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UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	OCT 05 2019 Page 1 or /
Name: <u>Tothv)、(だらいらだ)</u> Daytime Telephone:	2619 OCT 11 PM 1: 39
New Member of or Candidate for State: VIROINIA U.S. House of Representatives District: 5 TH Candidates – Date of Election: 110 1 3, 2020 Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Period Covered: January 1,	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	
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 unearmed income from any reportable asset during the reporting period? B. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	gh the reporting shall be reported to the reporting shall be reported to the reporting?
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?	arrangement with an 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? No Single source in the current year and two prior years?	\$5,000 from a Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	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?	lave you excluded Yes 🔲 No 🔀
EXEMPTION – 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.	t all three tests for Yes No 🔀

SCHEDULE A - ASSETS & "UNEARNED INCOME"

If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. 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. Sp, Mega Corp Stock Simon & Schuster X ABC Hedge Fund X ARUDENUTIAL ARUDEN	If you report a privately-traded fund that Excepted investment Fund, please check it box. If you so choose, you may indicate that an a income source is that of your spouse it dependent child (DC), or jointly held with (JT), in the optional column on the far left. For a detailed discussion of Scherequirements, please refer to the instruction of the far left. Sep, BC, Simon & Schuster Examples: ABC Hedge Fund ABC Hedge Fu	If you report a privately-traded fund that Excepted investment Fund, please check it box. If you so choose, you may indicate that an a income source is that of your spouse is dependent child (DC), or jointly held with (JT), in the optional column on the far left. For a detailed discussion of Scheck requirements, please refer to the instruction in the far left. Sp. Mega Corp Stock Mac Hedge Fund	If you report a privately-traded fund that Excepted investment Fund, please check the box. If you so choose, you may indicate that an a income source is that of your spouse idependent child (DC), or jointly held with (JT), in the optional column on the far left. For a detailed discussion of Scherequirements, please refer to the instruction of the far left. For a detailed discussion of Scherequirements, please refer to the instruction of the far left. Simon & Schuster Mega Corp Stock Simon & Schuster ABC Hedge Fund	If you report a privately-traded fund that Excepted investment Fund, please check the box. If you so choose, you may indicate that an a income source is that of your spouse the properties of your spouse of the properties of the properties of the properties of the properties of the instruction of the instruction of the properties of the proper	If you report a privately-traded fund that Excepted investment Fund, please check it box. If you so choose, you may indicate that an a income source is that of your spouse is	If you report a privately-traded fund that Excepted investment Fund, please check it box. If you so choose, you may indicate that an a income source is that of your spouse is that	If you report a privately-traded fund that Excepted investment Fund, please check the box. If you so choose, you may indicate that an income source is that of your spouse income source is that of your spouse is dependent child (DC), or jointly held with (JT), in the optional column on the far left. For a detailed discussion of Scherequirements, please refer to the instruction	in 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 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 homes and vacation homes (urress there was rental income during the reporting period); and any financial interest in, or income derived from, a federal refilement program, including the Thrift Savings Pian.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	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 unearmed income during the year.	Assets and/or Income Sources	BLOCK A	SCHEDULE A – ASSETS & "UNEARNED INCOME"
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C ~ EARNED INCOME

Name: JOHN Q ES-SE Page 잌

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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. 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.

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	•	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	50	\$500
Examples: State of Maryland Charles County Board of Education Charles County Board of Education	Spouse Speech	\$20,000 \$0	\$/5,000 \$1,000
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Coulens INTERNATIONAL DC, LLC	COMMISSIONS	\$118,000	\$279,000
	SPOUSE	4.0301	700 00 N
CHEIN MOODEND ICEHON	COMMISSIONS	1000	4 11 700
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SCHEDULE D - LIABILITIES

Name: JOHN CESINSKI

Page 5 of 7

(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 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 exceeded \$10,000. 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 *Column K is for liabilities held solely by your spouse or dependent child.

Date Liability Type of Liability Type		_			1								
Creditor Date Liability Type of Liabil							SP, DC, JT						
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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.

	Taustre	TAUSTE	Position
	VETERANS SERVICES FOUNDATION BUARD, COMMUNICATH OF VA.	BOARD OF VETERAN SCRUCES COMMONWEACTH OF VIRGINIA	Name of Organization

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SCHEDULE F - AGREEMENTS Name: JOHN LESINSE! Page 6 of Lentify 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
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employer.		
Date	Parties to Agreement	Terms of Agreement
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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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FILER NOTES (Optional)

Name: JOHN LESINSKI Page_

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