× _S	Yes	∌pendent child	ies of a spouse or de ommittee on Ethics.	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, 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.	arned" income, ss you have firs	er assets, "une swer "yes" unle	report any oth on? Do not an	ou excluded from this hree tests for exemption	ON - Have you	EXEMPTI because the
No No	Yes 🔲	ot be	epted trusts" need no	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 benefiting you, your spouse, or a dependent child?	nittee on Ethics ting you, your s	ed by the Comr	Trusts" approved	rding "Qualified Blind"	-Details regar Have you exc	TRUSTS- disclosed.
<u>o</u>	QUESTION)F THESE	ANSWER EACH OF THESE QUESTIONS	1	T INFORM	OR TRUS	ENDENT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	SION OF	EXCLUS
	response.	each "Yes" ı	le attached for	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	and the ap	e answered	oart must b	question in this p	Each	
N _o	Yes	\$5,000 from	ompensation of more than \$5,000 from two prior years?	VI. Did you receive comp a single source in the two ff yes, complete and atta	N _O	Yes 🔲	e any report- ng period?	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.	your spouse, c (more than \$10 plete and attac	III. Did you, able liability If yes, com
Ş Ş	Yes	rangement	eportable agreement or arr	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	N _O	Yes	ive "unearned" r hold any d of the period?	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.	your spouse, or ore than \$200 sset worth mor plete and attac	II. Did you, income of meportable a frage, com
₹	Yes	pefore the date or two years?	reportable positions on or before the date calendar year or in the prior two years? attach Schedule IV.	IV. Did you hold any repo of filing in the current cale if yes, complete and atta	No 🔯	Yes 🔲	g., salaries or ing period?	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. 	r your spouse h 0 or more from olete and attac	I. Did you o fees) of \$20 If yes, com
				QUESTIONS	EACH OF THESE		e or black ink. — ANSWER	In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW	ns, please type INARY IN	In all section
assessed who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 per against and more than 3	Check if Amendment	Nov 2014	Date of Election:	State: MARY And District: 7	State: MARY/ District:	Candidate for the House of Representatives New officer or employee	Ca Ho em	Filer Status
TATIVES	OFFICE OF THE CLERK INTIVES OF REPRESENTATIVES ()	OFF I.S. Hous		Telephone.	Daytime 1		<u> Lowicha</u>	(t	Consons	Name:
Pagedor 7 CENTER 1: 45	Paged of LEGISLATIVE RESOURCE CENTER 2014 HAR - 7 PH 1: 45	2014 K	₹M B s and new employees	FORM B	7	ATIVES	OF REPRESENTA	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2019 - Preseval	STATES HAL DISC Overed: Jan	FINANC Period co
	POSTMARK ILLEGIST	POS								

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Page 3

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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 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 exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay) federal retirement programs, and handfits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	ceived under the Social S	Security Act.
Course (include date of receipt for hoperaria)	Type	Amount	unt
Source (include date of receipt of floridiaria)	1 9 0 0	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Bultimore Depurtment of Hains, Maryland	salary	# 300,00	\$00.00
	Scholarship	\$2000.00	A 2,000.00
Carthon C. Darles Funcial Suc. Marvie no	Salan (Part (m) \$3,500.00	\$3,500.00	\$3,200.00
	1		
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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NIA	MA	NA	N/A	MA	NA		Examples:	SP Mega Corp. Stock	nomes and vacation names (unless there was reliable income during the reporting period); any deposits totaling \$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 dependent 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 Buck 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.	Asset and/or Income Source	BLOCK A
						×	Indefinite	X	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 - \$5,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		B C D E F G G H L X C M	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	BLOCK B
						×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		during the reporting period.	if reinvested, must be dis- closed as income. Check "None" if the asset reported to income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends, Interset and capital pains, even	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k))	Type of Income	вгоск с
							X	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year		spouse or dependent child.			Amount of Income	BLOCK D

Cortinuation Sheet (if needed) SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Coeregen R. Obushn.

	ï						SP, DC			
						N/A			Asset and/or Income Source	BI OCK A
							\$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 - \$25,000,000	ABCDEFGHIJKLM	Value of Asset	BI OCK B
							DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specify: e.g. Partnership Income or Farm Income)]	Type of Income	BI OCK C
							None		Amount of Income	BLOCK D
							\$1,001 - \$2,500		₹	

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SCHEDULE III — LIABILITIES

Name Correction of Caucha Page & of

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ling 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-

								Amou	Int of	Amount of Liability	Ħγ			
SP,	•	Date Liability		A	В	င	ם	m	П	ω	, I	·	٦	~
≒ <u>R</u>	Creditor	incurred mo/year	Type of Liability	\$10,001 \$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	Spouse/DC Liability over \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE			<u> </u>	_							
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:							<u> </u>		ļ		··			
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SCHEDULE IV — POSITIONS

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, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

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 individually nature	aule.
Position	Name of Organization
State Charleman	Maryland Republican Federation Assembly
Trustee	Progressive Northand Baptist Convention INC
And And Andrews (1987 to 1987)	

SCHEDULE V — AGREEMENTS

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	service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employn
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Date			
Parties To			
Terms of Agreement			!

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

GPO: 2013

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