IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS PRELIMINARY INFORMATION - ANSWER EACH OF B. Did you, your spouse, or your dependent child purchase, sell, or all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics **EXEMPTION** - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. 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 exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction Name: 2017 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES 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? E. Did you hold any reportable positions during the reporting 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 liability (more than \$10,000) at any point during the reporting period? A. Did you, your spouse, or your dependent child: FILER STATUS REPORT TYPE a. Own any reportable asset that was worth more than \$1,000 at the Receive more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period? FILEMON VEZX 7 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S. State: District: THESE QUESTIONS Yes Yes Yes Yes 7 Yes Daytime Telephone: Amendment Š ₹ š Z 8 For Use by Members, Officers, and Employees H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source 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? lieu of paying you for a speech, appearance, or article during the reporting period? reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in 202-225-Form A Employee Officer or **Employing Office** .58 Termination Date of Termination: A \$200 penalty whall be assessed against any individual who files more than 30 days late. TEGIST VILIAS BESCHAGE CENT 18 AUG TIGE USE ONLY) Shared Staff Filer Type: (If Applicable) Yes Yes Yes ğ Yes Ύes Yes DELIVERED HAND' of 8 Principal Assistant S O S Š <u>8</u> Z Š 8 1 1

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Bomsile, Tx	Rental Property	Teras National Bonk Check		Merallhach Jea	Har Hound Il Judge		Examples:	क्ष	For bank and other cash accounts, total the amount in all interest-bearing accounts, total the amount in all interest-bearing accounts, the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. 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 geographic location in Block A. Exclude: Your personal residence, including second income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	BLOCK A Assets and/or Income Sources Identity (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' income that generated more than \$200 in 'unearned' income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in
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316	8		7 72) 	nch	ABC Hedge Fund	Simon & Schuster	Mega Corp. Stock	naccounts. humbs had been accounts. humbs had been accounts accounts accounts accounts accounts accounts accounts accounts account account accounts account accounts account acc	BLOCK A or Inco or Inco seet held seet held he and with he and of rtable asse han \$200 han \$200 res of sto symbols) her retirer
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		L		_	×		=		\$1-\$1,000	ion maion masset asset general
		_	×	×			Indefinite		\$1,001-\$15,000	BLOCK B Value of Asset Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be 'None.' Column M is for assets held by your spouse or dependent child in which you have no interest.
		×							\$15,001-\$50,000	asset other to other
								×	\$50,001-\$100,000	Val at cic han fa uning to me, to held by
	X								\$100,001-\$250,000	BLOCK B BLOCK B T close of the report In fair market value, In g the reporting the reporting the reporting the policy should and by your spouse or
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\vdash			-						Spouse/DC Asset over \$1,000,000*	use metho
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						Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income 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, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.
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		_	X			┗			\$1-\$200	For assets i may check category o Dividends, must be accounts. "Column XI in which you
		×	<u> </u>		_		×		\$201-\$1,000	For assets for which may check the "None category of income Dividends, Interest, must be disclosed accounts. Check 'N "Column XII is for ass in which you have no
		<u> </u>				<u> </u>		×	\$1,001-\$2,500	Amouni For assets for which you check the "None" column rategory of income by check the income by check the income by check the income by check the disclosed as incomest be disclosed the incomest be disclosed to income if no column XII is for essets held in which you have no interest.
						×	_		\$2,501-\$5,000 < \$5,001-\$15,000 <	BLOCKD Amount of Income hyou checked "Tax-Defen ne" column. For all other se by checking the approx st, and capital gains, ey and as income for asset None" if no income was as seets held by your spouse to interest.
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									Spouse/DC Asset with Income over \$1,000,000*	C. you the the below. sated, wable trated.
								S(part)	Leave the blank if not rammer that exc \$1,000.	BLOC Transa Indicate if asset had purchases sales (S), exchange exceeding in the reportation of the reportat
				-					Leave this columbiank if there are no transactions that exceeded \$1,000.	BLOCKE Transactte Indicate if the asset had purchases (P), sales (S), or exchanges (E) sexceeding \$1,0 in the reporting period. If only a portion an asset was see indicate please indicate follows: (S (par)
									eave this column blank if there are by transactions hat exceeded \$1,000.	BLOCKE Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold please indicate as follows: (\$ (part)).
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SCHEDULE A -
ASSETS &
ß "UNEARNED
INCOME"

