#### IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS **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. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? **D.** Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or **UNITED STATES HOUSE OF REPRESENTATIVES C.** Did you or your spouse have "earned" income (e.g., sataries, honoraria, or pension/IRA distributions) of \$200 or more during the Name: 2018 FINANCIAL DISCLOSURE STATEMENT exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: reporting period? REPORT TYPE three tests for exemption? a. Own any reportable asset that was worth more than \$1,000 at the STATUS FLER Receive more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period? 2018 Annual (Due: May 15, 2019) House of Representatives Member of the U.S. Do not answer "yes" unless you have first consulted with the Committee on Ethics District: ×<sub>es</sub> Ύes Yes Yes X Ύes Daytime Telephone: Š Amendment 8 공 Z Š For Use by Members, Officers, and Employees 区 ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" lieu of paying you for a speech, appearance, or article during the reporting period? I. Did any individual or organization make a donation to charity in reportable travel or reimbursements for travel totaling more than \$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 source during the reporting period? 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? Form A Employee Officer or **Employing Office** Date of Termination: Termination A \$ 240 Demalty Shall be last that bed against any LEGISLATIVE ACSOURCE CENTS: individual who files more than 30 days late. HAND DELIVERED 1 of 10 Shared Staff Filer Type: (If Applicable) Yes Yes Yes Yes Yes Yes Yes Principal Assistant Z 0 S 0 Š Ş 몽 Ş X X

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: BILL POSEY Page 2 of 10

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4		त्र	5	D	5		E Xay		all interest-bearing accounts, If the total is over \$5,000, list every financial institution where there is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  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 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.  Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial increast in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you report a privately-traded fund that is an Excapted Investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointy held with anyone (JT), in the optional column on the far left.	Assets and/or income Sources lentify (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, and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' income during the year.  Provide complete names of stocks and mutual funds (do not use only tocker symbols).  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.
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L_	_			_		×			\$250,001-\$500,000	Value of Asset  Value of Asset  Value of Asset  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 be "None."  *Column M is for assets held by your spouse or dependent child in which you have no interest.
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1		1	ļ			₽				Type of income  Check all colums 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 reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.
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		<del>                                     </del>			-				\$1-\$200	Amount  Amount  Amount  For assets for which you chece may check the "None" column category of income by che pividends, interest, and ca accounts. Check "None" if no "Column XII is for assets held in which you have no interest.
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<u> </u>	$\vdash$	<u> </u>					<del>  -</del>	$\dagger \exists $	Over \$5,000,000	Amount of Income  Amount of 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 gains, even if reinvested, 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.
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I					'				Leave this column blank if there are no transactions that exceeded \$1,000.	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (part)).
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: BILL FOSEY

Page 4 of 10

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					•	. !							rp. Stock	Asset	* Column K is for assets solely held by your spouse or dependent child	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an esset in a tax-deferred account, and disclose the capital gain income on Schedule A.	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.	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	real property held by you
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### **SCHEDULE C - EARNED INCOME**

Page 5 of 15

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.

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act

The desired of the second	The state of the s	,	
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	State of Maryland	Legislative Pension	\$1,000 \$1,000
	Ontario County Board of Education	Spouse Salary	NA
STATE	STATE OF FLORINA	LEGISLATIVE PENSION 17,718	17,718

#### SCHEDULE D - LIABILITIES

Name: ISILL HOSEY

Page 6 of 16

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. 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 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 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

Γ		47		SP, DC, JT		
		IT CHASE	Example			
		<b>SE</b>	First Bank of Wilmington, DE	Creditor		
		2002 NARCH	5/16	Date Liability Incurred MO/YR	-	
		HODINY ON HYDON	Mortgage on Rental Property, Dover, DE	Type of Liability		
L				\$10,001- \$15,000	>	
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				Over \$50,000,000	٠	
				Over \$1,000,000* (Spouse/DC Liability)	~	

#### SCHEDULE E - POSITIONS

Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature 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: 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

	TRUTTEE (LINKOMOENSATIED)	Parinent	Pagioau	Position
	RIGHAD B. SYDNOK, TR. 1981 TROST	ROCKUBLE REACTY CENT: A FLOADA CORPROFILION	HATERACO. TREACTORS - A FLORIDA CORPORATION	Name of Organization

#### **SCHEDULE F - AGREEMENTS**

Name:	BILL POSET	Page of 10
reement or arrangement that you have with respect to:	agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service	of government service;

employer. 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 Identify the date, parties to, and general terms of any

			1231-08	Date
			1231-08 STATE OF FLOODEN JHE	Parties to Agreement
			PARICIPATION IN RETUREMENT SYSTEM	Terms of Agreement

#### SCHEDULE G - GIFTS

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 (which may not include a registered lobbyist or foreign agent), 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 Example: acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics Mr. Joseph Smith, Arlington, VA Source Silver Platter (prior determination of personal friendship received from the Committee on Ethics) Description \$498 **Value** 

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: BILL LOSEY

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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 the filer.

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	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	٧	Υ	. Z
txampies:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	*	Υ	۲
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# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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NONE List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: Association of American Associations, Washington, DC XYZ Magazine Source Activity Speech Article Feb, 2, 2018 Aug. 13, 2018 Date Amount \$2,000 \$500

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