Name: By A. New Member of or Candidate for State: Candidates - Date of Election: Northward Name New Officer or Employees New Officer or Employee Shared Principal Assistant to FILER New Officer Shared Principal Assistant to Financial Disclosure State For New Members, Candidates, and New Employees Check if Amendment Check if Amendment Check if Amendment Principal Assistant to New Officer or Employee Shared Principal Assistant to For New Members, Candidates, and New Employees For New Mem	FEB 13 2018 LEGISLATIVE RESOURCE CENTER 18 FEB 22 PH 1: 45 OFFICE OF THE CLURK U.S. HOUSE OF REPRESENTATIVES (Office Use Only) 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? or b. Receive more than \$200 in unearmed 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? Yes A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you, your spouse, or your dependent child: A. Did you hold any reportable positions during the reporting period? A. Did you hold any reportable positions during the reporting period? A. Did you hold any reportable positions during the reporting period? A. Did you hold any reportable positions during the reporting period? A. Did you hold any reportable positions during the reporting period? A. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting yes No 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 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?	arrangement with an the current calendar Yes No 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? Ves No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	1 \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	3" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	E 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?	Have you excluded Yes No No
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.	et all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Pryun Neil Ande (12) Page 2 of

Toucher Refine TOA	Burnly of Amserica	ABC Hedge Fund X	Examples:	DC, Mega Corp Stock	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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.	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "Elf" box.	Exclude: Your personal residence, including second homes and vecation 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.	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.	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 bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.		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. Provide complete names of stocks and mutual funds	Assets and/or Income Sources	BLOCK A
X	×	×	Indefinite	×	\$100,000 \$250,000 \$500,000 \$1,000,0 \$5,000,0 \$25,000,0 Over \$50	15,000		90*			() () () () () () () () () ()			Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please to 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." *Column M is for assets held by your spouse or dependent	Value of Asset	BLOCKB
×	×	Partnership Income	Royalties	×	TAX-DE	GAINS ED/BLIND TRU		g., Partnership Inco	whe or Farm Inco	ome)			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 "rax-Deferred" column. Dividends, Interest, and capital gains, even if relinvested, must be disclosed as income for assets held in taxable accounts. Check thone if the asset generated no income	Type of Income	BLOCK C
X	×	× ×	×	*	\$100,00 \$1,000,0 Over \$5, Spouse/ None \$1-\$200 \$201-\$1 \$1,001-\$ \$2,501-\$ \$5,001-\$ \$50,001 \$100,00 \$100,00 \$100,00 \$1,000,00 \$1	2,500 5,000 15,000 \$\$0,000 \$100,000 1-\$1,000,000 000,000 000,000 000,000 \$5,000 15,000 \$100,000 \$100,000 \$100,000 \$100,000						Current Year Preceding Year		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other sessets indicate the category of income by checking the appropriate box below. Dividends, interest, and k capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was samed or generated. Check "None" if no income was samed or generated.	Amount of Income	BLOCK D

