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UNITED	UNITED STATES HOUSE OF REPRESENTATIVES	For New Members, Ca	FORM B For New Members, Candidates, and New Employees		THE STATE OF COURSE SERVICE
	TED RUSK	Davrime Telephone:	D .	17 OCT 25 PM 1:58	PM 1: 58
	·]	U.S. HOUSE OF REPRESENTATIVES	RESENTATIVES
FILER	U.S. House of Representatives District: 39 Candidates – Date of Election: 11/06/2018		Check if Amendment	(Office	(Office Use Only)
STATUS	New Officer or Employee Staff File Employing Office:Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1, to	A \$200 penaity shall I individual who files n	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMI	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIO	NS		
A. Did you, y a. Own an end of t b. Receive asset d	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?	No E. Di	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	filing?	Yes No 🗸
C. Did you or you honoraria, or per reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. Di outsi year	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 No
D. Did you, y liability (more	D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	Singl	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	from a	Yes V No
	ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ESPONDING SCHEL	OULE IF YOU ANSWER "YES" AT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE	
EXCLUSI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BC	INFORMATION - A		TH OF THESE QUESTIONS	
TRUSTS - D	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?	on Ethics and certain other " it child?	excepted trusts" need not be disclosed.		Yes No 🗸
EXEMPTION exemption?	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.	ncome, or liabilities of a spoutee on Ethics.	use or dependent child because they med	•	Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: TED KUSK Page_ of 4

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1	TED'S IRA	MONINA'S 401K	TED'S HOIK	REAL ESTATE	ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Slook	77	all interest-bearing accounts, total the amount in all interest-bearing accounts. If the total is ower \$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 homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. 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.	the account that exceeds the reporting thresholds.	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	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (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 which generated more than \$200 in "unearned" income during the year.	Assets and/or Income Sources	BLOCKA
							_			٨		*Column M is for assets held by yo child in which you have no interest.	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."		
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					×	ļ	-			G	1	by)	thar thar	of A	BLOCK B
				_	-	_	 		Acceler A i langian	Ξ	ł	*Column M is for assets held by your spouse or dependent child in which you have no interest.	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."	Value of Asset	œ
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						╄			Spouse/DC Asset over \$1,000,000*	Z	↓		<u>g</u> :: 88 5		
						1	ļ_		NONE			"None" if the asset gene during the reporting period	Check all columns that apply. For that generate tax-deferred incom 4df(fk), IRA, or 529 accounts), you the "Tax-Deferred" column. Interest, and capital gains, relinvested, must be disclosed of the account of the second of the		
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					Partnership Income	Royalbes			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			"None" if the asset generated no income during the reporting period.	Check all columns 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 assess held in taxable accounts. Check		
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						×			\$2,501-\$5,000 <	Į₽ į	1		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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							L		Spouse/DC Income over \$1,000,000° ≚	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	4		n Blo ng th ed:	Amount of Income	BLOCK D
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_		<u> </u>	ļ	ļ	×	↓_	↓_		\$15,001-\$50,000 ≦	Ē			None" column. For all other Dividends, Interest, and held in taxable accounts.		
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						1	1	1	Over \$5,000,000	4 /			ö¤≝		
					┼	╁	 —	_	Spouse/DC Income over \$1,000,000* ≚				<u>\$</u> • ₽		

SCHEDULE C - EARNED INCOME

Name: TED RUSK Page 2 of 4

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.

					MONINA RUSK CAMKOR TECHNOLOGY INC.) SPONSE	NSTRUCTION)	Ontario County Board of Education	ABC Trade Association, Baltimore, MD (July 15) Examples: State of Maryland		Source (include date of receipt for honoraria)
					SPOUSE SALARY	1099	Spouse Salary	Salary		Туре
					\$100,000	\$70,000	N/A	\$20,000	Content to time	
					\$ 96,000	\$60,000	N/A	\$76,000	Flecauli B Lea	Amount

SCHEDULE D - LIABILITIES

Name: TED RUSK Page 3 of 4

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 exceeded \$10,000. (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 sibiling 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 *Column K is for liabilities held solely by your spouse or dependent child.

				SP, DC, JT		
		WELLS	Example			
		WELLS FARGO	First Bank of Wilmington, DE	Creditor		
	:	23/15	5/98	Date Liability Incurred MO/YR		
		MORTGAGE	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	œ	
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				\$5,000,001- \$25,000,000	Ŧ	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	٠	
				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

SCHEDULE F - AGREEMENTS

	Name: TEL	TED RUSK	Pageof
any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government or arrangement that you have with respect to: future employment, a leave of absence during the period of government.	espect to: future emplo	oyment, a leave of absence during the period o	
or current employer other than the LLS accomment or continuing participation in an employee welfare or benefit plan maintained	or continuing particing	ation in an amployee welfare or benefit plan ma	pintoined by a former

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 services 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

			Date
		N/A	Parties to Agreement
		N/A	Terms of Agreement

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 ente government and any information considered confidential as a result of a	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/A	N/A

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

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Indicat	e Your	Status:
(Select	One)	

Dear Madam Clerk:

1	Over \$5,000
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	Exceeded

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

	Withdrawal
لــــا	of Candidacy

This is to notify you that under the laws of the state of	,
I withdrew my candidacy for the U.S. House of Representatives on	<u></u> ,

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): IEU	<u> KUSK </u>
State: CALIFORNIA	District: _ 39
Date: 10/15/2017	

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601