UNITED STATES HOUSE OF REPRESENTATIVES FORM B	LEGISLATIVE RESOURCE CENTES
FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	_ <b>.</b>
Name: Joe Profit Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: Georgia  U.S. House of Representatives District: 04  Check if Amendment Amendment	(Office Use Only)
STATUS  New Officer or Employee  Staff Filer Type (If Applicable): Penod Covered: January 1, 2017  Shared Principal Assistant to September 30, 2018:	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	
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?       b. Receive more than \$200 in uneamed 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 asset during the reporting period?	calendar year up through the date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries.  honorana, or pension/IRA distributions) of \$200 or more during the reporting period?  F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period?	portable agreement or arrangement with an eraporting period or in the current calendar Yes No V
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting penod?  No J. Did you receive compensation of more than \$5,000 single source in the current year and two prior years?	pensation of more than \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	ES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT TOO ARE REQUIRED TO COMPLETE	TH OF THESE DIJESTIONS
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?	i. Have you excluded Yes 🔲 No 🗹
<b>EXEMPTION</b> - 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.	neet all three tests for Yes No No

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Joe Profit

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SP. Lings Cop Stox.  If Examples Smart & Schister  ABC Hidge Fund X	For bank and other cash accounts, total the amount in all Interest-bearing accounts if the total is own \$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 achy and state.  For an ownership interest in a privately-held business that is not publicly fraded, 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 vacabion frames (unless there was rental income during the Thirth Savings Plan interest in, or income derived from, a federal retirement program, including the Thirth Savings Plan if you report a privately-traded fund that is an excepted investment Fund please check the "Elf-box." If you so choose, you may indicate that an asset or dependent child (DC), or jointy 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	beenthy (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 provide complete names of stocks and mulical funda (do not use only licker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Assets and/or Income Sources	BLOCK A
rudovale X	None \$1:\$1 000 \$1:01-\$15 000 \$1:001-\$15 000 \$15.001-\$50 000 \$50.001-\$100 000 \$100.001-\$250 000 \$250.001-\$1,000 000 \$100 001-\$50 000 \$500.001-\$25 000 000 \$500.001-\$25 000 000 \$500.001-\$25 000 000 \$500.001-\$25 000 000 \$500.001-\$25 000 000 \$500.001-\$25 000 000 \$500.001-\$25 000 000 \$500.001-\$25 000 000 \$500.001-\$25 000 000	> D T F D E	indicate value of asset at close of the reporting period. If you Check all columns that apply. For excounts use a valuation method other than fair market value please that generate tax deferred income (such as specify the method used.)  If an asset was sold during the reporting period and its included. The "Tax Deferred" column. Dividents only because it generated income, the value should be reinvested, must be disclosed as income. There is no seek that the properties of the saset period in turable accounts. Chab "Column M is for assets held by your spouse or dependent Nuove" of the asset generated no income child in which you have no interest.	Value of Asset	вгоск в
X - Poyaties - Patinacha Income	MONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify e.g., Partnership Income or Farm Income)		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 pains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Chock None" if the asset generated no income during the reporting period.	Type of income	вгоск с
× × ×	None       -         \$1.5200       =         \$201.\$1,000       ≡         \$1,001.\$2,500       ≥         \$2.501.\$5,000       ×         \$5,001.\$15,000       ≤         \$15,001.\$50,000       ≅         \$100,001.\$1,000,000       ≅         \$1,000.001.\$2,000,000       ×         Cher \$3,000,000       ×         Spouse DC Income over \$1,000,000*       ≅         \$1,5200       ≡	Current Year	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column assets indicate the category of income by checking the appropriate box below. Dividence, capital gains, even if retirevested, must be disclosed as income for assets held in taxed. 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.	Amount of Income	BLOCK D
×	\$201-\$1 000	Preceding Year	C. you may check the "hone" column. For all other appropriate box below. Dividends, interest, and as income for assets held in taxable accounts. Int child in which you have no interest.	me	

