| UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees | LEGISLATIVE RESOURCE CENTER |
|---|--|
| Name: Lichard E. Gallant Daytime Telephone: | 17 JUL -7 PM 2: 07 |
| New Member of or Candidate for State: New York U.S. House of Representatives District: 23 Check if Amendment Candidates – Date of Election: | U.S. HÖUSE ÖF REPRESENTÄTIVES (Office Use Only) |
| STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to ind | 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 in the current calendar year up through the date of filing? b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period? | gh the date of filing? Yes 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? 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? | 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? Yes Volume Vol | \$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 | "COMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS | 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? | lave 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. | t all three tests for Yes No V |

Ś

| ROOME ROOM | _ | | | | | | - | 7 Z % | Exclinican interest retire retire from three from the from the from a please please from a please from the from | For rental provide a rental provide a rental provide that is no business, geograph | For ball in \$5,00 more | For a | Provi (do n | produexcer and () which incom | Identi | | ွ |
|--|----------|---|-----|-----|------|---------------------|--------------|------------|--|---|---|---|--|---|-------------------|---------------------|--|
| Name: Color Page P | | | | アナタ | とくいけ | _ | | Mega | ide: Your personal se and vacation house a uning the report and in in or income ment program, inch have a privately-trument Fund, please tree choose, you no southern child (DC), on optional column op | antal and other real de a complete ac property," and a c property interes n ownership interes is not publicly traves ess, the nature ess, incation in B | ank and other cash terest-bearing acc 0, list every financ than \$1,000 in inte | II IRAs and othe plans) provide the count that exceeds | de complete name ot use only ticker s | oction of income a saing \$1,000 at the b) any other reports generated more we during the year. | | BL Assets and/or | CHEDULE |
| None | | | 783 | | ない | Hedge Fund | n & Schuster | Corp Stock | residence, includ residence, includ residence, includ sing period); and a given derived from, unling the Thirth Se aded fund that is a scheck the "EIF" to fyour spous jointly held with a nithe far left. | property held for indress or describing and state. Sity and state with a privately-helded, state the new of its activities lock A. | accounts, total the counts. If the total institution whe rest-bearing accounts. | retirement plans value for each as the reporting thre | s of stocks and m ymbols). | nd with a fair may end of the report ble asset or source than \$200 in | et held for inve | Income Sou | A – AS |
| ## COUNTY Note: | | | | | | | | | ing se was r was r was r fina a fe vings I n Exce yox. an ass e (SP nyone utrem you ne vings I n I I I I I I I I I I I I I I I I I | nvestn otion, id busi ime of | al is ante. | s (suc set he sshold | utual f | arket v ting pe e of inc "unear | istrnen | rces | SE |
| Nome | | | | | | × | | 뺩 | cond ental ental incial deral Plan. Plan. (JT), or (JT). | nent, e.g., ness f the | re over in | has Notin | unds | ned ned | 수 역 | |] IS |
| SpounDC Asset over \$1,000,0000* E | | | | | | | | | None | | 3 | <u> </u> | child | spec | ndic | | ∞ (|
| Nome | | | | | | | | | | | | | in et | a values assumed assumed to ded one." | 9 6 ≾ | | ے ا |
| SpooleDC Asset over \$1,000,000° K | \dashv | | | | | | ndefin | | | | | _ | lich y | ation met of we | ue c | | |
| SpooseDC Asset over \$1,000,0000 K | 4 | | | | | | ₹ | | | | | | or as | hod u |)fass | _ | " |
| SpooseDC Asset over \$1,000,0000 Nome Patriership income or Farm Income Patriership income or F | _ | | | | | | \vdash | ×- | | | | | sets ave n | hod c used. seit; | er ar | <u> </u> | 고 |
| SpooseDC Asset over \$1,000,0000 Nome Patriership income or Farm Income Patriership income or F | | | | | | | | | <u> </u> | | | | ō int | ther | dose | | |
