Yes No	eet all three tests for	pouse or dependent child because they me	ned" income, or liabilities of a sp mmittee on Ethics.	<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.
Yes No	Have you excluded	er "excepted trusts" need not be disclosed.	committee on Ethics and certain othe or dependent child?	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?
is .	<u>TH</u> OF THESE QUESTIONS		ST INFORMATION -	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BC</u>
	O COMPLETE	HAT YOU ARE REQUIRED TO COMPLETE	Y THE SCHEDULES T	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
	S"	EDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE CO
Yes No	an \$5,000 from a or years?	J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	Yes No J.	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
an Yes No	r arrangement with a	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?	Yes No Property of Yes	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?
g? Yes No	ing the reporting ough the date of filing	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.	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?
		IONS	OF THESE QUESTI	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 penaity si individual who fil	Period Covered: January 1,to	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Sta
Office Use Only)	(M) (0	Check if Amendment	7X 23 6,2018	New Member of or Candidate for State:  U.S. House of Representatives District  Candidates – Date of Election:
18 JUN 18 AMII: 37		one:	_ Daytime Telephone:	Name: Robert . 4.1014
GISL	1371	FORM B Candidates, and New Employees	FORM B For New Members, Candidates, and	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT
2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				

SCHEDULE A – ASSETS	ASSETS & "UNEARNED INCOME"	Name: Robers	子产品	Page / of /
BLOCK A	BLOCK B	BLOCK C	BLOCKD	X C
		:		
	ייני ייני ייני ייני ייני ייני ייני יינ		Current Year	ing Year
	A GO TO			K X M IIIA
	000 000 0,000 00,000		,000	000
	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$250,001-\$250,000 \$250,001-\$50,000 \$1,000,001-\$5,000, \$3,000,001-\$5,000, \$25,000,001-\$50,000 \$25,000,001-\$50,000 \$25,000,001-\$50,000 \$250,000,001-\$50,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TAX-DEFERRED Other Type of Income	Name \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$1,000,000 Spouse/DC Income	\$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,901-\$5,000 \$5,001-\$15,000 \$50,001-\$100,000 \$100,001-\$1,000,00 \$1,000,001-\$5,000 Over \$5,000,000 Spouse/DC Incom
SP, DC, ASSET NAME EIF				
The clar Supply st				
Edily that	<		•	
ACMU Religion		,		
VA Disability		*		
TrackorSussile				
111				
: :				

## SCHEDULE C - EARNED INCOME

Name: 大公大十 Page<sub>.</sub> 잌

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.

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 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. 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.

	I	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium Salary	\$0 \$20,000	\$500 \$76,000
EXAITIPIES. Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Tractor Supply Co	Salary	18,000	Ø
Arma Definement	Salary	000	116 000
VA Disability	Salary	55,000	55,000
	/		
			1

#### **SCHEDULE D - LIABILITIES**

Name: Robert Aile	

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 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 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.

					SP. DC, JT		
		ر ر	Ran	Example			
		chase	Bank of America	First Bank of Wilmington, DE	Creditor		
		= / / / /	기/대	5/98	Date Liability Incurred MO/YR		
		Auto 10mm	Marbage	Mortgage on Rental Property, Dover, DE	Type of Liability		
I					\$10,001- \$15,000	>	
					\$15,001- \$50,000	<b>C</b> D	
I					\$50,001- \$100,000	n	
				×	\$100,001- \$250,000	D	L
I					\$250,001- \$500,000	ř.	Amount of Liability
I					\$500,001- \$1,000,000	ъ	t of Li
I					\$1,000,001- \$5,000,000	6	ability
I					\$5,000,001- \$25,000,000	æ	
I		7			\$25,000,001- \$50,000,000	~	
I		`			Over \$50,000,000	٠.	
			7		Over \$1,000,000* (Spouse/DC Liability)	*	

#### 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, 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.

Position	Name of Organization
+04m20	American Legion Post 460
member	American society of Landscape Arch
member	trudis Braders
Lotades	Polise movem
Member	arm Bureau

### **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 Disabili Terms of Agreement

# 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. provernment and any information considered confidential as a result of a privileged relationship recognized by law. To not reposit information installed on School 1.

government 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 City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
terme Trucker Supply CO	Hourly worker