BLOCK A	втоск в	BLOCK C	в соск в
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income
			Current Year Preceding Year
	2000 0000. 8	ecdy e.g.	11 200,000; W
	None \$1-\$1-000 \$1-\$15-000 \$15-001-\$15-000 \$50-001-\$100.000 \$100-001-\$250.000 \$250-001-\$250.000 \$500-001-\$1-000.000 \$1-000.001-\$5-000.000 \$5,000.001-\$25-000.000 \$25-000.001-\$25-000.000 \$25-000.001-\$25-000.000 \$25-000.001-\$25-000.000 \$25-000.001-\$25-000.000	NOME DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED BLIND TRUST TAX-DEFERRED Other Type of Income (Spec	Name  \$1-\$200  \$201-\$1 000  \$1 001-\$2 500  \$2 501-\$5 000  \$5 001-\$15 000  \$15 001-\$15 000  \$15 001-\$100 000  \$100 001-\$1 000 000  Over \$5 000 000  Spoune/DC Income over \$1  Mone  \$1-\$200  \$201-\$1 000  \$1 001-\$2 500  \$201-\$15 000  \$1 001-\$2 500  \$201-\$15 000  \$1 001-\$2 500  \$25 001-\$100 000  \$1 001-\$2 500  \$25 001-\$100 000  \$15 001-\$100 000  \$100 001-\$1 000 000
SA. DC. ASSET NAME EN ST.			
JT Century Link, Inc	<b>/</b>		\ \ \
JT WalMart			
JT Under Armour, Inc.			
JT Snap, Inc			
JT Sprint			
		•	
		•	
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## SCHEDULE C - EARNED INCOME

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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 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. 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.

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Bathmore MD (July 15)	Honoranum	\$0	\$500
Examples: State of Man/land State of Man Rounds (Oct. 2) Onland County Board of Fouration	Spouse Speech Spouse Salary	\$20,000 \$0	\$1,000 N/A
Walmart	Spouse Salary	\$33,260	\$48,000
Atlanta Cable Sales	Salary		\$7,456
Unemployment GA DOL	Unemployment		\$4,620
Social Security	Socal Security	\$22,095	\$31,033
Stratelogic, Inc	Salary	\$5,500	

#### SCHEDULE D - LIABILITIES

Name	
Name: Joe Profit	 
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of X	, <b>&gt;</b>

liabilities awed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (r.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. 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

	JT	T		<u>۶</u>		
	=			SP.		
	IBM Credit Union	IBM Credit Union	Example			
	dit Union	dit Union	First Bank of Wilmington, DE	Creditor		
	04/16	01/17	5/98	Date Liability Incurred MO/YR		
	Auto Loan	Credit Card	Mortgage on Rental Property Dover, DE	Type of Liability		
				\$10,001- \$15,000	<b>&gt;</b>	
				\$15.001- \$50,000	tto	
				\$50,001- \$100,000	r	
			×	\$100,001- \$250,000	6	<b> </b>
				\$250,001- \$500,000	řη	Amount of Liability
				\$500,001- \$1,000,000	ħ	t of Lia
				\$1,000,001- \$5,000,000	6	bility
		<		\$5,000,001- \$25,000,000	I	
	<			\$25,000,001- \$50,000,000	<b>1</b> 4.	
 1		1	1	Over \$50,000,000		1
 <b></b>		-	<b>.</b>	CVG: \$30,000,000		

#### 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

Position	Name of Organization
President	Multi-Media Communications Group
Chairman	Youth United for Prosperity Foundation
President	Transition Focus Group, LLC
Chief Strategic Officer	Stratelogica, Inc

### SCHEDULE F - AGREEMENTS

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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.

and and		
Date	Parties to Agreement	Terms of Agreement
	None	

# 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.

government	and any information considered confidential as a result of a	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on screedule c.
	Source (Name and City/State)	Brief Description of Duties
Exemple	Doe Jones & Smith, Hometown, Homestate	Accounting Services
7	None	

FILER NOTES (Optional)

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FILER NOTES (Optional)

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