| SpooseDC Asset over \$1,000,0000 Nome Patriership income or Farm Income Patriership income or F | | | | | | ^ | | | | | | | by y erest | than the rated | e of | 주 <u> </u> | l □ |
| SpooseDC Asset over \$1,000,0000 K | + | | -4 | | | | \vdash | | | | | | . DET S | repo inco | 66 | SSE | <u>Z</u> |
| SpooseDC Asset over \$1,000,0000 K | - | | | | | | \vdash | | | | | | bous | marke me, t | | - | l 8 |
| Nome | | | | | | | +- | | | | | | 9 | peri he va | <u> </u> | | Ĭ |
| Nome | + | | | | | | \vdash | | | | | | дере | ile sa | <u>g</u> | | <u>"</u> |
| NONE | | | | | | | | | | | 3 | : | ad es | ind is | f δ | | |
| None | | | | | | | H | | | | | \neg | | | | | 1 |
| None | 1 | | | | | | H | × | DIVIDENDS | | | | ing t | t ger | <u> </u> | | |
| None | | | | | | | H | | | | | | 6 ∓ 3 | RA De | <u>≅</u> 8 . | _ | |
| None | | | | | | | H | | | | | | portin e as | ferre | | 反 _ | i |
| None | \dashv | | | | | | Н | | | | | | set o | defe | s Ha | | |
| None | \dashv | | | | | | Н | | | | | | gener Jener | med out to | app | | |
| None | \dashv | | | | | | \vdash | | | | | | ated | incor s), yo gains osed | ₹ | ₿ | ٦ـــــــــــــــــــــــــــــــــــــ |
| None | | l | | | | Parthershi Incom | Royatties | | | me or Farm Income) | | | no incom | ne (such a umay chec Dividenda , even a as incom | or account | • | ارز |
| X \$1,5200 | | | | | | a 7 | | | None | | -1 | \top | | | | | 1 } |
| \$201-\$1,000 | | | | | | | П | × | \$1-\$200 | | = | | | eck. | | | % |
| St.001-\$2,500 | | | | | | | П | | \$201-\$1,000 | | = | | | ndica gain None | , | | 1 10 |
| | | | | | | | | | \$1,001-\$2,500 | | ₹ | | | is for | | | > |
| Section Sect | | | | | | | × | | \$2,501-\$5,000 | | < | [[| | e calle calle o inco | | | |
| \$15,001-\$5,000 \$1 \$100,001-\$1,000,000 \$2 \$1,000,000 \$2,001-\$1,001-\$1,001-\$1,001-\$1,001-\$1,001-\$1,001-\$1,001-\$1,001-\$1,001-\$1,001-\$1,001-\$1,001-\$1,001-\$1,0 | | | | | | × | Ц | | \$5,001-\$15,000 | | | re | | its he | - | | \prod_{α} |
| \$50,001-\$100,0000 \$1 Tax-Deferred* in Block C, you may check the 'None' column, For all other states and or generated. Your spouse or dependent child in which you have no interest, and \$1,000,001-\$5,000,000 \$1,5001-\$2,500 \$1,5001-\$5,000,000 \$1,5001-\$2,500,000 \$1,5001-\$2,5001-\$2,5001-\$ | _ | | | | | | Ш | | | | | 3 I | | y of i | | | 1 I N 2 |
| \$10,001-\$1,000,000 X | | | | | | | | | | | | ă, | | your | 1 | | - |
| SpouseDC Income over \$1,000,000 X | 4 | | | | | | | | | | | | | rspo | , | > | 115 |
| SpouseDC Income over \$1,000,000* Sincome Preceding the appropriate box below. Dividends, income for assets held in which you have no interest. Preceding Year SpouseDC Income over \$1,000,000* Sincome Sin | \dashv | | | | | | \vdash | | | | | | | bed gene gene | | 3 | |
| None | - | | | | | | | | | | | | | cking ratec | | 욛 | ココて |
| The column For all other St.001-\$1,000,000 Fig. St.001-\$1,000,000 Fig. St.001-\$1,000,000 Fig. St.000,000 | - | | | | | | | | | | | H | | end the | 9 | ် နို | |
| Note | \dashv | | | | | | Н | | | | | | | as por | , | , o | |
| \$1,001-\$2,500 | 1 | | | | | | H | × | | | | | | hild ii | | Į. | |
| \$2,501-\$5,000 | ┪ | | | | | | | | | | | _ | | 1 | . " | , | P |
| X \$5,001-\$15,000 St. None N | | | | | | • | | | \$2,501-\$5,000 | | < | ře | | ch ye | | | ag |
| X \$15,001-\$50,000 Section Se | | | | | | | × | | \$5,001-\$15,000 | | ≤ | <u>ě</u> | | Mow. | • | | |
| \$50,001-\$100,000 \(\frac{\pmatrix}{\pmatrix} \) \$100,001-\$1,000,000 \(\pmatrix \) \$1,000,001-\$5,000,000 \(\pmatrix \) Over \$5,000,000 \(\pmatrix \) Spouse/DC income over \$1,000,000* \(\pmatrix \) \(\pmatrix \) Spouse/DC income over \$1,000,000* | | | | | | × | | | \$15,001-\$50,000 | | ≦ | ng | | | | |] [] |
| \$100,001-\$1,000,000 | | | | | | | | | \$50,001-\$100,000 | | ≦ | Yea | | iden In ta | | | |
| \$1,000,001-\$5,000,000 | | | | | | | \coprod | | \$100,001-\$1,000,000 | | × | ן דֿ ן | | ds, in wast | | | * |
| | | | | | | | \sqcup | | | | | | | 9 ac - | | | |
| Spouse/DC Income over \$1,000,000* ≦ \$ 3. ₫ | _ | | | | | ļ | \sqcup | | | | | | | coun | <u>.</u> | | 1 1 |
| | | | | | | | Ш | | Spouse/DC Income over \$1,000,000* | | ¥ | Щ_ | | \$ <u>5</u> | | | J ' |