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

None >	Assets and/or Income Sources Value of Asset
None >	
\$1.\$1,000	Value of Asset
\$1.\$1,000	Value of Asset
\$1,001-\$15,000 C \$15,001-\$100,000 C \$50,001-\$100,000 C \$15,001-\$250,000 T \$100,001-\$250,000 T \$250,001-\$100,000 C \$250,001-\$100,000 C \$250,001-\$100,000 C \$250,001-\$50,000,000 C \$1,000,001-\$5,000,000 C \$1,000,001-\$5,000,000 C \$250,000,001-\$50,000,000 C \$250,000,000 C \$250,000,001-\$50,000,000 C \$250,000,000 C \$250,000 C \$250,000 C \$250,000 C \$250,000 C \$250,000 C \$250,000 C \$25	Value of Asset
\$15,001-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$250,000 ☐ \$250,001-\$50,000 ☐ \$250,001-\$50,000 ☐ \$250,001-\$1,000,000 ☐ \$1,000,001-\$5,000,000 ☐ \$1,000,001-\$5,000,000 ☐ \$250,000,01-\$50,000,000 ☐ \$250,000,01-\$50,000,000 ☐ \$250,000,01-\$50,000,000 ☐ \$250,000,001-\$50,000,000 ☐ \$250,000,001-\$50,000,000 ☐ \$250,000	Value of Asset
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\$100,001-\$250,000 TI \$250,001-\$500,000 GO \$500,001-\$50,000,000 X \$1,000,001-\$5,000,000 — \$5,000,001-\$5,000,000 — \$5,000,001-\$5,000,000 C \$25,000,001-\$50,000,000 TO \$500,001-\$50,000,000 TO \$500,000-\$50,000,000 TO \$500,000-\$500,000 T	BLOCK B
\$250,001-\$500,000	BLOCK B
\$500,001-\$1,000,000 x \$1,000,001-\$5,000,000 — \$5,000,001-\$5,000,000 — \$25,000,001-\$50,000,000 × Over \$50,000,000 r Spouse/DC Asset over \$1,000,000* × NONE DIV/DENDS	of Asset
\$1,000,001-\$5,000,000 — \$5,000,001-\$25,000,000 ← \$25,000,001-\$25,000,000 × Over \$50,000,000 ← Spouse/DC Asset over \$1,000,000* ▼ NONE DIVIDENDS	usset .
\$5,000,001-\$25,000,000 ← \$25,000,001-\$50,000,000 ⊼ Over \$50,000,000 ← Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS	et
\$25,000,001-\$50,000,000 \times Over \$50,000,000 \times Spouse/DC Asset over \$1,000,000* \times NONE DIVIDENDS	
Over \$50,000,000	
Spouse/DC Asset over \$1,000,000*	
NONE DIVIDENDS	
DIVIDENDS	
	됳
INTEREST	e E
CAPITAL GAINS	e of Inco
EXCEPTED/BLIND TRUST	BLOCK C Type of Income
TAX-DEFERRED	3
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
None -	
\$1-\$200 =	
\$201-\$1,000 =	
\$1,001-\$2,500 <	
\$2,501-\$5,000 < C	
\$5,001-\$15,000 ≤ 6	
\$2,501-\$5,000 < Control	
\$50,001-\$100,000	
\$100,001-\$1,000,000 \ \(\overline{\	
\$1,000,001-\$5,000,000 ×	≱
Over \$5,000,000 ≥	BLOCK D Amount of Income
Spouse/DC Income over \$1,000,000° ≚	1 E
None -	ent of In
\$1-\$200 =	חכנ ס
\$201-\$1,000 =	E C
timitim 3	æ
\$2,501-\$5,000 < \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
\$5,001-\$15,000 \leq \frac{6}{2}	
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\$50,001-\$100,000 \(\leq\) \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \	
\$ 100,007(\$1,000,000 ×	
\$1,000,001-\$5,000,000 ×	
Over \$5,000,000 🔀	
Spouse/DC Income over \$1,000,000° ≧	

SCHEDULE C - EARNED INCOME

Name: By an Neil Jane Con Page 4 of 6

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.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. 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

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$20,000	\$500 \$76.000
EXAINPIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
New York City Dept. of Ed	Salanz		20 000
Sustice of the Place	sees U	90	202
lity of New Horsen	Shound		500
	7.14		

SCHEDULE D - LIABILITIES

Name: Bryn Neil Anderso Page 5 of 6

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 exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, of your dependent child. Mark the highest amount owed during the reporting 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 *Column K is for liabilities held solely by your spouse or dependent child.

						SP.		
			;	(S)	Example			<u>, </u>
E DOCITIONS				Quicken	First Bank of Wilmington, DE	Creditor		
;				5/15	5/98	Date Liability Incurred MO/YR		
			00	5/15 hundrage-Revised by	Mortgage on Rental Property, Dover, DE	Type of Liability		
				×		\$10,001- \$15,000	>	
		<u> </u>				\$15,001- \$50,000	00	
						\$50,001- \$100,000	0	
İ				X	×	\$100,001- \$250,000	9	
						\$250,001- \$500,000	m	moun
						\$500,001- \$1,000,000	71	t of Li
						\$1,000,001- \$5,000,000	ø	Amount of Liability
						\$5,000,001- \$25,000,000	I	
						\$25,000,001- \$50,000,000	_	
						Over \$50,000,000	<u>-</u>	
						Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

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 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, fratemal, or 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
Delicipate Assy, Rep.	United Federation of Tracters (VFT) NYC
Trustee !	ye/

SCHEDULE F - AGREEMENTS

Name: Bryan No. 1 Anderson Page 6 of 6

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.

- 1		_		_	-	_	,
]	,	11/2017	11/2017	Date
	i i				HOOT ME & UTT/NYC	m & TRS NYC	Parties to Agreement
					Health Benefits Plan	Teacher Pension	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
	t/R	N/N