



Filing ID #10018645

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Dr. Alma Arredondo-Lynch  
**Status:** Congressional Candidate  
**State/District:** TX23

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2017  
**Filing Date:** 02/19/2018

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Credit Human Federal Credit Union		\$250,001 - \$500,000	Interest	None	\$1,001 - \$2,500
DESCRIPTION: Interest income					
Rancho Canon Perdido, 100% Interest		\$500,001 - \$1,000,000	None		
LOCATION: Uvalde, TX, US					
DESCRIPTION: Ranch					
Residence		\$250,001 - \$500,000	None		
LOCATION: Uvalde, TX, US					
DESCRIPTION: House					
Spirit of the Old West Dentistry, PLLC, 100% Interest		\$100,001 - \$250,000	Services	\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
DESCRIPTION: Dentistry business					

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Spirit of the Old West Dentistry, PLLC	Dentistry services	\$152,263.00	\$152,263.00

**SCHEDULE D: LIABILITIES**

None disclosed.

**SCHEDULE E: POSITIONS**

None disclosed.

**SCHEDULE F: AGREEMENTS**

None disclosed.

**SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Source (Name and Address)	Brief Description of Duties
Veterans Administration (Washington, DC, US)	Dentistry services
Humana Insurance (Lexington, KY, US)	Dentistry services for Medicaid recipients
Cigna Insurance (Chicago, IL, US)	Dentistry services
Blue Cross Blue Shield of Texas (San Antonio, TX, US)	Dentistry services
MCNA (San Antonio, TX, US)	Dentistry services for Medicaid recipients
Denta Quest (San Antonio, TX, US)	Dentistry services for Medicaid recipients

**EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

**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 benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

**CERTIFICATION AND SIGNATURE**

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Dr. Alma Arredondo-Lynch , 02/19/2018