Use additional sheets if more space is required.

Name:

Page_

ૂંદ્ર

| None | | | | | | | | | | | | | | | 가 C. | | | | | |
|---|----------|---|---|----------|----------|----------|------------|---|--------------|--------------|----------|--|--------------|--------------|------------|--|----------|---------|-----------------------------|---------|
| | | | | | | | | | | | | | | | ASSET NAME | | | | Assets and/or Income Source | BLOCK A |
| | | | | | | | | | | | <u> </u> | | | | - п | | | | Š | |
| | | | | | | <u> </u> | | _ | - | | | | | | П | None | | | | - |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | <u> </u> | | | | | | | | | | | | | | | |
| | | | | | | - | <u> </u> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | - | | | п | | < | |
| | | | | | | | | | | | | | | | | | , | | E. | 8 |
| | | | | | | | - | | | | | | | | | \$250,001-\$500,000 | o | | 호 | COCI |
| | | • | | | | ļ | | | | | | | | | | \$500,001-\$1,000,000 | E. | | B | B |
| | | | | | | _ | | | | | | | | | | \$1,000,001-\$5,000,000 - | - | | šet | |
| | | | | | | | | | | | | | | | | \$5,000,001-\$25,000,000 | - | | | |
| SpouseDC Asset over \$1,000,000° E | | | | | | | | | | | | | | | | \$25,000,001-\$50,000,000 | Υ. | | | |
| NOME | | | | | | | | | | | | | | | | Over \$50,000,000 | - | | | |
| DIMDENOS RENT | | | | | | | | | | | | | | | | Spouse/DC Asset over \$1,000,000° | Ξ. | | | |
| Note Note | | | | | | | | | | | | | | | | NONE | | | | |
| Note Note | | | | | | | | | | | | | | | | DIVIDENOS | | | | |
| Cither Type of Income (Specify: e.g., Partnership Income or Farm Income) | | | | | | | | | | | | | | | | RENT | | | J | |
| Cither Type of Income (Specify: e.g., Partnership Income or Farm Income) | | | | | | | | | | | | | | | | INTEREST | | | 귷 | В |
| Cither Type of Income (Specify: e.g., Partnership Income or Farm Income) | | | | | | _ | | | | | | | | | | CAPITAL GAINS | | | 앜 | 0 |
| Cither Type of Income (Specify: e.g., Partnership Income or Farm Income) | | | | | | | | | | | | | | | | | | | 줐 | ô |
| Cither Type of Income (Specify: e.g., Partnership Income or Farm Income) | | | | <u> </u> | | | | | | | | | | | | | | | Ĭ | |
| None | | | | | | | | | | <u> </u> | | | | - | | | | | | |
| | | | | | | | | | | | | | | | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | | | |
| | | | | | | | | | | | | | | | | None | | | | |
| S1,001-\$2,500 C C C C C C C | | | | | | | | | | | | | | <u> </u> | | \$1-\$200 = | | | | |
| \$2,501-\$5,000 | | | | | | | <u> </u> | | | | | ļ | | | | | | | | |
| \$100,001-\$1,000,000 | | | | | | | | | | | | | | <u> </u> | | | ٦ | | | |
| \$100,001-\$1,000,000 | | | | | | | <u> </u> | | | | ļ | ļ | | <u> </u> | | | Ĕ | | | |
| \$100,001-\$1,000,000 | | | | | | | | | | | | | <u> </u> | ļ | | | ē | | | |
| \$100,001-\$1,000,000 | | | | | | | | | | | <u> </u> | ļ | ļ | | | | ŀ¥ | | | |
| \$1,000,001-\$5,000,000 × | | | | | | | | | | | | | <u> </u> | | | | 왁 | | | ! |
| \$1,001-\$2,500 | | | | | | | ļ <u>.</u> | - | <u> </u> | | - | | - | 1 | | | | | > | |
| \$1,001-\$2,500 | | | | | | - | | | - | - | | | | | | | | | Ð | |
| \$1,001-\$2,500 | | | - | | | - | | | | | | | | | | | | | 털 | 2 |
| \$1,001-\$2,500 | | | | | - | | | | | | | | | | | | H | | <u>Q</u> | 웃 |
| \$1,001-\$2,500 | | | | | | - | | | | | - | | | | | | | | Ξ | D |
| \$1,001-\$2,500 | | | | | | | | | _ | | | + | | | | | | | ă | |
| \$2,501-\$5,000 < CONTROL STREET | - | | | | | | | | | | | | | | | \$1,001-\$2,500 | | | ·ø | |
| \$1,000,001-\$5,000,000 × | | | | | | | | | | | | | | | | \$2,501-\$5,000 < | Pre | | | |
| \$1,000,001-\$5,000,000 × | | | | | | | | | | | | | | | | \$5,001 -\$ 15,000 ≤ | ě | | | |
| \$1,000,001-\$5,000,000 × | | | | | | <u> </u> | | | | | | | | | | \$15,001 -\$ 50,000 ≦ | ing | | | |
| \$1,000,001-\$5,000,000 × | | | | | | | | | | | | | | | | \$ 50,001-\$100,000 ≦ | ĕ | | | |
| \$1,000,001-\$5,000,000 | | | | \vdash | | | | | | | | | ļ | | | \$100,001-\$1,000,000 ヌ | 위 | | | |
| Over \$5,000,000 🔀 | | | | | | | | | | | | | | 1 | | | | | | |
| | <u> </u> | | | | | | | | | | | <u> </u> | | | | | | | | |
| Spouse/DC Income over \$1,000,000* | | | | | | | | | | | | | | L | | Spouse/DC Income over \$1,000,000* | | | | |

