⊠	Yes 🔲	pendent child	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	arned" income is you have fire	ner assets, "une swer "yes" unles	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the
No 🔀	Yes	ot be	s and certain other "excepted trusts" need no spouse, or a dependent child?	nittee on Ethics ing you, your s	ed by the Comm th a trust benefit	<b>TRUSTS</b> —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 benefiting you, your spouse, or a dependent child?
<u>w</u>	QUESTION	)F THESE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	response.	each "Yes" ı	ppropriate schedule attached for each "Yes" response	and the a	e answered	Each question in this part must be answered and the appropriate sched
No	Yes	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule VI.	S D	Yes X	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule III.
K S	Yes	rangement	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	<b>№</b>	Yes	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.
K No No	Yes	efore the date or two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	N <sub>o</sub>	Yes 📉	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>
			EACH OF THESE QUESTIONS	OF THESI		In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWER
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		^ <b>/</b>	Daytime Telephone:	Daytime	<b>S</b>	Name: MICHAEL W BENSON
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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name MICHAEL W. BENSON

Page 2 of 6

exceeding \$1,000. See examples below.	more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse 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) totalling \$200 or	
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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	rement programs, and benefits re	eceived under the Social S	Security Act.
Course (include date of receipt for benearie)	Type	Amount	unt
Source (illiciade date of fecelor for florioralia)	- 300	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
ī	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
CROSSROADS COLLEGE, Rochester, MN	Salarce	14,536	75, 204
STATE OF MAI ST. POW MAI	50/00	15 690	146/12
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SCHOOL DISTRICT 535, Rochester, MN	Spouse Schary	16,593	19, 505
Just in Case - Federal CSRS	Retirement		

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			+	╀	-	JU.	income during the reporting period), any deposits total- ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or depen- dent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	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 or other real property held for investment, provide a complete address or a description, e.g., rental property," and the city and state.	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 ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	<b>&gt;</b>	
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				ı	Royalties		(Specify: e.g., Partnership Income or Farm Inc	come	)		interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. <b>Dividends</b> ,	Check all columns that apply. For retirement accounts that do not retirement accounts that do not allow you to choose specific allow you that generate tax-deferred income (such as 401(k))		
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<b></b>				╀		_	None				This column is for income derived from assets solely held by your pouse or dependent child.	income. Check "None" if no income was earned or generated	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. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as</b>	Amount of Income	BLOCK D
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael W. Benjan

Page 4 of

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#### SCHEDULE III — LIABILITIES

Name Michael W. Benson

Page 5 of 6

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report *revolving charge accounts (i.e., credit cards)* only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount

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CHASE CAEDIT CAND			BMO HEARLY BANK, CA	Example: First Bank of Wilmington, DE	Creditor	
		Dec. 13	13 · 1907	May 1998	Date Liability Incurred mo/year	
Credit Card	Mortgese Ruch MW	Carloca 2011 Jeouratory	Carloan 2013 H	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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#### **SCHEDULE IV — POSITIONS**

any nonprofit organization, any labor organization, or any educational or other institution other than the United States Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature

and positions solely of an individity nature.	aule.
Position	Name of Organization
State Representative	State Representative State of MN, District 26B
Arkaciate Professor	Concernade Callege Rocke ster MN SSE03
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### SCHEDULE V — AGREEMENTS

Name Michael 61. Bensan

Page 6 of 6

			Date	Identify the date service; continue fit plan mainta
		NONE	Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with service; continuation or deferral of payments by a former or current employer other the efft plan maintained by a former employer.
			Terms of Agreement	Identify the date, parties to, and general terms of any agreement or arrangement 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.

# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.

	•
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
NONE	
	•

#### CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6601

Indicate Your Status: (Select One)	Dear Madam Clerk:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	This is to notify you that I have not yet raised (either through contributions or loans from myself
Over \$5,000 Threshold Not	or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial
	Disclosure Statement with the Clerk of the House of Representatives according to the deadlines
	set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.
	This is to notify you that under the laws of the state of
Withdrawal	
of Candidacy	I withdrew my candidacy for the U.S. House of Representatives on
	[Note: If your Financial Disclosure Statement was due before the date on which you withdrew
	from the race, you still must file a Financial Disclosure Statement with the House.]
	Name (Please Print or Type): MICHAEL W SENSON  State: MINNESOTA District:  Date: Uful 30, 2018

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, DC 20515-6601