UNITED STATES HOUSE OF REPRESENTATIVES FORM B	APK   25 2018 1 of	
FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTE:	
Dickery DAVIS	18 HAY -2 PH 1: 05	•
	OFFICE OF BUILDING C	60
New Member of or Candidate for State: 1722  U.S. House of Representatives District: 2722  Check if Amendment	(Office Use Only)	
STATUS  New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office:  Shared  Principal Assistant  to 3 3 / 2 / 8	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	
PRELIMINARY INFORMATION - ANSWER EACH 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 in the current calendar year up through the date of filing?  b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?	ng the reporting yes No No	
C. Did you or your spouse have "eerned" 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?	ortable agreement or arrangement with an reporting period or in the current calendar Yes No X	
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?  Yes No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	or years? Yes No	
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	ANSWER "YES" REQUIRED TO COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THES	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?	Have you excluded Yes No No	
<b>EXEMPTION</b> – 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.	eet all three tests for Yes No No	

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: してからる Page 앜 O

Use additional sheets if more space is required 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 401(k) plans) provide the value for each asset hele the account that exceeds the reporting thresholds. or a detailed discussion of Schedule A requirement lease refer to the instruction booklet. Exclude; You <u>Dersonal residence</u> including second to mitted and vecation fromes (unless there was renta morne during the reporting period); and any financia morne during the reporting period); and any financia merest in, or income derived from, a federa refirement program, including the Thrift Savings Plan hat is not publicly traded, business, the nature of For rental and other real property held for investmen provide a complete address or description, e.g. production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and to find the state of source of income or an ownership interest in a privately-held busi nore than \$1,000 in interest-bearing accounts or all IRAs and other retirement plans (such do not use only ticker symbols) you so choose, you may indicate that an asset or tooms source is that of your spouse (SP) o pendent child (DC), or jointly held with anyone (JT) the optional column on the far left. rental property," and a city and state ncome during the year. usiness, the nature of its eographic location in Block A. you have a privately-traded fund that is an Except vestment Fund, please check the "EIF" box. Assets and/or Income Sources de complete names of stocks and mutual fund Columbia GALLADA 1840 generated more than \$200 in (a) each Simon & Schuster asset held for investment Mega Corp Stock BLOCK A INITY WITH value for each asset held activities, name and of 믺 If an asset was sold during the reporting period and included only because it generated income, the value should be "None." None \*Column M is for assets held by your spouse or depender child in which you have no interest. specify the method used. Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please \$1-\$1,000 ø \$1,001-\$15,000 O \$15,001-\$50-000 0 \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 71 BLOCK B \$250,001-\$500,000 × ଜ \$500,001-\$1,000,000 x \$1,000,001-\$5,000,000 \_ \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 ~ Over \$50,000,000 Spouse/DC Asset over \$1,000,000\* Ξ, se that penerate tax-deferred income (such as 401(k), IRA, or 528 accounts), you may check at the "tax-Deferred column. Dividents, is the "tax-Deferred capital gains, even if relinvested, must be disclosed as income for search held in taxable accounts. Check the content of th Check all columns that apply. For account that generate tax-deferred in the columns that apply in the columns the columns that apply in the columns that apply in the columns NONE luring the reporting period × DIVIDENDS × RENT Type of Income INTEREST BLOCKC CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED Partnershij Incom Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income)  $\mathbf{Z}^{>}$ None For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gallts, even if refereeated, 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 \$1-\$200 × = \$201-\$1,000 æ \$1,001-\$2,500 ₹ \$2,501-\$5,000 < Current Year ≤ \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 ⋝ \$1,000,001-\$5,000,000 Amount of Income Over \$5,000,000 × BLOCK D ĕ Spouse/DC Income over \$1,000,000\* \$1-\$200 = \$201-\$1,000 = × \$1,001-\$2,500 ₹ Preceding Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000  $oldsymbol{arkappa}$ ≨ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Over \$5,000,000 ≚ Spouse/DC income over \$1,000,000\* ≚

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: RICHMOND DAVIS

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Name: KILDMOND DAVIS

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 4 of 6

Assets and/or income Sources  Value of Asset  Roy Cres Source  Roy Cres So	None	No.	None   September	None   September	Non	None		 			누롱롱			_								<u> </u>				_
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

	Name: KIChMOND DAVIS	
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## SCHEDULE C - EARNED INCOME

Name: Pichmord DAVIS Page ) of )

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.	
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professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	staff.	Am	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: Children (Oct. 2) Children (Oct. 2) Children (Oct. 2) Children (Oct. 2)	Spouse Speech Spouse Salary	\$0 \$0	\$1,000 N/A
SATARIO OFFICE OF BUILDING TO LANDERS	S13/203	10,000	17,500
KNY, SEP/IRA D	Distabili	60,000	90,000

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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 heid solely by your spouse or dependent child.

			i					A	Amount of Liability	t of Li	ability				
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SP DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE			Ì	×							
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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, fratemal, 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.

			Position
		NONE	Name of Organization

### SCHEDULE F - AGREEMENTS

Name: RICHMOND DAVIS Page of )

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 NOME 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.

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