SCHEDULE C - EARNED INCOME

| Name: Qhe | |
|-----------|--|
| 614 | |
| Pageof | |

| 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. | se earned income exceeding \$1,0 d benefits received under the Soc noome may apply to you after yo limit is \$27,765. In addition, certs r staff. | 1,000. See examples below. ocial Security Act. you are on House payroll. The 201 rtain types of income (notably honora | 6 limit on outside earned income for iria, director's fees, and payments for |
|---|---|---|---|
| | | Am | Amount |
| Source (include date of receipt for nonoraria) | Туре | Current Year to Filing | Preceding Year |
| ABC Trade Association, Baltimore, MD (July 15) | Honorarium | \$0 | \$500 |
| Examples: Civil War Roundable (Oct. 2) Ontario County Board of Education | Spouse Speech Spouse Salary | \$20,000 \$0 N/A | \$1,000 \$1,000 N/A |
| Couning-Painted Post School Distaict | Salary | 98 س | 84,00 |
| New York State United Teachers | Salary | 区る | 15 7 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE D - LIABILITIES

| Name: | |
|---------|--|
| | |
| | |
| | |
| | |
| Page of | |
| | |

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

| | | | T | SP, Jr. | | · |
|---|---------------------|----------------------|--|--|---------|---------------------|
| | Elmi | Ford | Example | | | |
| | Elmipa Savings bank | Ford Motor Credit 00 | First Bank of Wilmington, DE | Creditor | | |
| | | | 5/98 | Liability Incurred MO/YR | Date | |
| | 25/7 | | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| | | | | \$10,001- \$15,000 | > | |
| | | | | \$15,001- \$50,000 | | |
| | | | | \$50,001- \$100,000 | 0 | |
| | | | × | \$100,001- \$250,000 | 0 | |
| | | | | \$250,001- \$500,000 | m | moun |
| | | | | \$500,001- \$1,000,000 | 71 | Amount of Liability |
| | | | | \$1,000,001- \$5,000,000 | ெ | ability |
| | | | | \$5,000,001- \$25,000,000 | I | |
| | | | | \$25,000,001- \$50,000,000 | | |
| | | | | Over \$50,000,000 | ٠ | |
| 1 | 1 | | 1 | Over \$1,000,000* (Spouse/DC Liability) | * | |

SCHEDULE E - POSITIONS

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 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, eriod and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

| Position | 10 |
|--------------------------------------|--|
| New York State United Teachers Bound | New YIRK State United Teachers Bourd New York State United Teachers - Board of Directors |
| Teacher | Corning - Painted Post School District |
| | |
| | |
| | |

SCHEDULE F - AGREEMENTS

Name: Page_ 잌

| 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. | Date Parties to Agreement Terms of Agreement | | | |
|--|--|--|--|--|
| you have with respect to: future employment: a leave of absence during the period of government service; J.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former | 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 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |