Yes No 🗶	spouse or dependent child because they meet all three tests for	earned" income, or liabilities of a Committee on Ethics.	<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent clexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
d Yes No X	<ul> <li>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded report details of such a trust that benefits you, your spouse, or dependent child?</li> </ul>	mmittee on Ethics and certain of dependent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethio from this report details of such a trust that benefits you, your spouse, or dependent child?
SN	- ANSWER <u>BOTH</u> OF THESE QUESTION	RUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS
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	IEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE C
Yes X No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	× 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?
an Yes X No	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 X No	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?
<sub>197</sub> Yes 🗶 No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes X No	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     b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
	IONS	H OF THESE QUES	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1, 2011 A \$200 pensity of to Jacot 1, 2018 Individual who fi	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee  Employing Office:
(Office Use Only)	Check if Amendment	3, 2018 (PRIMARY)	New Member of or Candidate for State:  U.S. House of Representatives District:  Candidates – Date of Election: NAV
OFFICE OF THE CLERK		Daytime Telephone	Name: and H Levry
C of	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

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20	3	=	=		(n	-T-	For bank and other cash accounts, bital the emount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in Interest-bearing accounts.  For rendal and other real property held for investment provide a complete address or description, e.g., "netal property," and a city and state.  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.  Exclude: Your personal residence, including scond trainess and vacation homes (unless there was renoral thornes and vacation homes (unless there was renoral thornes and vacation homes (unless there was relating the properting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan, if you report a privately-traded fund that is, and if you report a privately-traded fund that is, and if you report a privately-traded fund that is, and if you report is that of your spouse (SP) or dependent child (DC), or jointy held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in account that arreads the account that arreads the account that are such that are	Provide complete names of stocks and mutual funds (do not use only licker symbols).	namely (a) each sease here on investment or production of income and with a fail market value exceeding \$1,000 at the end of the reporting period and (b) any other reportable asset or source of income which generated more than \$200 in 'unearned' income during the year.	. <b>À</b>	
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#### SCHEDULE C - EARNED INCOME

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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) 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.

Amount		
	or Members and senior staff.	professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.
u are on House payroll. The 2017 limit on outside earned income for sin types of income (notably honoraria, director's fees, and payments for	limit and prohibited income may apply to you after yo as \$27,765. The 2018 limit is \$28,050. In addition, centa	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 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for

			The he Public Employees System	Northwest Tinke Afronient Asst. Council	Leven Law Offices - S. Cup Jugue	Leven Law Othices D.A	Leasy Law Offices P.A.		ABC Trade Association, Baltimore, MD (July 15)  State of Maryland	Source (include date of receipt for Horiotaria)	Social displication of the state of the second of the seco
			Pusion Buelt	Dector Burgarian	Good Justice	Souse Solary	Selvery	Spouse Speech Spouse Salary	Honorarium Salary	Type	Tuna
			ls, 8∞ (e*)	3000	200,000 (est)	\$,500	85,000	N/A	\$20,000	Current Year to Filing	1. 1
			15,000	3,000	215, 361	8,500	\$5,006	VIV.	\$500 \$78,000	Preceding Year	Amount

#### SCHEDULE D - LIABILITIES

reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting y real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence by furniture or appliances: liabilities of a business in which you own an interest (unless you are personally liable): and	Name: Lavid A Lavon	
the highest amount owed during the reporting cidude: Any mortgage on your personal residence an interest (unless you are personally liable); and	Page_l of _	

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 Report liabilities of over \$10,000 owed to any one creditor at any time during the period. New Members: Members are required to report all liabilities secured by (unless you rent it out or are a Member); loans secured by automobiles, household exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

<u></u>							≥	Amount of Liability	of Lia	bility				
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SP.	Creditor	Date Liability Incurred MO/YR	Type of Liability										000,000	00,000° IC Liability)
		MO/YR		\$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,	Over \$1,000,0 (Spouse/DC Li
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SCHE	SCHEDULE E - POSITIONS													

#### 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.

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Emplance Prosident, Sole Shareholder	Divector	Board Man, ber	Diversión	Diversity	Position
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#### SCHEDULE F - AGREEMENT'S

Name: alle Page ري

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 employer.

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Date	Parties to Agreement	Terms of Agreement
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# 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. recognition and any information considered confidential as a result of a privileged relationship recognition by law. Do not repeat information listed on Schedule C.

government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat	rivileged relationship recognized by law. Do not repeat information listed on Schedule C.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
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Dr William Riller Beise 20	
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Michael Blay Realty, Meridian 70	

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employer.	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 pit	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 per		
	nployee welfare or be	ve of absence during		
	an employee welfare or benefit plan maintained by a former	a leave of absence during the period of government service;		

Date	Parties to Agreement	Terms of Agreement
;		

# 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. covernment and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hornetown, Homestate	Accounting Services
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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
employer.

employer.		
Date	Parties to Agreement	Terms of Agreement

# 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. covernment and any information considered confidential as a result of a crivileged relationship recognized by law. Do not reposit information listed on Schadulia C.

Source (Name and City/State)	Brief Description of Duties
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Trick, Utilities, Mershan IV	$\mathcal{N}$
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De I War Bernsey Merdy ID	
105 Mic Cormick ( Coura ( 30)	
James Newman Boise ID	

#### SCHEDULE F -

SCHEDU	SCHEDULE F AGREEMENTS	Name: Jaby A M Name Page 4 of 5
Identify the da continuation of employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer.	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 employer.
Date	Parties to Agreement	Terms of Agreement

# 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. convernment and any information considered confidential as a result of a privileged relationship recognized by low. Do not recent information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
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Date

Parties to Agreement

Terms of Agreement

SCHEDULE F - AGREEMENTS	Name:	Lwid H Lean	Page 5 of 5
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 or 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 or current employer.	bect to: future employm	ent; a leave of absence during the nin an employee welfare or bene	leave of absence during the period of government service; employee welfare or benefit plan maintained by a former

# 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.

government a	nd any information considered confidential as a result of a	government and any information considered continental as a result of a privileged relationship recognized by law. Do not repeat information listed on occurrence to
	Source (Name and City/State)	Brief Description of Duties
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