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UNITED STATES HOUSE OF REPRESENTATIVES		FORM B	GISLATIVE RESOURCE (GISLATIVE RESOURCE CENTER. Page 1 of ${\mathscr L}$
	For New Members, Candidates, and N	ew Employees	017 MAY 24 PM 4: 38	: 38
Name: Paul V. Grady Da	Daytime Telephone	ne.	OFFICE OF THE CLURK	SALIVE
New Member of or Candidate for State: MA U.S. House of Representatives District: 2 Candidates – Date of Election: 4 November	2018	Check if Amendment	(Office Use Only)	Jse Only)
STATUS New Officer or Employee Employing Office:		Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	assessed against any re than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE	THESE QUESTIONS	IONS		
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. Make more than \$200 in unearmed income from any reportable asset during the reporting period?	No X	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g period	Yes No
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?	No To	F. Do 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?		Yes 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?	*s	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?		Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	SPONDING SCH	EDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S" O COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	NFORMATION	- 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 this report details of such a trust that benefits you, your spouse, or dependent child?	Ethics and certain other	"excepted trusts" need not be disclosed. H	not be disclosed. Have you excluded from	Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent chil exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ome, or liabilities of a spon Ethics.	ouse or dependent child because they meet all three tests for	·	Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

Name: PAU V. 6/ADY Page 4 of 8

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.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff 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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for

	4	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	000 DC\$	\$500
EXAMPLES: Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
CHIMIN COUNTY COUNTY I EMPORITORI	Opular varial)		-W17-X
unemployment	Other	\$3675	\$5068,00
EAGLE Elevatur	Salary	Q	\$28919.00
Perrone Gordscapins	Salony	Ø	\$ 3923,00
Pipeline + Excavating	Salary		\$ 38500,00
Unorcester Elevatur	Salary	515662.25	D

SCHEDULE D - LIABILITIES

Name: The Variable Page of Services in which you can be interest (indees you are personal residence.	the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting to by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence contains an interest funders you are personally liable, and
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(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 period. New Members: Members are required to report all liabilities secure

						"	· .	_ ▶	moun.		Amount of Liability	Í		-	*
SP. SP.		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001 -	\$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- \$60,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
-	Ехатрю	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE			3 0 1 10 0 0 2 0 0 2 0 3 0 4 0 4 0 5 0 6 0 6 0 7 0 8	×			* * * * * * * * * * * * * * * * * * *		2 4 7 2 4 3 4 5 4 8 5 4	sie e	1
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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.

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		Name of Organization	the culterit care had year. First year carefulates and new employees report positions held in the culterit carefulatives from previous years.

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			Date	Identify the date, par continuation or defer	SCHEDULE	
China (s)			Parties to Agreement	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in	SCHEDULE F - AGREEMENTS	
			Terms of Agreement		Name: GUNGCADY	
				t; a leave of absence during the period of government service; n an employee welfare or benefit plan maintained by a former employer.	Page 6 of 8	

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

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CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrapper and the contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrapper and the contribution of the contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrapper and the contribution of the contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrapper and the contribution of the

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

2017 MAY 24 PM 4: 38

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Indicate	Your	Status:
Select C)nel	

Dear Madam Clerk:

Over \$5,000 Threshold Not Exceeded This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

Withdrawal
 of Candidacy

This is to notify you that under the laws of the state of	
1 withdrew my candidacy for the U.S. House of Representatives on	

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): Paul V. Gra	ad4
State: Massachusetts	District: 2
Date: 3 11 March 2017	_

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601