	•
FORM B FORM B FORM B FOR New Members, Candidates, and New Employees	APR 0 4 2019 Page 1 of 4
Name: (20004 CERAND ROTHS Daytime Telephone:	2019 APR 17 PM 2: 40
New Member of or Candidate for S U.S. House of Representatives C Candidates - Date of Election:	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to to	A \$200 penalty shall be assessed against any individual who files more 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? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of period or in the current calendar year up through the date of the asset during the reporting period?	oortable positions during the reporting calendar year up through the date of filing?
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 the reporting period?	r 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? No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	or years?
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE	E 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?	Have you excluded Yes No X
EXEMPTION – 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.	et all three tests for Yes No X

SCHEDU

DULE A – ASSETS	DULE A – ASSETS & "UNEARNED INCOME"	Name: CARECT	Name: CAREGORY GERALD TRATHS Page Z of 4
BLOCK A	вгоск в	вгоск с	BLOCK D
and/or Income Sources	Value of Asset	Type of Income	Amount of Income
each asset held for investment or indicate value of asset at income and with a fair market value use a valuation method to the end of the reporting period, specify the method used.	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.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check	each asset held for investment or Indicate value of asset at close of the reporting period. If you Check all columns that apply. For accounts fror assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other income and with a fair market value use a valuation method other than fair market value, pleases that generate tax-deferred income (such as assets indicate the category of income by checking the appropriate box below. Dividends, interest, and any of the new of the reporting period ispectly the method used. 401(k), IRA, or \$29 accounts), you may check the reference of the reporting period interest as income for assets held in taxable accounts.

	Arr	ת ב		Examples:	1,8,5	all interest-bases and varieties of the provide a correction of the provide and varieties. The geographic local exclude: You homes and varietiement provides and varietiement provides and varietiement provides and varietiement provides and provides and varietiement provides and varietiement provides and varietiement provides and p	the account the	(do not use on For all IRAs 401(k) plans)	Identify (a) each asse production of income an exceeding \$1,000 at the and (b) any other reportab which generated more income during the year.	Assets	
	A MERITADOS	HIANZ LIFE	ABC Hedge Fund X		Mega Corp Stock	all interest-bearing accounts, total to real value all interest-bearing accounts. If the total is own \$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 homes and vacation homes (unless there was rental incerest in, or income derived from, a federal increme during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) 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.	The account that exceeds the reporting thresholds.	(do not use only licker symbols). (do not use only licker symbols). For all IRAs and other retirement plans (such as For all IRAs provide the value for each asset held in the licker is the licker in the licker is the licker in the licker	Identify (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 which generated more than \$200 in 'uneamed' income during the year.	Assets and/or Income Sources	BLOCK A
	×			Indefinite		\$1-\$1,000 \$1,001-\$15,000	С	child in which you have no interest	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. If an asset was sold during the reporting period and is included from a seet 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 shoules or dependent "Column M. is for assets held by your shoules or dependent."		
		×	×		×	\$100,001-\$250,000 \$250,001-\$500,000	m n o	have no interest.	asset at close of the leithod other than to dused. If the divining the reporting generated income generated income	Value of Asset	вгоск в
						\$1,000,001-\$5,000,000 \$5,000,001-\$26,000,000 \$25,000,001-\$50,000,000	× .		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, pleass specify the method used. If an asset was sold during the reporting period and is included from the value should be "None."	set	
					×	Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS	₹				
						RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST		during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 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 reinvests held in taxable accounts. Check those if the assets held in taxable accounts. Check those if the assets the properties of the prop	Type of Income	вгоск с
			Partnership Income	Royatties		TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				me	
	×				*	\$1.5200 == \$201.51,000 == \$1,001.52,500 ==			For assets for wassets indicate capital galms, Check "None" i "Column XII is t		
			×	×		\$1,001-\$2,500 \$2,501-\$6,000 \$5,001-\$15,000 \$15,001-\$50,000 \$	Curren		thich you check the category of even If reinves f no income was for assets held b		
						\$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Cver \$6,000,000 S			ad "Tax-Deferred income by chec ted, must be dif earned or gener y your spouse or	Amo	i
	×					Spause/DC Income over \$1,000,000* Sepause/DC	+	}	I' in Block C, you king the approp sclosed as Inc rated.	Amount of Income	BLOCK D
				×	×	\$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$	1		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 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.	ne	
			×			\$15,001-\$50,000 S \$50,001-\$100,000 S \$100,001-\$1,000,000 S	ing Yea		"None" column. Dividends, ir. held in taxable ave no interest.		
						\$1,000,001-\$5,000,000 × Cver \$5,000,000 × Spouse/DC Income over \$1,000,000*			For all other nterest, and e accounts.		į

SCHEDULE C - EARNED INCOME

GERMAD KATHS

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.

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland (Oct. 2)	Salary Spouse Speech	\$20,000	\$1,000
L	Spouse Salary	N/A	N/A
Crth of MISSIMN VIETO	5717529	12,000	12,000
		,	

SCHEDULE D - LIABILITIES

Name: GREEVEY GERAND RATHS

Page 4 of 4

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 (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 exceeded \$10,000. 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.

				1			
			4		SP. DC, JT		
			VISA SWA	Example			
			SWA	First Bank of Wilmington, DE	Creditor		
			81/1	5/98	Date Liability Incurred MO/YR		
i			CREDIT CARD	Mortgage on Rental Property, Dover, DE	Type of Liability		
			X		\$10,001- \$15,000	>	
					\$15,001- \$50,000	60	
					\$50,001- \$100,000	n	
				×	\$100,001- \$250,000	D	
	Ja				\$250,001- \$500,000	lu I	Amount of Liability
					\$500,001- \$1,000,000	ור	t of Li
					\$1,000,001- \$5,000,000	o.	Billity
					\$5,000,001- \$25,000,000	3	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	C.	
			1		Over \$1,000,000* (Spouse/DC Liability)	*	1

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.

		CITY COUNCIL MAN CITY	Position
		CITY OF MISSIUS VIEZU, CA	Name of Organization