STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of Z
	For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTE:
Name: SHERYC CAMPAGNA Daytime	Daytime Telephone:	18 MAY -2 PH 12: 25
New Member of or Candidate for State: ## U.S. House of Representatives District: 2 Candidates – Date of Election: 914 11 298	Check if Amendment	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee Staff Filer To Employing Office: Shared	ype (If Applicable): Period Covered: January 1, 20) Principal Assistant to 12-3)-20/7	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	E QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the send of the reporting period? or b. Receive more than \$200 in unearmed 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?	ing the reporting sugh the date of filing?
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?	rtable agreement or arrangement with an reporting period or in the current calendar of filing?
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?	an \$5,000 from a Yes Vo No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	_ ~	NSWER "YES" REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BO</u>		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
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent chexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	bilities of a spouse or dependent ch	ild because they meet all three tests for Yes No V
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or lexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethi	bilities of a spouse or dependent ch	₩ ₩

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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			CHENY SHAME	popule caravan	ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock	4	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.	f you have a privately-traded fund that is an Excepted nvestment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second tromes 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.	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.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.	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.	the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in	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).	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.	identify (a) each asset held for investment or production of income and with a fair market value	Assets and/or Income Sources	BLOCK A
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SCHEDULE C - EARNED INCOME

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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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Examples: WELBER HATERS & FEE Source (include date of receipt for honoraria) ABC Trade Association, Beltimore, MD (July 15)
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education 101 Brinkes SHARK Spouse Speech Spouse Salary Type Current Year to Filing でいしてソス \$20,000 \$0 N/A **Amount** Preceding Year 90,623 \$76,000 \$1,000 N/A

SCHEDULE D - LIABILITIES

Name: SHEAPL CAMPAGNA Page S

Page 5 of 7

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 exceeded \$10,000. 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.

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				Example			
			NA	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.

		NIA	Position
			Name of Organization

SCHEDULE F - AGREEMENTS

Name:

CAMPAGNIA

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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.

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