UNITED STATES HOUSE OF REPRESENTATIVES FORM B FORM B FORM B FOR New Members, Candidates, and New Employees	JUL 3 1 ZUI/ Page 1 of 8
Name: LISA ++・MANDELBLATT Daytime Telephone:	17 AUG-9 AH IO: 50
New Member of or Candidate for State: New JEQSEY U.S. House of Representatives District: 7 Candidates - Date of Election: 1/6/2018 Candidates - Date of Election: 1/6/2018	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to 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 unearned income from any reportable asset during the reporting period?	g the reporting Yes No X
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?	arrangement 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? No Single source in the current year and two prior years?	35,000 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	COMPLETE
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?	Have 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.	et all three tests for Yes No No

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SCHEDULE C - EARNED INCOME

Name: LISA H. MANDELBLATT Page 6 of 8

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.

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

INCOME LIMITS 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.

					NONURA HOLDING AMERICA INC	WESTFIELD BOARD OF EDUCATION		Examples: State of Maryland State of Maryland	ABO Todo Apposição Bultimoro MD (1-1), 15)	Source (include date of receipt for honoraria)
				c	Sporse Salary	58-64	Spouse Salary	Salary	Lococorium	Type
					<i>بر/ب</i>	2,050	N/A	\$20,000	Content of the little	
					<i>⋈/</i> ⋈	8,269	\$1,000 N/A	\$76,000	Lienering Lear	Amount

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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.

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	:		Example			
			First Benk of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR	1	
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
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				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	-	
				Over \$1,000,000* (Spouse/DC Liability)	_	

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, preducations 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 the current calendar year. First year candidates and new employees the profit of an honorary nature. New the current calendar year and the current calendar year.

_	Position	Position Name of Organization

SCHEDULE F - AGREEMENTS

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. Identify the date, parties to, and general terms of any agreement or arrangement that you have 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 Example: employer. WESTFIELD BOARD OF Date Source (Name and City/State) Doe Jones & Smith, Hometown, Homestate Parties to Agreement でして生じり eacher **Brief Description of Duties** Accounting Services Terms of Agreement