UNITED STATES HOUSE OF REPRESENTATIVES FORM B		Page 1 of
For New Members, Candidates, and Ne	New Employees LEGISLATIV	LEGISLATIVE RESOURCE CENTE:
Name: Pobert S WardSM2() Daytime Telephone:	WW 81	18 MAY -2 PM 1:22
New Member of or Candidate for State: LC U.S. House of Representatives District: Check if Candidates – Date of Election: 11/6/18 Candidates – Date of Election: 11/6/18		(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to AAPZH To AAPZH The staff Filer Type (If Applicable): Period Covered: Jave Filer Type (If Applicable): Shared Shared Principal Assistant	: January 1, 2018 A \$200 penalty sha	A \$200 penaity 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 b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? E. Did you hold any reportable period or in the current can be desired.	portable positions during the reporting to calendar year up through the date of filing?	? Yes 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? F. Did you have any reporting 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?	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? Yes No J. Did you receive compensation of more than \$5,000 single source in the current year and two prior years?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ANSWER "YES" REQUIRED TO COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT	<u>OTH</u> OF THESE QUESTIONS	S
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?	ot be disclosed. 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.	ecause they meet all three tests for	Yes A

SCHEDULE A - ASSETS & "UNEARNED INCOME" Page_

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* **					ABC Hedge Fund	Examples: Simon & Schuster	Mega Corp Stock		For bank and other cash accounts, total the amount 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 rental 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 nature of its activities, and its geographic location in Block A. Excitude: Your personal residence, including second homes and valcation homes (infless there was rental income during the reporting period); and any financial income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have 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 source is that or your spouse (SP) or dependent child (DC), 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 the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value succeeding \$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.	Assets and/or Income Sources	BLOCK A
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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

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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. 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 **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

	•	Am	Amount
Source (iliciade date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
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SCHEDULE D - LIABILITIES

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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 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 exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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SP. DC, JT	Creditor	Liability Incurred MO/YR	Type of Liability	\$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 \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							
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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 eriod and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	1000	AL NEW YORK OF THE PROPERTY OF	Position
			Name of Organization

SCHEDULE F - AGREEMENTS

Page 9

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. 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) Doe Jones & Smith, Homelown, Homestate Accounting Services Accounting Services		
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FILER NOTES (Optional)

Name: PADRITS WAR SWALL Page

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