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UNITED STATES HOUSE OF REPRESENTATIVES FORM B	018 Page 1 of 8
Name: Julie 0 iv Daytime Telephone: 318 FEB -6 AM 11: 55	en f
New Member of or Candidate for State: TY U.S. House of Representatives District: 25 Check if Check if Coffice Use Only) FILER Candidates – Date of Election: Narth 1, 2015 pv Narty	Jse Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant To Individual who files more than 30 days late.	assessed against any re than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH 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? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? 	Yes V 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? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period?	Yes
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes V No 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 ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE 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 Yes	98 No 🔽
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.	Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list levery financial institution where there is more than \$1,000 in interest-bearing accounts. 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. (do not use only ticker symbols) production of income and with a fair market value axceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income If you so choose, you may indicate that an asset income source is that of your spouse (SP) dependent child (CD), or jointly held with anyone (Jin the optional column on the far left. f you have a privately-traded fund that is an Excepted nivestment Fund, please check the "EIF" box. For rental and other real property held for investmen or all IRAs and other retirement plans (such or a detailed discussion of Schedule A requirements lease refer to the instruction booklet. etirement program, including the Thrift Savings Plan jeographic location in Block A. or an ownership interest in a privately-held busines rental property," and a city and state. provide a complete address or description, rovide complete names of stocks and mutual funds ncome during the year. xclude: Your personal residence, including secon come during the reporting period); and any financia iterest in, or income derived from, a federa is not publicly traded, iness, the nature of Assets and/or Income Sources and vacation homes (unless there was renta Examples (a) each asset held more than \$200 Simon & Schuster Mega Corp Stock BLOCK A <u>s</u> state the name for investment ᆲᅋ (H) e 9.0 묶 ᇎᆤ If an asset was sold during 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. Þ *Column M is for assets held by your spouse or depende be "None." If an asset was sold during the reporting period and included only because it generated income, the value should be a second or the value of th None child in which you have no interest \$1-\$1,000 00 O \$1,001-\$15,000 0 \$15,001-\$50-000 \$50,001-\$100,000 m × Value of Asset \$100,001-\$250,000 m BLOCK B G \$250,001-\$500,000 × Ŧ \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 ے \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 ᄌ Over \$50,000,000 ,... Spouse/DC Asset over \$1,000,000* Z Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA or 529 accounts), you may check the "Tax-Deferred" column. **Dividends**, the "Tax-Deferred" column. Dividend interest, and capital gains, even reinvested, must be disclosed as incompany. for assets held in taxable accounts.
"None" if the asset generated no i NONE luring the reporting period. × DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Partnership Income Royatties . Ched Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividents, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest = \$1-\$200 × ≖ \$201-\$1,000 ₹ \$1,001-\$2,500 Current Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 × Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 BLOCKD ≚ Spouse/DC Income over \$1,000,000* None = \$1-\$200 = \$201-\$1,000 × ₹ \$1,001-\$2,500 Preceding < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ × \$15,001-\$50,000) Year ≦ \$50.001-\$100.000 $\overline{\mathbf{x}}$ \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 ≚ Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000*

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Julie Oliver

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SCHEDULE C - EARNED INCOME

Name: Julie Oliver Page 6 of 3

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 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

		Am	Amount
Source (include date of federal for horiotaria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$20,000	\$1,000 \$1,000
Crimina county bodis of Education	Anna Salah	140	14/77
上中	Salory	\$273,456	\$328615
	Spouse Sclan	乙甲	517 2
New Payroll Assoc.	Spouse Salary	Z 7	NP
Breatherick Group	Salara	817,730	\$9,700
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SCHEDULE D - LIABILITIES

Name: Page_

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

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	raithain	i i i ii ji j		First Bank of Wilmington, DE	Creditor		
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SCHEDULE E - POSITIONS

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. 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,

		Board Member	Position
		Central Health (uncompansated)	Name of Organization

SCHEDULE F - AGREEMENTS

Name: Page_ 0 '으,

Identify the da continuation of employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer.	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
	NIR	

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.

3	
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
N/R	