	1 JAN 2 2 201B
FORM B FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Candius M. Stearns Daytime Telephone:	U.S. Hubber of file medicative
New Member of or Candidate for State: MI U.S. House of Representatives District: Candidates - Date of Election: November 6, 2018 Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to October 15, 2017 Inc.	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 uneamed income from any reportable asset during the reporting period?	he reporting 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?	rangement with an 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 J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	5,000 from a Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	OMPLETE
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?	ve you excluded Yes No X
EXEMPTION - Have you excluded from this report any other assets, "uneamed" 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.	all three tests for Yes No X

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LE A ASSETS & "UNEARNED INCOME"	
Name: Candius M. Stearns	
Page 2 of 10	

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		ଦୁଦ୍ଧ	믺					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.	f you have a privately-traded fund that is an Excepted rivestment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second nomes and vacation homes (unless there was rental nomes during the reporting period); and sany financial noterest 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 or stage of special stage of 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.	Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IDAs and other retirement plans (such as	Identify (a) each asset held for investment or production of income and with a fair market value acceeding \$1,000 at the end of the reporting period and (b) any other portable asset for source of income which generated more than \$200 in "unearned" income during the year.	Æ	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Candius M. Stearns

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SCHEDULE C - EARNED INCOME

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 LINITS 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.

	l	mA	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 (Cct. 2)	Spouse Speech	\$0 N/A	\$1,000 N/A
	Sajany	130,000	113,508
d Systems, LLC	Spo ങ്ങൾങ്ങങ്ങു on	N/A _{15,000}	N/A ^{112,254}
R & E Automated Systems, LLC	Spouse Soalary	N/A 4,500	N/A6,500

SCHEDULE D - LIABILITIES

Name: Candius M. Stearns

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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 liabile); 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.

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		-	Chas	Example			
			Chase Sapphire Credit Card	First Bank of Wilmington, DE	Creditor		
			12/17	5/98	Date Liability Incurred MO/YR		
			Credit Card Debt	Mortgage on Rental Property, Dover, DE	Type of Liability		
	l.	 *	×		\$10,001- \$15,000	*	
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					Over \$50,000,000	-	
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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.

DF Property and Casualty LLC	Owner
DFB TPA Services LLC	Owner
DFBenefits, Inc	Owner & President
Name of Organization	Position

SCHEDULE F - AGREEMENTS

Name: Candius M. Stearns	
Page 0 of 10	

sence during the period of government service welfare or benefit plan maintained 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 continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer.	Identify the date, parties to, and general terms of any agreement continuation or deferral of payments by a former or current emploemployer.
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Date Parties to Agreement Terms of Agreement	employer.		
	Date	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.

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	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	See Attached Excel	See attached Excel Sheet Labeled Schedule J
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			Brief Description of
1	Customer	City/State	Duties
		Tri-Country	ACA Compliance HR
1829	S & G Fabricators Total	Area/MI	Services
		Tri-Country	ACA Compliance HR
1912	Craig's Inc. Total	Area/MI	Services
		Tri-Country	ACA Compliance HR
2048	Colortech Graphics Total	Area/MI	Services
	The Huntsman Hunt Club, Inc.	Tri-Country	ACA Compliance HR
2201	Total	Area/MI	Services
	And the state of t	Tri-Country	ACA Compliance HR
2349	IConnect Total	Area/MI	Services
	Federated Capital Corporation	Tri-Country	ACA Compliance HR
2522	Total	Area/Mi	Services
		Tri-Country	ACA Compliance HR
2687	Federated Service Solution Total	Area/MI	Services
		Tri-Country	ACA Compliance HR
2693	R&E Automated (deleted) Total	Area/MI	Services
		Tri-Country	ACA Compliance HR
2815	Casadei Structural Steel, Inc Total	Area/Mi	Services
		Trì-Country	ACA Compliance HR
2988	Campus Village Concepts Total	Area/MI	Services
	The Envelope Printery (deleted)	Tri-Country	ACA Compliance HR
3025	Total	Area/MI	Services
	Kramer Electronics USA (iRule	Tri-Country	ACA Compliance HR
3242	LLC) Total	Area/MI	Services
	Great Lakes Central Railroad	Tri-Country	ACA Compliance HR
3280	Total	Area/MI	Services
		Tri-Country	ACA Compliance HR
3336	Universal Tool Total	Area/MI	Services
	•	Tri-Country	ACA Compliance HR
3482	4D Systems Total	Area/MI	Services
		Tri-Country	ACA Compliance HR
3600	Frank Rewold and Son Inc. Total	Area/MI	Services
		Tri-Country	ACA Compliance HR
3753	Treva Automation Total	Area/MI	Services
		Tri-Country	ACA Compliance HR
4030	Scott Industries, Inc. Total	Area/MI	Services
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4328	The Classic Jerky Company Total	Area/MI	Services
		Tri-Country	ACA Compliance HR
4381	FEI Services Company Total	Area/MI	Services
•	<u> </u>	Tri-Country	ACA Compliance HR
	SVT Total	Area/MI	Services
4593			

Exhibit for 5 80710

Customer	City/Sate	Brief Description of Services
Mason McBride	Troy/MI	Insurance Agent Commissions
Assurant Employe	Michigan	Insurance Agent Commissions
AHL Insurance	Michigan	Insurance Agent Commissions
EBSO	Michigan	Insurance Agent Commissions
HAP	Michigan	Insurance Agent Commissions
Humana	Michigan	Insurance Agent Commissions
Allied Benefts	Michigan	Insurance Agent Commissions
MetLife	Michigan	Insurance Agent Commissions
United Healthcar	Michigan	Insurance Agent Commissions
BCBSM	Michigan	Insurance Agent Commissions
Total Healthcare	Michigan	Insurance Agent Commissions
Unum	Michigan	Insurance Agent Commissions
Priority Health	Michigan	Insurance Agent Commissions
Action Benefits	Michigan	Insurance Agent Commissions
Guardian	Michigan	Insurance Agent Commissions

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FILER NOTES (Optional)

Name: Candius Stearns

Page 9

of 10

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Page 10 10

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