		MIG 3 1 2017
UNITED STATES HOUSE OF REPRESENTATIVES For New Members	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER 17 SFP -8 PM 1: 18
Name: Theresa Greenfield Daytime Telephone:	one:	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: IA U.S. House of Representatives District: 3rd District Candidates – Date of Election: Nov. 6, 2018	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	Period Covered: January 1, 2016 to Aug. 30, 2017.	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	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 filing?	ng the reporting yes No X ugh the date of filing?
C. Did you or your spouse have "earned" 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 agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	r arrangement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes X No liability (more than \$10,000) at any point during the reporting period?	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	or years?
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO		<u>TH</u> 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?	her "excepted trusts" need not be disclosed.	Have you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearmed" 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.	spouse or dependent child because they me	eet all three tests for Yes . No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Theresa Greenfield | | **of** | 8

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hritestructure CL C	noome CL.C	Value Divident CLC	Clasiplined Care CI C	Columbia Disciplined Core CL.C		Examples Simon & Schuster	Maga Corp Stock	For bank and other cash accounts, total the annount in sill interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in timerast-bearing accounts. For rental and other real property haid 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 peographic location in Block A. Exclude: Your personal residence, including second names and vacation homes (unless there was rental nome during the reporting period); and any financial nesest in, or income derived from, a federal effect of you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF box." If you have a privately-traded fund that is an Excepted 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 jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	To all IRAs and other reference plans (such as for (k) plans), provide the value for each asset held in the seconds the reporting thresholds.	dentify (a) each asset held for investment or production of income and with a fair market value scoeding \$1,000 at the end of the reporting period, and (b) any other portable asset or source of income which generated more than \$200 in "uneanned" norme during the year. Toylde complete names of stocks and mutual funds do not tree only lifeter symbols)	Assets and/or income Sources	BLOCK A
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SCHEDULE C - EARNED INCOME

Name: Theresa Greenfield Page 5 of 8

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.

Source (include date of possiot for honorogie)	Tuna		Amount
odurce (ilicidae date of feceipt for florioraria)	ıype	Current Year to Filing	Preceding Year
ABC Trade Association, Battimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Cod. 2)	Selery	\$20,000 \$0	\$78,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
Colby Management Company	Salary	\$98,076,91	\$150,923.96
Voice2News LLC	Spouse Salary	\$7,821.85	\$15,500.00
Voice2News LLC	Spouse Schedule K-1	\$9,100.00	\$15,644.00
Welland Laike Communication	Spouse Salary	\$11,632.29	\$24,180.00
Welland Laike Communication	Spouse Schedule K-1	\$21,526.12	\$31,935.00

SCHEDULE D - LIABILITIES

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	Name:
	Theresa Greenfield
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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 (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, 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.

			Л		SP, DC, JT	
		-	Capital On	Example		
			Capital One Credit Card, UT (See note #3)	First Bank of Wilmington, DE	Creditor	
			Ongoing	5/98	Date Liability Incurred MO/YR	
			Revolving Credit	Mortgage on Rental Property, Dover, DE	Type of Liability	
			*		\$15.00 \$15.000	
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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, iabor 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	Position Name of Organization
N/A	

SCF

N/A

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
A/N		

Name: Theresa Greenfield

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NOTE NUMBER	NOTES
ث	Vertus Herzfeld CL A was closed and all funds transferred into Columbia Revible Gap Income in Aug. 2017. Thus report for Columbia represents both funds.
2)	Farmland owned jointly by Theresa Greenfield and three siblings. Partal income all goes to Theresa's parents by deed contract. Theresa and siblings pay taxes, insurance. No loan on property.
3)	Current balance \$1,915. Briefly exceeded \$10,000 in 2016.