



Filing ID #10021579

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. Donald M. Payne Jr.
Status: Member
State/District: NJ10

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2017
Filing Date: 05/14/2018

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
BANK OF AMERICA [BA]		\$1,001 - \$15,000	Interest	\$1 - \$200	<input type="checkbox"/>
CHASE [BA]	SP	\$1,001 - \$15,000	Interest	\$1 - \$200	<input type="checkbox"/>
METLIFE [BA]		\$1,001 - \$15,000	Dividends	\$1 - \$200	<input type="checkbox"/>
MORGAN STANLEY-ALL MONEY MARKET CASH ACCOUNT-INHERITED IRA [IH]		\$100,001 - \$250,000	Tax-Deferred		<input type="checkbox"/>
Prudential Financial, Inc. (PRU) [ST]		\$15,001 - \$50,000	Dividends	\$201 - \$1,000	<input type="checkbox"/>

* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

Source	Type	Amount
NEW JERSEY TURNPIKE AUTHORITY, WOODBRIDGE, NJ	SPOUSE SALARY	\$79,506.79
MORGAN STANLEY-ALL MONEY MARKET CASH ACCOUNT-INHERITED IRA	REQUIRED MINIMUM DISTRIBUTION FROM AN INHERITED IRA	\$6,262.44

SCHEDULE D: LIABILITIES

None disclosed.

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

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 benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. Donald M. Payne Jr., 05/14/2018