UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Richard Gonzalez	Daytime Telephone.	U.S. HOUSE OF REPRESENTATIONS
New Member of or Candidate for State: U.S. House of Representatives District: Candidates - Date of Election:	1+h Check if Amendment	(Office Use Only)
New Officer or Employee Staff Fil Employing Office: Shared	er Type (If Applicable): Period Covered: January 1, 30)7 to 1231, 3017	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION ANSWER EACH OF THESE	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?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	gh the date of filing? Yes No
C. Did you or your spouse have "earmed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yesporting 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?	the current calendar Yes No
D. Did you, your spouse, or your dependent child have any reportable You (more than \$10,000) at any point during the reporting period?	Yes J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No
ATTACH THE COF	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	ST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics from this report details of such a trust that benefits you, your spouse, or dependent child?	ttee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded ndent child?	lave you excluded Yes No No
EXEMPTION - 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 exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ed" income, or liabilities of a spouse or dependent child because they memmittee on Ethics.	t all three tests for Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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Use additional sheets if more space is required	Checonical Lact	STAZENIC OF PROPILE	ABC Hedge Fund X	Examples:	SP, Branch EIF	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. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal refirement 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 of your spouse (SF) 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.	Assets and/or Income Sources Assets and/or Income Sources Identify (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 period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).
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			Partnership Income	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(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.
			×	×	×	None	•	BLOCK D Amount of Income 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 calegory of income by checking the appropriate box below. Dividends, interest, and capital gains, even if retinvested, 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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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

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	Page of 7

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 professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. **EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal refirement programs, and benefits received under the Social Security Act. Examples: Source (include date of receipt for honoraria) ABC Trade Association, Beltimore, MD (July 15)
State of Manyland
Civil War Roundlashie (Oct. 2)
Chalario County Board of Education Туре 4/80,000 28 87 8 **Current Year to Filing** Amount 00,000 Preceding Year

SCHEDULE D - LIABILITIES

Name: (NY-100) J. Page 잋

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 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.

Date Liability DC, JT Creditor Liability Incurred MO/YR First Bank of Wilmington, DE Example First Bank of Wilmington, DE 5/98 Montpage on Rental Property, Dover, DE \$15,000 1	
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SCHEDULE E - POSITIONS

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 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 period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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SCHEDULE F

- AGREEMENTS	Name: Thomas GONZWEZ Page 6 of 7
ties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence of	respect to: future employment; a leave of absence during the period of government service;
ral of payments by a former or current employer other than the U.S. government: or continuing participation in an employee welfare	t; or continuing participation in an employee welfare or benefit plan maintained by a former

Identify the da continuation o employer.	ldentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in 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
	N/A	

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.

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Accounting Services	Example: Doe Jones & Smith, Hometown, Homestate
Brief Description of Duties	Source (Name and City/State)

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