UNITED STATES HOUSE OF REPRESENTATIVES FORM B	MAY 1 5 2019
Name: Daylime Telephone	2019 MAY 30 PM 1: 24
New Member of or Candidate for State: NC U.S. House of Representatives District: 374 Check if Amendment	U.S. (Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to To To To To To To To To T	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 b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	ng the reporting ugh 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 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 Yes J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	in \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S") COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	E 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 🔀
XEMPTION ~ Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for emption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	et all three tests for Yes I No X

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

For an ownership interest in a privately-hel business that is not publicly traded, state the nam of the business, the nature of its activities, and it 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 For all IRAs and other retirement plans (such (JT), In the optional column on the far left. if you so choose, you may indicate that an asset income source is that of your spouse (SP) dependent child (DC), or jointly held with anyo nore than \$1,000 in interest-bearing accounts 101(k) plans) do not use only ticker symbols). f you report a privately-traded fund that is a excepted trivestment Fund, please check the "EIF ncome during the Exclude: Your personal residence, including secon 01(k) plans) provide the value for each asset heli the account that exceeds the reporting thresholds rovide complete names of stocks and mutual fund uneamed" income during the year roduction of income and with a fair market valu eographic location in Block A. xeding \$1,000 at the end of the reporting period to the reportable asset or source of the man source of one which generated more than \$200 in Assets and/or Income Sources a detailed discussion of Schedule irements, please refer to the instruction bookle and vacation homes (unless there was rent e during the reporting period); and a (a) each asset held for investment program, and other real property provide a complete ad provide vide a complete address "rental property," and a city Simon & Schuster Mega Corp Stock **BLOCK A** including the さいいっと Thrift Savin held 쁚 × specify the method used. If an asset was sold during the reporting period and included only because it generated income, the value shou be "None." None *Column M is for assets held by your spouse or depende Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please \$1-\$1,000 in which you have no interest \$1,001-\$15,000 ဂ \$15,001-\$50,000 Value of Asset メ \$50 001-\$100 000 ш \$100,001-\$250,000 BLOCK 8 × \$250,001-\$500,000 Ø I \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 - $\overline{}$ \$25,000,001-\$50,000,000 _ Over \$50,000,000 £ Spouse/DC Asset over \$1,000,000* ou Check all columns that apply. For accounts that Frise generate tax-deferred income (such as 401(k)) at IRA, or 529 accounts), you may check the "Tax-crisc perferred column. Dividends, Interest, and Crisc perferred as income for assets held in catasteles accounts. Check "None" if the asset NONE generated no income DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Ħe Partmership Royalties moome Other Type of Income (Specify: e.g., Partnership Income or Farm Income 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 galins, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. None 'Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 × gains, even if reinvesture, many are accepted. None" if no income was earned or generated \$201-\$1,000 ፷ N \$1,001-\$2,500 Current Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≨ \$15,001-\$50,000 ≨ \$50,001-\$100,000 ᆽ \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × Amount of Income × Over \$5,000,000 BLOCK D ≚ Spouse/DC Income over \$1,000,000* = \$1-\$200 = × \$201-\$1,000 \$1,001-\$2,500 ₹ < \$2,501-\$5,000 < \$5,001-\$15,000 ≦ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 ⋝ \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Over \$5,000,000 Spouse/DC Income over \$1,000,000* ≚

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Name:

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SCHEDULE C - EARNED INCOME

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EXCLUDE: 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 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.

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						ORC, Inc.	Civil War Roundtable (Oct. 2) Ontario County Board of Education		Source (include date of receipt for nonoraria)		INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. 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.
						Fees: musicial 3/2,000. W	Spouse Salary	Honorarium Salary	Type		imit and prohibitions on types of incon "rate was \$28,050. The 2019 limit is \$ ibited for Members and senior staff.
							\$0	\$0 \$20,000	Current Year to Filing	An	ne may apply to you after you are c 28,440. In addition, certain types of
						\$ 1 0 ,000.√0	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount	in House payroll. The 2018 limit on income (notably honoraria, director's

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