Name: FILEMON VEZA

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	ASSET NAME EIF	HIDROUNDY MINCOLD	AMNORK	DENT DAMICE 2 XOBI	1	STADLES KINNEY BLUCH	ROWAL DUO POLITICS	- *Corps Christ 11	L* Lowell Allander	Kenedy Cohum	(inheated in 2017)						
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SCHEDULE C - EARNED INCOME

Name: FILEMON VELA Page 4 of 8

Amount	Type	Source (include date of receipt for honoraria)
\$27,765. The 2018 limit is \$28,050.	sated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050 liciary relationship) are totally prohibited.	INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.
	the Social Security Act.	EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the
reporting period. For a spouse, list	rnment) totaling \$200 or more during the below.	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 a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

in addition, certain types or income (notably notice lad director's tees, and payments to professional services involving a notice	uciary relationship) are totally promoted.	
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Legislative Pension Spouse Speech	\$18,000 \$1,000
Ontario County Board of Education	Spouse Salary	N/A
Vela Law Offices PLLC	Spause Distribution	ZA
Employee Retirement System of Texas	SpouseRetirement	2/4

SCHEDULE D - LIABILITIES

Name: FILEMON VEZA

Page 5 of 8

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

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		AM	`		Example	,		
LONE STAR BANIC	LONG STAR BANK	AMERICAN EXPUS	کر	PLAINS CAPITUL BANK	First Bank of Wilmington, DE	Creditor		
10/2016		5/2002		1/2010	5/15	Date Liability Incurred MO/YR		
206	MORTUALE		Ressoral NOTE	E+A Proporties	Mortgage on Rental Property, Dover, DE	Type of Liability		
		×				\$10,001- \$15,000	>	
						\$15,001- \$50,000		
X				×		\$50,001- \$100,000	c	
					×	\$100,001- \$250,000	0	
	×					\$250,001- \$500,000	m	moun
			X			\$500,001- \$1,000,000	71	Amount of Liability
						\$1,000,001- \$5,000,000	ଦ	ability
					-	\$5,000,001- \$25,000,000	=	
						\$25,000,001- \$50,000,000		
						Over \$50,000,000	٤	
						Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. Report all positions, compensated or uncompensated, held during the current or prior calendar year 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:

POSITION	Name of Organization
LIMITED PARTHER S.	STROLES ICINNEY BLUCILER LLP
	FIR Proporties L.P

SCHEDULE D - LIABILITIES

Name: FILEMON VELA Page 6 of 8

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

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	لم			Example			:
	Lone Star Bonk	Texas National Bank	Plains Capital Bonk	First Bank of Wilmington, DE	Creditor		
	1 (2015	20105/101	1100/1	5/15	Date Liability Incurred MO/YR		
	,	Business Loc	At Allumory Hoobstrom	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	8	
		×			\$50,001- \$100,000	C	
			×	×	\$100,001- \$250,000	D	ļ
	×				\$250,001- \$500,000	m	Amount of Liability
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					\$25,000,001 \$50,000,000	_	
	ļ	<u> </u>			Over \$50,000,000	_	
					Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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 political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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SCHEDULE H -- TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (YIN)	Food? (YIN)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC Balling, China-DC	٧	~	N
examples.	Habital for Humanity (charity fundralser)	Mar. 3-4	DC-Boston-DC	γ	Y	٧
massandy	(AZDAM) and I to transmod	Seat 16-25	DC-TOKYOJAMN-DC	×	7	>
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Name: FILEMON VERA

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