PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS Name: FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES **C.** Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the A. Did you, your spouse, or your dependent child: D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? 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, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. from this report details of such a trust that benefits you, your spouse, or dependent child? reporting period? FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the b. Receive more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period? KLINT KESTO X U.S. House of Representatives Employing Office: New Officer or Employee Candidates – Date of Election: New Member of or Candidate for THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" State: District: 31/9/11 + 31/ Shared Staff Filer Type (If Applicable): Yes Yes Yes 5 X Χ Daytime Telephone:_ × For New Members, Candidates, and New Employees Principal Assistant 8 O 중 Š J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? 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? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? FORM B ಕ Period Covered: January 1, Check if Amendment Have you excluded **LEB** 0 8 2018 LEGISLATIVE RESOURCE CENTER 18 FEB 20 PM 12: 37 (Office Use Only) Ύes Yes ¥es Υes Yes 쫑 Z 0 Z ᇹ ç

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Page 1 of 6

CIFICE OF THE CLERK
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A \$200 penalty shall be assessed against any individual who files more than 30 days late.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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takin & Toma Low	mater Buck	Dayse County- Mass Mathe (Work	Dayne Lounty - Proberial (wet)	State of MI-VOYA (401E)	ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock	SP, EF	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 interest in, or income derived from, a federal retirement program, including the Thrift Sexings Plan. If you have a privately-traded fund that is an Excepted hivestment 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
					×	Indefinite	×		None > \$1-\$1,000 ∞ \$1,001-\$15,000 ○ \$15,001-\$50-000 □ \$50,001-\$100,000 m \$100,001-\$250,000 ¬ \$250,001-\$500,000 □ \$500,001-\$1,000,000 □ \$1,000,001-\$25,000,000 □ \$5,000,001-\$50,000,000 □ \$25,000,001-\$50,000,000 □ \$25,000,001-\$50,000,000 □ \$25,000,000-\$50,000,000 □ \$50,000,000 □ \$50,000,000 □		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 "None."	Value of Asset	BLOCK B
1099		×	×	×	Pertnership	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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check	Type of Income	BLOCK C
	×	X	X	×	×	× ×	>		None		130	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other sassets indicate the category of income by checking the appropriate box below. Dividends, interest, 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. "Check "None" if no income was earned or generated.	Amount of Income	BLOCK D

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: KLINT KESTO

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SCHEDULE C -- EARNED INCOME

Name: KLINT KESTO Page 4 of 6

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.

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.

	I	Amo	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Board of Education Ontain Country Board of Education	Spouse Speech	\$0 N/A	\$1,000
Centra Kalta	Wife Salar	Un Known	44,922
State of alichiza House of Reprosentative	Salary	66, 910	65013
Healing Haven	Salary	10,000	Ø
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SCHEDULE D - LIABILITIES

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Page 5 of 6	

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. 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

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	e de la companya de l			1/17	5/98	Date Liability Incurred MO/YR		
			student Loans	Credit Card	Mortgage on Rental Property, Dover, DE	Type of Liability		
						\$10,001- \$15,000	>	
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						Over \$50,000,000	_	
						Over \$1,000,000* (Spouse/DC Liability)	_	

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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Position	Name of Organization
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SCHEDUI	SCHEDULE F – AGREEMENTS Name: LUN Name: LUN Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment and described the date of the state	Name: KLINT KESTO Page 6 of 6
Identify the da continuation or employer.	late, 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. gover	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

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
Ha	Hakim and Toma Law	Legal Services
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