MOV 13 2017

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UNITED STATES HOUSE OF REPRESENTATIVES FOR New Members, Candidates	, and New EmployeesEोSLATIV	Page 1 of ()
Name: Losses & Cont. Daytime Telephone:	OF ANOV 22 PM 12: 34	2: 34 EMhyes
New Member of or Candidate for State: OH U.S. House of Representatives District: Candidates - Date of Election: 164. 18	œ.	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	Period Covered: January 1, 2eN A \$200 penalty shall be assessed against any to ect 31, 10 miles more than 30 days late.	be assessed ag nore than 30 da
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	SNC	
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?	E. Did you hold any reportable positions during the reporting	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?	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 Yes No X sing	current calendar year up through the date of filing? any reportable agreement or arrangement with an uring the reporting period or in the current calendar the date of filing?	Yes No
ATTACH THE CORRESPONDING SCHEDULE IF THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU		
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - /	any reportable agreement or arrangement with an uring the reporting period or in the current calendar the date of filing? The date of filing? The compensation of more than \$5,000 from a the current year and two prior years? YOU ANSWER "YES" J ARE REQUIRED TO COMPLETE	
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?	any reportable agreement or arrangement with an uring the reporting period or in the current calendar the date of filling? Ive compensation of more than \$5,000 from a the current year and two prior years? YOU ANSWER "YES" J ARE REQUIRED TO COMPLETE IR BOTH OF THESE QUESTIONS	
EXEMPTION - Have you excluded from this report any other assets, "uneamed" 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.	5 ⁸⁵ 3	

Name: PORUDT & BARZ

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NORTHWESTER JAVINA	2	۲	>	THUS Bank sign	25 VE		<u> </u>	-	П	For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	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.	if you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	nomes and vacation homes (unless there was renta income during the reporting period); and any financia interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan	Exclude: Your pareonal residence including second	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 accoratic location in Rova 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 ecocurits. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the executing their exceeds the reporting threateneds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	(do not use only ticker symbols).	ncome during the year.	axceeding \$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"	Identify (a) each asset held for investment or production of income and with a fair market value	Ą	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

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Page 9 of 1

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. 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.

SCHEDULE D - LIABILITIES

Name: POTURET TO TOAKE

Page 10 of 11

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 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. *Column K is for liabilities held solely by your spouse or dependent child.

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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.

	T	_	
			Position
			Name of Organization

SCHEDULE F - AGRE

Name: AGRING S. Page // of //
eneral terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; its 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

continuation or deferral of paymer employer. Identify the date, parties to, and ge

Date	Parties to Agreement
	NONE
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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.

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