current unit cost at any time. You have no
fixed payment obligation. Unit costs will change
effective September 1 each year.

Fee Information:

Late Fees Due: **\$0.00**

Returned Payment Fees Due: **\$0.00**

Other Administrative Fees Due: **\$0.00**

Total Fees Due: \$0.00

Successor: Marilzet Alaniz

Product Type: Type I

Projected High School Graduation: 2017

Payment Option: Pay-As-You-Go

Conversion Adjustment Paid: **\$0.00**

Conversion Adjustment Due: **\$0.00**

Contributions for 2016: **\$4,800.00**

FAFSA Reporting Value: ¹ **\$28,592.41**

Benefits Summary: Purchased

Type I Units: **226.037**

Units Used: **0.000**

Units Matured: ² **114.216**

Units Not Matured: **111.821**

ACCOUNT TOTALS

Contract Financial Summary:

Payments Received Total: **\$26,335.00**

Summary of Conversion Adjustments:

Conversion Adjustment Paid: **\$0.00**

Conversion Adjustment Due: **\$0.00**

Summary of Fees Due:

Late Fees Due: **\$0.00**

Returned Payment Fees Due: **\$0.00**

Other Administrative Fees Due: **\$0.00**

Total Fees Due: \$0.00

Contributions for Calendar Year 2016: \$4,800.00

FAFSA Reporting Value: ¹ \$28,592.41

¹ FAFSA Reporting Value is the refund value of your tuition units. If the Purchaser is a dependent student, or a student's parent whose assets are reported on FAFSA, report this value as a parental asset when completing the Free Application for Federal Student Aid (FAFSA). For more information, please visit <https://fafsa.ed.gov/>.

² Tuition Units mature on the 3rd anniversary of the First Payment due date. For Pay-As-You-Go purchases made after this date, units mature on the 3rd anniversary of the date the payment was received. Matured Units can be used after all outstanding balances have been paid and a valid beneficiary SSN is on file, and before the 10-year termination limit.