

# UNITED STATES HOUSE OF REPRESENTATIVES

FORM B

## FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

Name: TERESA J. VIALPAULO Daytime Telephone: \_\_\_\_\_

### FILER STATUS

<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>COLORADO</u> District: <u>5</u>	<input type="checkbox"/> Check if Amendment
Candidates - Date of Election: _____		
<input type="checkbox"/> New Officer or Employee	Staff Filer Type (if Applicable): Employing Office: _____ Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>	Period Covered: January 1, _____ to _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

LEGISLATIVE RESOURCE CENTER  
2018 JAN 11 PM 3:52  
OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

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## 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 checked="" 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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**Use additional sheets if more space is required.**

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: JEFFREY J VIALPANDO

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D 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
	There is a note saying no + to allow me access I am the account the trustee is Bock & Lablanc																																													
	ITP																																													
	TD Ameritrade																																													
	Fidelity																																													
	Ally																																													
	Wellsfargo																																													



## Name: \_\_\_\_\_

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### Amount of Liability

[illegible]

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 other 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.

[illegible]

Name: JACINTAH J VILAPARILDO Page        of       

[illegible]

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.**

[illegible]

# FILER NOTES (Optional)

Name:

TERENTIAH THANDANO

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of

NOTE NUMBER	NOTES
	I have investments held in Blackrock Annuity Protection Fund or Fidelity. There is a note attached saying not to allow me access until I go to EIVRA from what I gather.
	They still verify my account and once I prove myself they close my account.
	My family has told me to stay away and the mail goes to their respective address still.
	I was told to request certificates from CME and export them from Europe to overbank.

# 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  
135 Cannon House Office Building  
Washington, DC 20515-6601

LEGISLATIVE RESOURCE CENTER  
2018 JAN 11 PM 1:47  
OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Indicate Your Status:  
(Select One)

☒ Over \$5,000  
Threshold Not  
Exceeded

Dear Madam Clerk:

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

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.

☐ Withdrawal  
of Candidacy

This is to notify you that under the laws of the state of \_\_\_\_\_,

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):

JEREMIAH J VIALPANDO

State:

Colorado

District:

5

Date:

12/17/18

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

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