Yes No V	et all three tests for	spouse or dependent child because they mee	rned" income, or liabilities of a committee on Ethics.	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.
Yes No W	Have you excluded	her "excepted trusts" need not be disclosed. H	nittee on Ethics and certain o	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?
Ó	E QUESTION	- ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B
	COMPLETE	THAT YOU ARE REQUIRED TO COMPLETE	Y THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR
	y,	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE CO
Yes No	n \$5,000 from a r years?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No	arrangement with an	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?	Ves V No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	g the reporting ugh the date of filing	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	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?
		TIONS	OF THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 penaity sh individual who fik	Period Covered: January 1,	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee St Employing Office: St
(Office Use Only)	W (or	Check if Amendment	TEXAS: 14 6, 2018 (Primmer)	New Member of or Candidate for State: U.S. House of Representatives Distric Candidates – Date of Election: MARCH
17 OCT 13 PM 1:29 OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	17 (U.S. HOUS	one	_ Daytime Telephone	Name: William K. SARGENT
OCT 0 4 2017 Page 1 of >	LEGISLA O 1	FORM B , Candidates, and New Employees	FORM B For New Members, Candidates, and	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: William K. SARGENT

Page 2

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	Tanona L	JOHN HANDOCK	TCDRS	_	Examples:			For bank and other cash accounts, lif the \$5,000, list every financial institution more than \$1,000 in interest-bearing a for rental and other real property held provide a complete address or de rental property," and a city and state. For an ownership interest in a privately that is not publicly traded, state the pushess, the nature of its acts geographic location in Block A. geographic location in Block A. Exclude: Your personal residence, in homes and vacation homes (unless the income during the reporting period); a interest in, or income derived fir retirement program, including the Thrift you have a privately-traded fund that investment Fund, please check the "E frome source is that of your sy dependent child (DC), or jointly held win the optional column on the far left. For a detailed discussion of Schedule please refer to the instruction booklet.	all IRAs and other (k) plans) provide the account that exceeds	Provide complete names of stoc (do not use only ticker symbols).	Identify (a) each asse production of income an exceeding \$1,000 at the and (b) any other reportab which generated more income during the year.	Assets and/or	B
	E LIFE POINTY	MODEL LIST		ABC Hedge Fund	Simon & Schuster	Mega Corp Stock	13	al the amount total is or where there there seconds. For investme secription, e aname of vities, and any finam on, a fed ft Savings Pl (Savings Pl) Savings Pl) Savings Pl (Savings Pl) Savings Pl) Sa	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	BLOCK A
				×	┾	Ш	╕		<u>∃</u> %	_			\dashv
					+		┥	None \$1-\$1,000 ∞	1	*Column M is for assets held by y child in which you have no interest	Indicate value of asset at use a valuation method o specify the method used. If an asset was sold durincluded only because it go "None."		
	•	Z			1		\dashv	\$1,001-\$15,000	1	¥ n No.	e valuate the research		
		_	X		Indefinite		-	\$15,001-\$50-000	1	b so	ie of ion n metho was y bec		
				-	"	- ×	:	\$50,001-\$100,000 m	-	J hav	asse netho od us solo ause	<	1
			 —		†	H	\dashv	\$100,001.\$250,000		e no	tato dott ad. adu	ᇎ	
		<u> </u>	 	×		+	1	\$250,001-\$500,000 p	1	inte	her than the same and the same	9	вгоск в
					\vdash	╁┈	\dashv	\$500,001-\$1,000,000 =	1	rest	the man f	Š	Ö
				 	\vdash	\vdash		\$1,000,001-\$5,000,000 —	1	*Column M is for assets held by your spouse or dependent child in which you have no interest.	indicate value of asset at dose 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	
			<u> </u>		\vdash	┢		\$5,000,001-\$25,000,000	1	SIO	varke ne, et	-	
			┞—	-	╫		\dashv	\$25,000,001-\$50,000,000	-	9	g pe peri peri		
			<u> </u>		╁	┼─	\dashv	Over \$50,000,000	7	depe	riod lue s		
			<u> </u>		+	⊨	\dashv	Spouse/DC Asset over \$1,000,000*	1	쥰	If you Neasu India Inoul		
		V	_				+	NONE	+				┪
			 		+	-	\dashv			"None" if the asset gene during the reporting period.	Check all columns that apply. Fo that generate tax-deferred income 401(k), IRA, or 529 accounts), you the "Tax-Deferred" column. I interest, and capital gains, interest, and capital gains, for assets held in taxable account for assets held in taxable account		1
					Ļ	×		DIVIDENDS	_	흉	ets:		
			<u> </u>	<u> </u>	_	_	_	RENT	_	Ag ag	olum efer and and	₹	
						L	_ [INTEREST		af 88	Ted a	ě	尸
			L					CAPITAL GAINS		t ger	hat a	Type of Income	BLOCK C
					Γ			EXCEPTED/BLIND TRUST		- Fag	pply ints), and in pply ints), and in pply ints), and in pply ints).	Š	O
		`	X		T		7	TAX-DEFERRED		<u> </u>	count	₹	
				Partnership Income	Royalties	<u> </u>		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 40°(1k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if universited, must be disclosed as income for assets held in taxable accounts. Check		
	_	X	X		1	Т		None -					
			-		T	×	1	\$1-\$200 =			For asset assets in capital g		1
						T	┪	\$201-\$1,000 =			ndic: Quin		
					†	Т	┪	\$1,001-\$2,500 <			s, est		
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				1	T		┪	\$50,001-\$100,000 <u>≦</u>	<u>e</u>		ed "I finc thed, tean		
					╁	Г		\$100,001-\$1,000,000 😾			nr st		
			Ι		╁	Т	7	\$1,000,001-\$5,000,000 ×	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.	⋛	
			Ι		⇈		\dashv	Over \$5,000,000 ×			red" heck inera	Amount of Income	_[
				<u> </u>			_	Spouse/DC Income over \$1,000,000° ≚	J		in Black ding to close ted.	¥	Ę Ģ
								None -	7		nden	¥ =	BLOCK D
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			Ι—	<u> </u>	1		┪	Spouse/DC Income over \$1,000,000* ≚	_L		and inte	_	[
		-	_		•	•	_						

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: William K. SARBENT Page 3 of 5

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. 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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	•	Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	WA
County of Galvestay Texas	SAIMRY	\$ al/586.68	\$ 70,6SS.4Y
RESPONDENT DISTORIBUTION (AUL)	Relivement		
		-	

SCHEDULE D - LIABILITIES

Name: WilliAM K. SARgenT

Page 4 of S

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. 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 (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 *Column K is for liabilities held solely by your spouse or dependent child

				SP, DC, JT		
		NOST	Example			
		NOT APPICABLY (HINC)	First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	89	
				\$50,001- \$100,000	ი	
			×	\$100,001- \$250,000	Q.	
	-			\$250,001- \$500,000	m	moun
	 			\$500,001- \$1,000,000	п	of E
				\$1,000,001- \$5,000,000	6	Amount of Liability
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	۷	
				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.

		INOT MARDICABLE (MONG)	Position
			Name of Organization

SCHEDULE F - AGREEMENTS

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employer. 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 Identify the date, parties to, and general te

				Date
			NOT HARDING Ble (MUNC)	Parties to Agreement
				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 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
NOT Applicable (NOME)	