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UNITED STATES HOUSE OF REPRESENTATIVES	FORM B For New Members, Candidates, and New Employees	CONTROL OF STREETS OF
Name: <u>Hon. Debbie_Lesko</u>	Daytime Telephone: <u>202-225-4576</u>	DELIVERED
New Member of or Candidate for State: U.S. House of Representatives District: Candidates - Date of Election: Feb 27, 2018	OS Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:	Staff Filer Type: (If Applicable) Shared Principal Assistant to 1/2/5/2018	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	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?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	reporting period or Yes X No I
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?	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?	gement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes 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?	rs?□ Yes No X
ATTACH THE COI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	٠.
THIS FORM INCLUDES ONLY	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	OMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT	ST INFORMATION - ANSWER BOTH OF THE	H OF THESE QUESTIONS
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?	cs 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 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.	, transactions, or liabilities of a spouse or your dependent child because they me te Committee on Ethics.	et Yes No 🔀

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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FI - 401K (F2025) - TARGET RETREMENT 2025	BANK (COCSH) - CAPITAL ONE - CASH	BANK (CHCSH) - CHASE BANK - CASH	BANK (AZCSH) - ONE AZ CREDIT UNION - CASH	AZ PEN (AZPEN) - AZ STATE PENSION	ABIC Hadan Front X	Simon & Schuster	Maga Corp Stock	the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in at interest-bearing accounts, for 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 active as the state. For an ownership interest in a privately held trustnesses 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 interest in, or income derived from, a federal interest in, or income derived from, a federal interest in, or income derived from, a federal extension burget in physically traded fund that is, and it you report a physicaly-baded fund that is, and your report a physicaly-baded fund that is, and your report a physicaly-baded fund that is, and you report a physical-baded with anyone (3P) or income source is that of your spouse (3P) or income source is that of your spouse (3P) or income source is that or jour spouse (3P) or income source is that or jour spouse (3P) or income source is that or jour spouse (3P) or income source is that or jour spouse (3P) or income source is that or jour spouse (3P) or income source is that or jour spouse (3P) or income source is that or jour spouse (3P) or income source is that or jour spouse (3P) or income source is that or jour spouse (3P) or income source is that or jour spouse (3P) or income source is that or jour spouse (3P) or income source is that or income source is that or jour spouse (3P) or income source is that or jour spouse or income source in the income of the first or the income of the spouse or income source in the income of the second or income source in the income of the second or income source in the income of the second or income source in the second or income or income source in the second or income or inco	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	ncome during the year.	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"	Assets and/or income Sources	BLOCK A	
×	×	×	×	×	×	Indefizite	×	None		*Column M is for essets held by your spouse or dependent child in which you have no interest.	"None."	indicate value of seset 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 add during the reporting period and is included from the business in concernated income, the value should be	Value of Asset	BLOCK B	
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					×	×	*	\$201-\$1,000			ild in which you have no interest.	x may check the "None" column. For all other spriate box below. Dividends, interest, and come for easeks held in taxable eccounts.	me		Page (A) 1 of 4

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Name: Hon. Debbie Lesko

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: Hon. Debbie Lesko

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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WF (SV) - THE STABLE VALUE FUND	WF (DBF) - THE DIVERSIFIED BOND FUND	WF (2025) - THE 2025 RETIREMENT FUND	WF - RP (AMRP) - AMEX RETIREMENT PLAN	ASSET NAME EF	·				Assets ancilor Income Sources	BLOCK A
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Name: Hon. Debbie Lesko

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SCHEDULE C - EARNED INCOME

Name: Hon. Debbie Lesko Page (C) 1 of 1

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.

Members and employments and professional service	INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	come mey apply to you after yo imit is \$28,050. In addition, cert staff.		are on House payroll. The 2017 limit on outside eamed income for types of income (notably honoraria, director's fees, and payments for
			Am	Amount
Ú	Source (include date of receipt for nonorana)	Type	Current Year to Filing	Preceding Year
	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Evernoles:	State of Maryland	Arejes	\$20,000	\$76,000
Lydinbias.	Civil War Roundtable (Oct. 2)	Spouse Speech	**	\$1,000
	Ontario County Board of Education	Spouse Salery	WA	WA
ARIZONA SENATE		SALARY	\$1272.67	\$24000
AMERICAN EXPRESS	ESS	SPOUSE SALARY	N/A	N/A

SCHEDULE D - LIABILITIES

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. Hembers: Members are required to report all liabilities secured by real properly 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 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

Name: Hon. Debbie Lesko

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NONE	Example			
	First Bank of Wilmington, DE	Creditor		
	\$ 15	Date Liability Incurred MO/YR		
	Mortgage on Rental Property, Dover, DE	Type of Liability		
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		Over \$50,000,000	K	
		Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Name: Hon. Debbie Lesko Page (E) 1 of

Report all positions, compensated or uncompensated, held or consultant of any corporation, firm, partnership, or other busheld in any religious, social, fraternal, or political entities (such as the control of the co	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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
CHAIRMAN	SENATE REPUBLICAN LEADERSHIP FUND PAC (RESIGNED FROM THIS POSITION PRIOR TO RUNNING FOR CONGRESS)
COMMUNITY ADVISORY COUNCIL	FAITH HOUSE DOMESTIC VIOLENCE SHELTER (NON COMPENSATED)
REPRESENTATIVE	AZ STATE SENATE (COMPENSATED - RESIGNED POSITION IN JANUARY 2018)
TREASURER	AMERICAN LEGISLATIVE COUNCIL (NO LONGER SERVING IN THIS POSITION)

SCHEDULE F - AGREEMENTS

Name: Hon. Debbie Lesko Page_(F) 1_ of __1

Participation in State of Arizona Pension Plan.	ME AND STATE OF ARIZONA	1/12/2009
Terms of Agreement	Parties to Agreement	Date
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 weitere or benefit plan maintained by a former employer.	ate, pariles to, and general terms of any agreement or arrangement that you hor deferral of payments by a former or current employer other than the U.S. go	identify the da

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

Name: Hon. Debbie Lesko

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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.

		The state of the s
	Source (Name and City/State)	Brief Description of Duties
Ехапрів:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
NONE		

FILER NOTES (Optional)

Name: Hon. Debbie Lesko

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NOTE NUMBER Note: no positions are compensated except for the one indicated. US Savings Bonds - Value is listed as amount due upon cashing out such bonds based on their total value including interest as of the date reported. Income listed is the interest income once the bond has been redeemed.

Please note the AZ State Pension does not provide for any information as to holdings. NOTES