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UNITED STATES HOUSE OF REPRESENTATIVES 2017 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	HAND DELLINERED RCE CENTER 18 (MAX USe ONV)6: 00
Name: Henry C. "Hank" Johnson, dr.	Daytime Telephone: 202 225 1605	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER STATUS Member of the U.S. State:	04 Officer or Employing Office.	Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2017 Annual (Due: May 15, 2018)	Amendment Termination Date of Termination:	nination:
PRELIMINARY INFORMATION - ANSWER EACH OF T	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 unearmed income from any reportable asset during the reporting period?	Yes 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?	rrangement with an Yes No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No Control of the reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	ild receive any Yes No 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?	Yes No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	ild receive any Yes No No Porting more than Yes
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 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?	article during the Yes No No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Ш	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDEN	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH	NSWER EACH OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Inicontact the Committee on Ethics for further guidance.	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.	Jestion, please Yes No No
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	s and certain other "excepted trusts" need not be disclosed.	Have you excluded Yes No
EXEMPTION Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilitial three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	EXEMPTION - Have you excluded from this report any other assets, "uneamed" 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.	because they meet Yes No V

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	Name: Henry C. "Hank" Johnson, Ji	
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								,, 	H	the account that exceeds the reporting thresholds. The account is all interest-bearing 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. Exclude: Your personal residence, including second forms and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. Hyou report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. Hyou 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 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.	Assets and/or Income Sources identity (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the and of the reporting periods and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IFAs and other retirement plans (such as 601 ft) plans) provide the value for each asset held in
				7			Examples:			bunt the k and selves be bunt the k and selves be be selves in interest of the k and an area on the k and and a selves in the k and a selves be	Assets and/or Income Sources (iv) (a) each asset held for investmentation of income and with a fair market to a fair source of income and with a fair market to add of the end of the reportable asset or source of income and more than \$200 in "unearned" in g the year. (a) the provide the manes of stocks and mutual of the complete names of stocks and mutual of the complete names of stocks and stock and other retirement plans (succided asset here).
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			_			1	1	١,	×	\$1,001-\$2,500	Amount of 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, incerest, 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.
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Г		I^-		 		l	1	\dagger	1	\$5,001-\$15,000 <u>≤</u>	Amount of Income hyou checked Tax-Defen ne" column. For at other s by checking the appr t, and capital gains, su to income for asset None" if no income was as None" if no income was as to interest.
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ASSET NAME	Assets and/or Income Sources
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Over \$50,000,000	•
Spouse/DC Asset over \$1,000,000*	Σ
NONE	
DIVIDENDS	
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EXCEPTED/BLIND TRUST	Type of Income
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Other Type of Income (Specify: e.g., Partnership Income or Farm In	me)
None	-
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Over \$5,000,000	×
Spouse/DC Asset with Income over \$1,000,0	
P, S, S(part), or E	Transaction

SCHEDULE B – TRANSACTIONS

Name: Henry C. "Hank" Johnson Jr. Page 4 of 10

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															фS	SP, DC, JT	Exclude trau purchase or purchase or only a portional transaction. Capital Gai check the "c disclose the disclose the "Column K I	dependent resulted in	Report any
															Ехапрю		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 purition of an asset is sold, 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 gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	reporting period or any security of read projenty heat 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 exchange transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
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SCHEDULE C - EARNED INCOME

	Name: How	
V	y C. "Howk Johnson, dr.	
	Page 5 of 0	

List the source, type, and amount of eamed 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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

				Ockalb County GA				Dekalb Country Commission	Ontario County Board of Education	Examples: State of Maryland St	Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: 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 professional services involving a fiduciary relationship) are totally prohibited.
			·	Dension	į	Ü	Spouse salary	spouls salous	Spouse Salary	Legisletive Pension	Туре	ed at or above the "senior staff" rate was ry relationship) are totally prohibited.
				311, 000, W			2	NA	N/A	\$18,000	Amount	\$27,765. The 2018 limit is \$28,050.

SCHEDULE D - LIABILITIES

C	Name: Hovy
	Name: Hory C "Hook" Johnson, Dr.
	Page 6 of C
	D

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.

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			sР, DC, JT		
	20	Example			
	OCW EN	First Bank of Wilmington, DE	Creditor		
	50/C	5/15	Date Liability Incurred MO/YR		
hove Lithon a last	mortiage on primary	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
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			\$1,000,001- \$5,000,000	ေ	ability
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			Over \$50,000,000	٢.	
			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	Position Name of Organization
A () A	
N/X	

SCHEDULE F - AGREEMENTS

Name: Hany C. "Hank" Johnson, Sr Page 7 of 10

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 employeer.

employer.		
Date	Parties to Agreement	Terms of Agreement
7004	Dekalb County 6A and Henry	Dension
,	C "Hank" Johnson, Jr.	
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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, 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, Artington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
	N/K	
		ì

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

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Name: Hewy	
C"Hank" Johnson, Jr.	
Page S of 10	

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 were paid by you and reimbursed by the sponsor.

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.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	Υ	۲	Z
Examples: Habitat for Humanity (charity fundralser)	Mar. 3-4	DC-Boston-DC	Υ	٧	Υ
Washington office on latin	3/5-7,2017	ATL - Bugata, Colindia	Υ	4	2
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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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. Examples: Association of American Associations, Washington, DC XYZ Magazine Activity Speech Article Feb, 2, 2017 Aug. 13, 2017 Date Amount \$2,000 \$500

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