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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT		FORM B For New Members, Candidates, and New Employees	
Name: <u>DORI L. FENENBOCK</u>		Daytime Telephone _____	
FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives Candidates - Date of Election: <u>November 6, 2018</u>	State: <u>TX</u> District: <u>16</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> New Officer or Employee Employing Office: _____	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	Period Covered: January 1, 2016 to <u>August 31, 2017</u>

**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? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**  
**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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SEE ACCOUNTANTS' REPORT.

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: DORI L. FENENBOCK

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BLOCK A		BLOCK B													BLOCK C								BLOCK D																									
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income																									
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g. Partnership Income or Farm Income)	Current Year												Preceding Year													
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*										I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
SP	Charles Schwab & Co						X											X							X																							
	Charles Schwab & Co																																															
	Altaba Inc			X																					X																							
	Berkshire Hathaway Cl B						X																	X																								
	T Rowe Price Equity Inc			X																				X																								
	Vanguard 500 Index Fund						X																	X																								
	Charles Schwab (IRA)																																															
	Oracle Corporation			X																				X																								
	American Funds																							X																								
	New Perspective Cl A			X																			X																									
	Hartford Capital Appr Fd			X																			X																									
	American Funds (401(k))																							X																								
	Capital Income Builder			X																			X																									
	World Growth & Income			X																			X																									
	Growth Fund of America			X																			X																									
	Income Fund of America			X																			X																									
	Investment Co of America			X																			X																									
	New Perspective Fund			X																			X																									

Use additional sheets if more space is required.

SEE ACCOUNTANT'S REPORT.

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**Use additional sheets if more space is required.**

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**SEE ACCOUNTANTS' REPORT.**

**Use additional sheets if more space is required**

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

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# **SCHEDULE D – LIABILITIES**

Name: **DORIL L. FENENBOCK**

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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 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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
	<i>Example</i>	5/98	Mortgage on Rental Property, Dover, DE				X							
JT	Citibank Aadvantage Mastercard	08/2017	Revolving credit card		X									

# **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.

Position	Name of Organization
President	El Paso Independent School District School Board
Trustee District 7	El Paso Independent School District School Board
Secretary	Camino Real Regional Mobility Authority