#### PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. UNITED STATES HOUSE OF REPRESENTATIVES **IPO** – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Name: 2018 FINANCIAL DISCLOSURE STATEMENT 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? **C.** Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction E. Did you hold any reportable positions during the reporting period or reporting period? exceeding \$1,000 during the reporting period? Did you, your spouse, or your dependent child: REPORT STATUS b. Receive more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the FLER end of the reporting period? or asset during the reporting period? homas House of Representatives 2018 Annual (Due: May 15, 2019) Member of the U.S. State: District: <u>ر</u> ۲ Yes ¥ **≤** Yes × Yes Daytime Telephone: Š ž Š Amendment ş Š For Use by Members, Officers, and Employees X $\overline{\times}$ I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single 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? reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" source during the reporting period? Form A Employee Officer or Employing Office Date of Termination: Termination A \$200 penalty shall be assessed against any individual who files more than 30 days late. 05 (Office Use Only) LEGISLATIVE RESOURCE CENTER HAND DELIVEREDage 1 of 9 Shared Staff Filer Type: (If Applicable) Ye\$ Ύes Yes Yes Yes Yes ¥es Principal Assistant Š Ş 8 Š 중 공 증

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# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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$\vdash$			二		$\overline{}$	-		<del></del>	the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all inderest-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 ental and other real property held for investment, provide a complete address or description, e.g., "rental 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 nublicly traded, state the name of that is not publicly traded, state the name of the business, the nublicly traded, state the name of the business, the nublicly traded, state the name of the business, the nublicly traded, state the name of the business, the nublicly traded, state the name of the business, the nublicly traded, state the name of the business, the nublicly traded funds that an assential income during the reporting peniod); 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 an Excepted Investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income accurate is that of your spouse (SP) or dependent child (IDC), or jointly 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	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in 'uneamed' income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).	چ	
			.)	1	atus 51		Examples:		ount:  y fina  y fina  y fina  y fina  y fina  in inte  in inte  in Bi	iRA.	(a) ion o ion o any o any o any o com	Assets and/or Income Sources	
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		_		ļ					None >	ł	Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."  **Column M is for assets held by your spouse or dependent child in which you have no interest.		ı
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									EXCEPTED/BLIND TRUST		apply me (s chec eliscial count durir	Ę	BLOCK C
									TAX-DEFERRED .		Check all columns that apply. For accounts that generate tax-deferred income (such as 4.01(k), IRA, or 529 accounts), you may check the "Tax-Deferred column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Type of Income	
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						Partnership Income	Royalties		(Specify: e.g., Partnership Income or Farm Income)		For accounts that has 401(k), IRA, or the "Tax-Deferred" capital gains, even ed as income for Check "None" if the the reporting period.		
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									Over \$5,000,000 \times	1	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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.		
									Spouse/DC Asset with Income over \$1,000,000°   ≚	_			_
		1						S(part)	Leave the blank if no trains that exc \$1,000.	pleas follow	indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1.0 in the reporting period.	Tra	
									\$1,000.  \$1,000.	s endi S	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1.0 in the reporting period.	nsa	BLOCKE
	<b>!</b>								that exceeded \$1,000.	an asset was sold please Indicate as follows: (S (part)).	Indicate if the asset had asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of	Transaction	m
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# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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																ASSET NAME		BLOCK A Assets and/or Income Sources
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																	\$100,001-\$250,000	BLOCK B Value of Asset
																	\$250,001-\$500,000 a	BLOCK B
																	\$500,001-\$1,000,000 ±	Ass.
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H			$\vdash$		$\vdash$			$\vdash$		$\vdash$	<u> </u>	<u> </u>	├─	<del>  -</del>			Spouse/DC Asset with Income over \$1,000,000*	
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																	P, S, S(part), or E	BLOCK E  Transaction

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#### SCHEDULE B - TRANSACTIONS

Name:

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SP, DC, JT Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an excitange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is said, please choose "partial sale" as the type of transaction. Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. Column K is for assets solely held by your spouse or dependent child န Mega Corp. Stock Asset Purchase Type of Transaction Sale Partial Sale Exchange Check Box if Capital Gain Exceeded \$200 (MO/DAYR)
or
Quarterly,
Monthly, or Biweekly, if
applicable Date 3/9/18 \$1,001-\$15,000 > \$15,001œ × \$50,000 \$50,001-\$100,000 O \$100,001 \$250,000 O Amount of Transaction \$250,001m \$500,000 \$500,001-\$1,000,000 TI \$1,000,001-\$5,000,000 ଉ \$5,000,001-I \$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 Over \$1,000,000\* ᆽ (Spouse/DC Asset)

### SCHEDULE C - EARNED INCOME

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Page 5 of T	•

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

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. ary relationship) are totally prohibited.	\$28,050. The 2019 limit is \$28,440.
Source (include date of receipt for honoraria)	Туре	Amount
Keens State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (Oct. 2)  Childric County Roard of Education	Spouse Speech Spouse Salary	\$1,000 \$1,000
Jacquie Emmer Goldmine Antiques Fetale Sales	Spouse Salary	#1500
		·

#### SCHEDULE D - LIABILITIES

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	Name: T	
	Farl Emmes	
	Page 6 of 9	

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. 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.

				sp. DC, JT		
	Bank .	Klein	Example			
	Book of Maple Hain, MN	Klein Bank, Victoria MN	First Bank of Wilmington, DE	Creditor		
	6/13	5/07	5/16	Date Liability Incurred MO/YR		
	Note	Mortgage on Primary Residence	Mortgage on Rental Property, Dover, DE	Type of Liability		
		-		\$10,001- \$15,000	>	
				\$15,001- \$50,000	<b></b>	
				\$50,001- \$100,000	c	
	×	×	×	\$100,001- \$250,000	D	
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				Over \$50,000,000	-	
Ī				Over \$1,000,000* (Spouse/DC Liability)	*	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

Position	Name of Organization

#### SCHEDULE F - AGREEMENTS

Name: Items For! I was Jr. Page 7 of 9
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continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee wetrare or benefit plan maintained by a former Identify the date, parties to, and general terms of any a

Date	Parties to Agreement	Terms of Agreement

#### **SCHEDULE G – GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
	The state of the s	

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	
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were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or

**EXCLUDE**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Examples:	Source Government of Chins (MECEA) Habitat for Humanity (charity fundraiser)	Date(s) Aug 6-11 Mar. 3-4	City of Departure-Destination-City of Return  DC-Bajing, China-DC  DC-Boston-DC	Lodging?	Food7 (Y/N)
		Mar. 3-4	DC-Boston-DC		_
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	20.00				

# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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						Examples:		List the source, acconfidential list of	
						XYZ Magazine	Source  Association of American Associations (Mashington DC	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	
						Article	Activity	r of an event to a charitable organizatio	
						Aug. 13, 2018	Date Each 2 2018	n in lieu of paying an honov	
						\$500	Amount	arium to you. A separate	