UNITED STATES HOUSE OF REPRESENTATIVES  For New Members, Candidates, and New Employees	POSTMANN ILLESINE
Name: Day Franks Daytime Telephon	(C) 2019 JUN 20 FM 1: 23
New Member of or Candidate for State: 15  U.S. House of Representatives District: 15  Candidates - Date of Election: 11/2020  Check if Amendment	S. Resce of Seressistatives (Office Use Only)
STATUS  New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office:  Shared Principal Assistant  to May 2019  It	A \$200 penalty shall be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	
<ul> <li>A. Did you, your spouse, or your dependent child:</li> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or</li> <li>b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?</li> <li>Yes</li> <li>No</li> <li>Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</li> </ul>	the reporting he late of filing? 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?  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 No
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 No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No No
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 BOTH 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?	ave you excluded Yes No X
<b>EXEMPTION</b> – 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.	all three tests for Yes No No

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

For bank and other cash accounts, total the amoun in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is 누모목 description, state. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds in the account that exceeds the reporting thresholds. income source is that of your spudependent child (DC), or jointly held (JT), in the optional column on the far nore than \$1,000 in interest-bearing accounts. Provide complete names of stocks and mutual fund (do not use only ticker symbols). production of income and with a fair market value succeeding \$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 If you report a privately-traded Excepted investment Fund, please For an ownership interest in a privately-helpusiness that is not publicly traded, state the name of its activities, and it peographic location in Block A. Exclude: Your personal residence, including seco meamed" income during the year. you so choose, you may indicate that an asset ancial interest in, or income derived from, a feder Assets and/or Income Sources Tental and vacation homes (unless there was rent during the reporting period); and ar (a) each asset held for investment detailed program, e.g., "rental property," and a city and other discussion of Sche se refer to the instruction Simon & Schuster ABC Hedge Fund Mega Corp Stock BLOCK A including the real property raded fund that in please check the n spouse with Thrift Saving Schedule Per bookle (SP) ± E ₹ 캶 黑 × 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. > \*Column M is for assets held by your spouse or dependence in which you have no interest. None f an asset was sold during the reporting period and notinged only because it generated income, the value shou œ \$1-\$1,000 o \$1,001-\$15,000 \$16,001-686-600 0 Value of Asset × \$50,001-\$100,000 ш 71 BLOCK B \$100,001-\$250,000 6 \$250,001-\$500,000 \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \_ \$5,000,001-\$25,000,000 ᆽ \$25,000,001-\$50,000,000 \_ Over \$50,000,000 Z Spouse/DC Asset over \$1,000,000\* ou Check all columns that apply. For accounts that public the columns that apply. For accounts that public generate tax-deferred income (such as 401(k), as IRA, or 529 accounts), you may check the Tax-light perfect column. Dividends, interest, and color is Deferred column. Dividends, interest, and color capital gains, even if reinvested, must be disclosed as income for assets held in the capital gains, even if the asset in the color of the capital perfect in the capital perfect NONE × DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAXOBFERRED Partnership Income Royalties 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 othe assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gaine, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. None 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 BLOCK D ≚ Spouse/DC Income over \$1,000,000 None \$1-\$200 = = \$201-\$1,000 × ₹ \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 묫 \$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 C - EARNED INCOME**

Name: DAMY) FYRM KS Page M of 6

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

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.	and prohibitions on types of incon was \$28,050. The 2019 limit is \$1 for Members and senior staff.	ne may apply to you after you are c \$28,440. In addition, certain types of	an House payroll. The 2018 limit on income (notably honoraria, director's
Source (include date of receipt for honoraria)	Туре	Arr Current Year to Filing	Amount  Preceding Year
ABC Trade Association, Bultimore, MD (July 15)  State of Maryland  Civil War Roundtable (Oct. 2)  Ontario County Board of Education	Honorarium Salary Spouse Speech Spouse Salary	\$0 \$20,000 \$0 N/A	\$500 \$76,000 \$1,000 N/A
New York City Police Dept	Salamy	*40,000	000,001
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#### SCHEDULE D - LIABILITIES

Name: / Page

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

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					Bank	First Bank of Wilmington, DE	Creditor		
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					Car Luan	Mortgage on Rental Property, Dover, DE	Type of Liability		
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#### SCHEDULE E - POSITIONS

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, 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

#### SCHEDULE F - AGREEMENTS

Terms of Agreement	Date Parties to Agreement
ave with respect to: future employment; a leave of absence during the period of government wernment; or continuing participation in an employee welfare or benefit plan maintained by a	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employments continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer.
Name: Down of P. Franks Page 5	SCHEDULE F - AGREEMENTS

service; former

# 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 withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Cheryl L. Johnson, Clerk Office of the Clerk, U.S. House of Representatives Legislative Resource Center B-81 Cannon House Office Building Washington, DC 20515-6601 **Indicate Your Status:** Dear Madam Clerk: (Select One) This is to notify you that I have not yet raised (either through contributions or loans myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives. Over \$5,000 Threshold Not **Exceeded** 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. This is to notify you that under the laws of the state of \_ I withdrew my candidacy for the U.S. House of Representatives on \_ Withdrawal of Candidacy 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.]

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)