Staff Filer Ty Shared Wes V	ytime Telephone: Check if Applicable):	JUN 1 AM 1 SSE OF REPRESEA (Office Use Only y shall be assessed to files more than 31 than Yes endar Yes
A. Did you, your spouse, or your dependent child:		
Receive more than \$200 in unearned income from any reportable asset during the reporting period?	period of in the current calendar year up into	
the Yes	F. Did you have any reportable agreement or outside entity during the reporting period or in year up through the date of filing?	Yes
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes L No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU	DING SCHEDULE IF YOU ANSWER "YES"	5"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	EDULES THAT YOU ARE REQUIRED TO COMPLETE) COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	MATION - ANSWER BOTH OF THESI	TH OF THESE 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?	and certain other "excepted trusts" need not be disclosed.	Have you excluded Yes No 1
EXEMPTION _ Have you excluded from this report any other assets "unearned" income or	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	et all three tests for Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Etrade "		Stade Farm Bank	C) all a Schuab	ABC Hedge Fund X	Examples: Simon & Schuster	SP, DC, Maga Corp Stock EIF	For bank and other cash accounts, total the amount in all interest-bearing accounts. It 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 retirement program, including the Thrift Savings Plan. If you 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 of 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 exceeding \$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	SCHEDULE A – ASSETS
X	*	*	*	×	Indefinite	×	None > \$1-\$1,000 00 \$1,001-\$15,000 0 \$15,001-\$50,000 0 \$50,001-\$100,000 m \$100,001-\$250,000 0 \$250,001-\$1,000,000 ± \$1,000,001-\$25,000,000 ± \$25,000,001-\$25,000,000 ∞ \$25,000,001-\$25,000,000 ∞ \$25,000,001-\$25,000,000 ∞ \$25,000,001-\$25,000,000 ∞ \$25,000,001-\$25,000,000 ∞ \$25,000,001-\$25,000,000 ∞ \$25,000,001-\$25,000,000 ∞ \$25,000,001-\$25,000,000 ∞ \$25,000,001-\$25,000,000 ∞		*Column M is for assets held by your spouse or dependent child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be thone.	Value of Asset	вгоск в	ASSETS & "UNEARNED INCOME"
*	×	<u></u>	×	Partnership fncome	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		"None" if the asset generated no income during the reporting period.	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. Dividents, interest, and capital gains, even if relivested, must be disclosed as income for accepts hold in tax-ble accounts.	Type of Income	BLOCK C	Name: $\mathcal{M}(\mathcal{A})$
*	*	× ′	ス を ス 、 た	× ×	X	*	None		Tie	its For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other as assets indicate the category of income by checking the appropriate box below. Dividends, interest, and cit capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. If Check "None" if no income was earned or generated. If "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D	ry (Pa) am Page 2 of 5

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

Name: MMY Pallant Page 4 of 5

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.

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

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 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 for Members and senior staff.

pionessional services involving a nouclary relationship) are totally profitorized to members and service said	statt.		
Company (in plants of recognity for homogenic)	1	Am	Amount
Source (include date of receipt for nonolaria)	lype	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil was or man jumps. Civil was or man jum	Spouse Speech Spouse Salary	\$0 80	\$1,000 N/A
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SCHEDULE D - LIABILITIES

Name: Page_ 앜

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. 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 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

					SP, DC, JT		
V A W	Ġ.	Charles One	Chase sank	Example First Bank of Wilmington, DE	Creditor		
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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 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

AGREEMENTS	Name:	Pageof
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;	espect to: future employment; a leave of absence during the period o	of government service;
if payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or i		senefit plan maintained by a former

Identify the da continuation of employer.	ate, parties to, and general terms of any agreement or arrangement that you ha or deferral of payments by a former or current employer other than the U.S. gov	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
	NA	

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

Use additional sheets if more space is required.

FILER NOTES (Optional) NOTE NUMBER NOTES

Name:

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