IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: William H "Billy Long" **EXEMPTION** – Have you excluded from this report any other assets, "unearned" 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. 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? IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction 2018 FINANCIAL DISCLOSURE STATEMENT reporting period? exceeding \$1,000 during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: UNITED STATES HOUSE OF REPRESENTATIVES REPORT TYPE STATUS a. Own any reportable asset that was worth more than \$1,000 at the Receive more than \$200 in uneamed income from any reportable end of the reporting period? or asset during the reporting period X 2018 Annual (Due: May 15, 2019) House of Representatives Member of the U.S. State: District: 30 Yes Yes Ύes Yes Yes Daytime Telephone: Amendment 8 존 Š S <u>Z</u> For Use by Members, Officers, and Employeds ATIVE RESOURCE CENTER ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source 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? Employee Officer or Employing Office: Termination Date of Termination: 4 DELIVERED JUL 24 PH 2: 50 (Office Use Only) A \$200 penalty shall be assessed against any individual who files more than 30 days late. THE CLASS TATIVES Staff Filer Type: (If Applicable) Shared Yes Yes Yes Yes Ύes Ύes Yes Principal Assistant Z Š 20 Š č ₹ 중 Page 1 of 3

Monsanto Inc	Group Fre	Goldman Sachs	(560) 4133-164313	tytowest	Ford Motor Co	ABC Hedge Fund X	Ехатріве:	SP Moga Corp. Stock EIF	the account that exceeds the reporting thresholds. 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 treded, 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 fisderal retirement program, including the Tmitt Savings Plan. If you report a privately-traded fund that is an Excepted investment Fund, please check the "Eir box. If you so choose, you may indicate that an asset or income source its that or 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.	or as a second or as as a second or a second or as a second or as a second or as a second or as a second or a seco
$X \cup A \cup $						×	Indefinite	×	None > \$1-\$1,000 ∞ \$1,001-\$15,000 ○ \$15,001-\$50,000 □ \$50,001-\$100,000 m \$100,001-\$250,000 m \$250,001-\$1,000,000 ± \$1,000,001-\$25,000,000 □ \$5,000,001-\$25,000,000 □ \$250,000,01-\$20,000,000 □ \$250,000,001-\$50,000,000 □ \$250,000,001-\$50,000,000 □ \$250,000,000-\$00 □ \$250,000,000-\$00 □ \$250,000,000 □	BLOCK B Value of Asset 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." "Column M is for assets held by your spouse or dependent child in which you have no interest.
X				X	X	Perthership Income	Royalties	×	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IFA, 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 'None' rife asset generated no income during the reporting period.
				X	X	×	×	×	None	Amount of Income Amount of Income For assets for which you checked "Tax-Deferred" in Block C, may check the "None" column. For all other assets indicate category of income by checking the appropriate box be Dividends, Interest, and capital gains, even if relinvest must be disclosed as income for assets held in that accounts. Check "None" in oincome was earned or general ecounts. Check "None" in oincome was earned or general "Column XII is for assets held by your spouse or dependent oin which you have no interest.
6								S(parl)	Leave this column blank if there are no transactions that exceeded \$1,000.	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (parti)).

SCHEDULE B - TRANSACTIONS

MT Page 3 of 3

					<u> </u>	trading account	to cash and into	ins liquidated	Monsoxto stark	on July 7, 2018, the	purchasinal Monsanto	8	Monsanto Inc	SP Example Mega Corp. Stock	SP, DC, JT Asset	Cepital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	objectment critical intestment of the production of income, include transactions that resulted in a capital fost. Provide a brief description of an exchange transaction, exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your
														×		Purchase Sale Partial Sale		Type of Transaction
													\wedge	×		Exchange Check Box if C	apitat Gain Exceed	led :
												-	क्षापु	3/9/18		weekly, if applicable	(MO/DAY/R) or Quarterly,	Date
											<u> </u>					\$1,001- \$15,000	>	
														×		\$15,001- \$50,000	œ	
													X			\$50,001- \$100,000	n	
				!												\$100,001- \$250,000	D	≥
																\$250,001- \$500,000	m	Amount of
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																Over \$1,000,0 (Spouse/DC A		