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UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES		FORM B LEGISLATIVE RESOURCE CENTE For New Members, Candidates, and New Employees 10 AM 10: 47	WEMPHOYEES O AN IO: 47	Page 1 of 10
Name: Candius M.	ndius M. Stearns	Daytime Telephone:	3	HOUSE OF REPRESENTATIVES	€41
FILER	New Member of or Candidate for State: MI U.S. House of Representatives District: Candidates – Date of Election: November 6, 2	2018	Check if Amendment	(Office	(Office Use Only)
SIAIUS	New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1. 2018 to September, 14 2018	A \$200 penalty shall individual who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMIN/	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUES	STIONS		
A. Did you, you a. Own any n end of the b. Receive m asset dunir	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 unearned income from any reportable asset during the reporting period?	No L	Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?		Yes No
C. Did you or you honoraria, or pen 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 Yes 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?	reement or arrangement with an period or in the current calendar	Yes No X
D. Did you, you tiability (more the	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?	*	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 or years?	Yes No
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSW THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQU	RESPONDING SC		ER "YES" RED TO COMPLETE	
EXCLUSIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF	TINFORMATIO		THESE QUESTIONS	
TRUSTS - Deta	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be from this report details of such a trust that benefits you, your spouse, or dependent child?	e on Ethics and certain cent child?		disclosed. Have you excluded	Yes No X
EXEMPTION exemption? Do	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.	l' income, or liabilities of nittee on Ethics.	a spouse or dependent child because they m		Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Candius M. Stearns Page 2 of 10

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Candius M. Stearns

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SCHEDULE C - EARNED INCOME

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Name: Candius M. Stearns	
Page of	
	Candius M. Stearns

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. 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.

	_	Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Battimore, MD (July 15)	Honorarium	\$00,000	\$500 \$76,000
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
L.	Spouse Salary	NA	WA
DF Benefits, Inc.	Salary	95,833	130,000
R & E Automated Systems, LLC	Salary	143,300	115,000
R & E Automated Systems, LLC	Bonus	0	4,500

SCHEDULE D - LIABILITIES

Name	
Candius M. Steams	

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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 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.

Creditor Date Liability Type of Liabili	Creditor Creditor Creditor Date Liability Incurred MO/YR MO/YR Type of Liability Type of Liability NO/YR MO/YR MO/YR MO/YR S15,0001 \$100,000 \$15,000,000 \$1,000,000 \$1,000,000 \$250,000 \$250,000,000 \$250
Type of Liability Type of Liability Amount of Liability	Type of Liability
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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.

	 			_	
		Owner	Owner	Owner & President	Position
The state of the s		DF Property and Casualty LLC	DFB TPA Services LLC	DFBenefits, Inc	Name of Organization

SCHEDULE F - AGREEMENTS

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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
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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.

government a	and any information considered confidential as a result of a	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 Chy/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	See Attached Excel	See attached Excel Sheet Labeled Schedule J
	sheet	

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Services	IM\s91A	lstoT TV2	7657
ACA Compliance HR	Tri-Country		
Services	M/s91A	FEI Services Company Total	1381
ACA Compliance HF	Tri-Country		
Services	IM\s91A	The Classic Jerky Company Total	4358
ACA Compliance HR	Tri-Country		
Services	Mrea/MI	Scott Industries, Inc. Total	4030
ACA Compliance HR	Tri-Country		
Services	M/691A	Treva Automation Total	ES7 E
ACA Compliance HR	Tri-Country		
Services	Area/MI	Frank Rewold and Son Inc. Total	3600
ACA Compliance HR	Tri-Country		
Zetylces	M/ea/MI	4D Systems Total	3482
ACA Compliance HR	Tri-Country		-
Services	IM\&Prea	Universal Tool Total	3336
ACA Compliance HR	Tri-Country	1040 7 10 0 7 100 100 101 1	5000
Services	IM\s91A	IstoT	3280
ACA Compliance HR	Tri-Country		Vace
Services	Area/M)	LLC) Total Great Lakes Central Railroad	3242
_	Tri-Country		CVCC
ACA Compliance HR	M/senAl	Kramer Electronics USA (iRule	3052
Services		Total	3005
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Services	Area/MI	Campus Village Concepts Total	8867
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Services	Area/MI	Federated Service Solution Total	4897
ACA Compliance HR	Tri-Country	e de la company	
Services	- IM\a91A		7257
ACA Compliance HR	Tri-Country	Federated Capital Corporation	
Services	Area/Mi	IstoT toennool	6787
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Services	Area/MI	Total	tozz
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Services	M\e91A	Colortech Graphics Total	8407
ACA Compliance HR	Tri-Country		
Services	M/s91A	Craig's Inc. Total	1912
ACA Compliance HR	Tri-Country		
Services	Area/MI	Se G Fabricators Total	6281
ACA Compliance HR	Tri-Country	,	
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Brief Description of			
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Guardian	Michigan	Insurance Agent Commissions
Action Benefits	Michigan	Insurance Agent Commissions
Priority Health	Michigan	Insurance Agent Commissions
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Total Healthcare	Michigan	Insurance Agent Commissions
BCB2W	Michigan	Insurance Agent Commissions
United Healthcar	Michigan	Insurance Agent Commissions
MetLife	Michigan	Insurance Agent Commissions
stlened beillA	Michigan	Insurance Agent Commissions
Humana	Michigan	Insurance Agent Commissions
4AH	Michigan	Insurance Agent Commissions
EB2O	Michigan	Insurance Agent Commissions
AHL Insurance	Michigan	Insurance Agent Commissions
Assurant Employi	Michigan	Insurance Agent Commissions
Mason McBride	IM\yo1T	Insurance Agent Commissions
Customer	Eds2\yJD	Brief Description of Services

Name: Candius Steams

Page of 10

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Page 10

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