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UNITED STATES HOUSE OF REPRESENTATIVES FORM B Period covered: January 1, さのハ・メタハトミウ, フットン For use by candidates and new employees	DELIVER AND OF CLASS OF THE STATE OF THE STA	age of
Name: 人にっつす Roコナモルら Daytime Telephone:	U.S. HOUSE OF REPRESENTATION	45 V
	(Office Use Only)	
Filer Candidate for the State: 1 Date of House of Representatives District: 2 Election: 1 L Amendment Status New officer or	A \$200 penalty shall be assessed against any individual who files more than 30 days late	assessed who files
In all sections, please type or print clearly in blue or black ink.	•	
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No No Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	before the date or two years?	8
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes No If yes, complete and attach Schedule V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	rrangement Yes	No No
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	\$5,000 from Yes	Š
Each question in this part must be answered and the appropriate schedule attached fo	e attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH	ANSWER EACH OF THESE QUESTIONS	NS
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 benefiting you, your spouse, or a dependent child?	not be Yes	N _o
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, 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.	ependent child Yes	N _O

Methica Cife (-5.18/1.c)		SP Mega Corp. Stock DC. Examples: Simon & Schuster		BLOCK A Asset and/or Income Source Identity (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "uneamed" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed provide only the name of the institution holdling the
××	×	Indefinite	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000	Value of Asset Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
××	×	Aoyalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
×	×		None	Amount of 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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
×	×	×	\$201 - \$1,000 \(\exists \) \(\frac{1}{5},001 - \frac{1}{5},000 \) \(\times \) \(\frac{1}{5},001 - \frac{1}{5},000 \) \(\times \) \(\frac{1}{5},001 - \frac{1}{5},000 \) \(\frac{1}{5},001 - \frac{1}{5},000 \) \(\frac{1}{5},001 - \frac{1}{5},000 \) \(\frac{1}{5} \) \(\) \(\frac{1}{	