APR 21 2018

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JNITEDS	JNITED STATES HOUSE OF REPRESENTATIVES	VES	FORM B	LEGISLATIVE RESOURC POUNTE	OURCE CORNING X	
INANCIAL	INANCIAL DISCLOSURE STATEMENT	For New Members	For New Members, Candidates, and New Employees	18 APR 27 PM 12: 49	PM 12: 49	
C HANK	PET H. LINDGEM	fro III Daytime Telephone	10nt	OTFICE OF TAL CLERK U.S. HOUSE OF REPRESENTATIVES	E ULERA RESENTATIVES	
FILER	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:	77	Check if Amendment	(Office Use Only)	e Only)	
STATUS	New Officer or Employee Employing Office:	Staff Filer Type (if Applicable): Shared Principal Assistant	Period Covered: January 1,	A \$200 penaity shall be assessed against any individual who files more than 30 days late.	ssessed against any than 30 days late.	
RELIMIN	RELIMINARY INFORMATION – ANSWER <u>EAC</u>	EACH OF THESE QUESTIONS	TIONS			
A Did you, yo a. Own any end of the b. Receive i	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? of b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period? 	ON See'Y	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting Yes ugh the date of filing?	∑ 2 □	
C. Did you or you honoraria, or pen reporting period?	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 No 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?	arrangement with an Yes	\times_{\frac{9}{2}}	
D. Did you, yo liability (more t	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any poort during the reporting period?	□ 9¥ × 99,	 Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? 	n \$5,000 from a Yes or years?		
	АТТАСН ТНЕ С	CORRESPONDING SC	THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	o.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

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?	∑
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.	Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: STUANCT H. LINDERMINT PAGE OF S

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a constant				
Assets and/or Income Sources	Value of Asset	Type of income	Amount of Income	come
identify (a) each asset held for investment of moduration of income and with a feir market value	Indicate value of asset at close of the reporting period. If you also a value from method other than fair market value, cleases	Check all columns that apply. For accounts that cenerate tax-deferred income (such as	For assets for which you checked "Tax-Deferred" in Block C	Tax-Deferred in Block C, you may check the "None" column. For all other
exceeding \$1,000 at the end of the reporting period.	specify the method used.	401(k), IRA, or 529 accounts), you may check	assets included the caractery of moons by distoring the appropriate box become, twingerings, member, and captured garke, even if retrivested, must be disclosed as income for assets held in taxable accounts.	propriet for seeks. Uninterior, interest, and sincome for assets held in taxable accounts.
which generated more than \$200 in "unearmed" income during the year.	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	interest, and capital gains, even if	Check Trone if no knoome was earnal or geherated. "Column XII is for assets held by your spouse or dependent child in which you have no interest	It child in which you have no interest.
Provide complete names of stocks and mutual funds (do not use only ficker symbols).		for seems held in taxable accounts. Check "Nons" if the asset generated no income during the reporting period.		
For all IRAs and other retrement plens (such as	8			
401(K) prants provide the value for each essential in the account that exceeds the reporting thresholds.				Description Vacan
For bank and other cash accounts, total the amount in all interest-bearing, accounts. If the total is over \$5.000, list every finencial institution where there is more than \$1,000 in Interest-bearing accounts.	x			IC IX X III III IX IX A A III III III III
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.		(ou		
For an ownership interest in a privately-held business that is not publicly tracked, state the name of the business, the nature of its activities, and its geographic location in Block A.		US OK ESHIN PROCE		
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental homes during the specific period is and sey flustness into the theories derived from, a facteral retiresst in, or theories derived from, a facteral retirement program, including the Thrift Sevings Plan.		noori qilenorine?		.(
If you have a privately-traded fund that is on Excepted investment Fund, please check the "Eif" box.	(18	06,600,13	00'000'1\$
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) of dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	000,20 000,001 000,001 000,000 000,000,25 000,000,25 000,000,25 000,000,25 000,000,25	ENSED EDVERNO LIBER EVVINCE EV	000'98-14 000'000'18- 000'000'18-14	000,25 000,001 000,001 000,001 000,000 18,000,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	anoM anoM; re-re p-roo, re-re-re-re-re-re-re-re-re-re-re-re-re-r	TAX-DEL EXCEPT INTERES DIVIDENS HOME	0'9\$ #AO	0'9\$ #AO \$1'000'0\$
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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

NAMO: STURKT IT LINDE PHYME

(HANK)

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 \$27,485. The 2017 limit is \$27,785. 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.	e (other than the filer's current employment by the U.S. government) totaling \$20 t only the source for other spouse earned income exceeding \$1,000. See examy bederal retirement programs, and benefits received under the Social Security Act. e income limit and prohibited income may apply to you after you are on House I'r rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of inconhibited for Members and senior staff.	ent) totaling \$200 or more during the 00. See examples below. Its Security Act. u are on House payroll. The 2016 in types of income (notably honora	e reporting period. For both the filer silent on outside earned income for he, director's fees, and payments for
		٠.	Amount
Source (include date of receipt for nonoraria)	edá	Current Year to Filing	Preceding Year
ABC Trade Association, Berlimore, MD (July 15)	Honoratium	0\$	\$500 \$78.000
Examples: CM We Roundable (Oct. 2)	Spouse Speech	08	\$1,000
Orderio County Boerro of Education	Opporate Options	N/A	YA.
Benowen Inc - Cantidate	Salam		98486
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Protective life Ins. SP	ogg/wayas		686 '81
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SCHEDULE D - LIABILITIES

Name: PRET H CINDERMANTE Page 5 of 8

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 sutromobiles, 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 *Cotumn K is for liabilities held solely by your spouse or dependent child.

	50	\$		DC. J.		
	309	5	Example			
	A/wsA	HASE /VISA	First Bank of Wilmington, DE	Creditor		
	1/80	81/18	5/98	Date Liability Incurred MO/YR)	
	08/17 CREDIT CARD	CREWIT CARD	Mortgage on Rental Property, Dover, DE	Type of Liability		
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				Over \$50,000,000	٠	
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, pertner, 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 period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and tyre previous years. 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

		Position
		Name of Organization

SCHEDULE F - AGREEMENTS

STURKT H. CIMBEM THE PAGE 6 of 8

Identify the date, parties to, and general terms of any agreement or a continuation or deferral of payments by a former or current employer 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	OF \$5,000 PAID BY ONE SOURCE
Report sources of compensation received by you or your business affiliation for services provided directly by you customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services government and any information considered confidential as a result of a privileged relationship recognized by law.	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.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

STURRE H CINDERNAM Page 2

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FILER NOTES (Optional)

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