INITED STATES HOUSE OF REPRESENTATIVES For New Members, Candidate for State: 1885 FOR New Member of or Candidate for State: 1885	RM B Idates, and New Employees	NOV 2 3 2019 Page 1 of
3	Check if Amendment Period Covered: January 1,	(Office Use Only) A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	TIONS	
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? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of	oortable positions during the reporting calendar year up through the date of filing?
C. Did you or your spouse have "sarned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes X No reporting period?	F. Did you have any reportable egreement or outside entity during the reporting period or i year up through the date of filing?	portable agreement or arrangement with an eraporting period or in the current calendar Yes No No to or filting?
D. Did you, your spouse, or your dependent child have any reportable Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	or years? Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	N - ANSWER BOTH OF THES	E 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?	rther "excepted trusts" need not be disclosed.	Have you excluded Yes No X
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.	a spouse or dependent child because they me	et all three tests for Yes No N

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name

2

되었다 For cental For bank and other cash accounts, total the amou (do not use only ticker symbols in the optional column on the far left. you so choose, you may indicate that an asser-nome source is that of your spouse (SP) ependent child (DC), or jointly held with any 절 ş rovide complete names of stocks and mutual fun r all IRAs and other retrement plans 1(k) plans) provide the value for each (Assets and/or income Source: addittonal sheets if more space is required ou report a privately-traded fund that is a epted investment Fund, please check the "ElF en ownership interest in a privately-he eas that is not publicly traded, state the nan business, the nature of its activities, and raphic location in Block A. account that exceeds the reporting thresholds eding \$1,000 at the end of the ide: Your personal residence, including a ist every financial institution where them \$1,000 in interest-bearing accounts interest-bearing accounts. If the total is ov and vacation homes (unises there was during the reporting period); illinterest in, or income derived from) any other reportable which generated in (n) each asset DINGSOWN BANK detalled merbord Simon & Schuster ABC Hedge Fund Mega Corp Stock refer to the instruction book! including the BLOCK A complete ad **9**. BONDS and a city Schedule e (such 3 Sevi × leducate value of asset at close of the teporting period. If you use a valuation method other than fair market value, please specify the method used. None > *Column M is for assets held by your child in which you have no interest. 3 . \$1-\$1,000 asset was sold during the reporting period and is ted only because it generated income, the value should _ \$1,001-\$15,000 0 \$45,004,\$50,000 Value of Asset m × \$50,001-\$100,000 \$100,001-\$250,000 BLOCK B × \$250,001-\$500,000 0 I \$500,001-\$1,000,000 spouse \$1,000,001-\$5,000,000 ے \$5,000,001-\$25,000,000 * \$25,000,001-\$50,000,000 Over \$50,000,000 _ Spouse/DC Asset over \$1,000,000* æ ou Check all columns that apply. For accounts the adjacements bax-deferred income (such as 40*) [RA, or 529 accounts), you may check the Tall Deferred column. Dividends, interest, at a Doubtal gains, even if rejinvested, must be disclosed as income for assets held × DIVIDENDS RENT 3 Type of Income INTEREST PLOCK C **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For easets for which Column XII is for assets held by your spouse or dependent child in which you have no interes _ \$1-\$200 × sets for which you checked "Tex-Deferred" in Block C, you may, I indicate the category of income by checking the appropriate is gains, even if refirwested, must be disclosed as income ፷ \$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 × Deterred" in Block C, you may check the "None" column.

by checking the appropriate box below. Dividends, is
the disclosed as income for assets held in taxable Amount of Income \$1,000,001-\$5,000,000 × × Over \$5,000,000 BLOCK D ≅ Spouse/DC Income over \$1,000,000* \times = \$1-\$200 ≡ × \$201-\$1,000 ₹ \$1,001-\$2,500 < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ × \$15,001-\$50,000 Year ¥ in taxable \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × For all other Over \$5,000,000 × ¥ Spouse/DC income over \$1,000,000*

SCHEDULE C - EARNED INCOME

Name: 64EG Page `⊈

List the source, type, and amount of estreed 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 outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. 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 for Members and senior staff.	and prohibitions on types of income was \$28,050. The 2019 limit is \$3 for Members and senior staff.	a may apply to you after you ere or 18,440. In addition, certain types of i	n House payroll. The 2018 limit on ncome (notably honoraria, director's
		Am	Amount
Source (include date of receipt for nonorana)	туре	Current Year to Filing	Preceding Year
ABC Trade Association, Builimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civi War Roundiable (Oct. 2) Contario County Board of Education	Spouse Salary	\$0 NA	\$1,000 N/A
BRATERIA COUNTY TEXAS	SALARII (TURSE)	£130 00A	NA
Ī	Shower Tawant	* 20 000	\$ 10 ann
BATE HOLDINGS, LLC	Sounce	+0-	¥0'-
	•		
			50 50 50 50 50 50 50 50 50 50 50 50 50 5
	9		

SCHEDULE D - LIABILITIES

Name: Page 9

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 property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence iabilities 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. (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

			SP, JT		
	11911	Example 7111		•	•
	SMINA	Example First Bank of Wilmington, DE	Creditor		
	9017	7017	Liability Incurred MO/YR		
	MONTH WAS ABLEAUTH	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	*	
			\$15,001- \$50,000	æ	
			\$50,001- \$100,000	C	
	>	< ×	\$100,001- \$250,000	0	
			\$250,001- \$500,000	m	moun
			\$500,001- \$1,000,000	71	Amount of Liability
			\$1,000,001- \$5,000,000	စ	ability
			\$5,000,001- \$25,000,000	I	
			\$25,000,001- \$50,000,000	_	
			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 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
MANAGER	BATE HOLDINGS LLC
BUARD MEMBER	BRAZORIA CANNY ALVIANCE FOR CHILDREN (B.A.C.H.)
BRARIO DEV. INTENDER	Home form Thank
ADVISORY ROPAD MEMBER	memorial Heamann Lientry System
	• • •

SCHEDULE F - AGREEMENTS

9

			Date	Identify the date, parties continuation or deferral o employer.
			Parties to Agreement	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.
			Terms of Agreement	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.

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
BARG UTIL AMBRICA, PLACE	LAN FIRM - OWNER