	LEGISLATIVE RESOURCE DENTER
UNITED STATES HOUSE OF REPRESENTATIVES Form A For Use by Members, Officers, and Employees	<u>-</u>
Name: Sux Julius Daytime Telephone: 202 22	5 3 452 A \$200 per Individual
FILER STATUS Member of the U.S. State: LJU Officer or Employee	Employing Office: Staff Filer Type: (if Applicable) Shared Principal Assistant
REPORT S 2017 Annual (Due: May 15, 2018) Amendment	Termination Date of Termination:
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? Of the Reserve more than \$200 in unearned income from any reportable asset during the reporting period? P. Did you have any reportable outside entity during the reporting period? F. Did you have any reportable outside entity 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. Yes No Year up through the date of filing?
ident child purchase, self, or the self estate in a transaction to the self estate in a self estate in a transaction to the self estate in a self estat	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?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reportable travel or retirns reporting period?	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than Yes No 390 in value from a single source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable No No L. Did any individual or organization male ileu of paying you for a speech, appear liability (more than \$10,000) at any point during the reporting period?	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the Yes No Roceast reporting period?
I ITI	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EA	WER EACH OF THESE QUESTIONS
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 the Committee on Ethics for further guidance.	rered "yes" to this question, please contact Yes No 🛚 No
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?	not be disclosed. Have you excluded from Yes No X
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ur dependent child because they meet all Yes

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A – ASSETS & "UNEARNED INCOME"	<u>∓</u> •Ω	S	Ū	2	<u>m</u>	=	S	ğ	त्त्रे					12	Name:	, ē	$\mathbb{I}\mathcal{N}$	k i	7		Marin	~	ž	h	ţ	1		1	-	Page			으	
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SCHEDULE B - TRANSACTIONS

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SCHEDULE C - EARNED INCOME

Name: Eura Tallows Page 7 of 1

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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. RECOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside sermed 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. **Source** (Include date of receipt for honoraria)** **Received** **Agreed** Tableting Fee **Source** **Comparison** **Comparison** **Comparison** **Agreed** **Type** **Agreed** **Ag	nment) totaling \$200 or more during the replow. Social Security Act. Security Act. a fiduciary relationship) are totally prohib Type Approved Teaching Fee	00 or more during the reporting period. For a spouse, list the "senior staff" rate was \$27,765. The 2018 limit is ship) are totally prohibited. Amount Techniq Fee \$8,000
Examples: Remove State Examples: Continue Count of Education Contains County Seared of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Selary	\$6,000 \$19,000 \$1,000 NJA
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SCHEDULE D - LIABILITIES

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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 you rent it out or are a Member); loans accurately, 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 exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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	Care	Example				IS OF HOUSE
		First Benk of Wilmington, DE	Creditor			COLUMN A 18 for material and accept by your spouse of depondent carrier.
		5/15	Date Liability Incurred MO/YR			שוועפווו שוויט.
		Martjage on Rental Property, Dover, DE	Type of Liability			
			\$10,001- \$15,000	>		
			\$15.001- \$50,000	œ		
			\$50,001- \$100,000	c		
		×	\$100,001- \$250,000	0	.	
			\$250,001- \$500,000	(T)	Amount of Liability	
			\$500,001- \$1,000,000	76	t of Li	
			\$1,000,001- \$5,000,000	e	bility	
			\$5,000,001- \$25,000,000	ı		
			\$25,000,001- \$50,000,000	_		
			1			i
	<u> </u>		Over \$50,000,000	٠.		

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

		Cove	Position	held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorar
			Name of Organization	izations); and positions solely of an honorary nature.

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dentify the date, parties to, and ge continuation or deferral of paymen	
dentify the data, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence confinuation or defenral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare	
nt that you have with respect to: future er the U.S. government; or continuing parti	
e or b	
the period of government service; enefit plan maintained by a former employer.	

continuation o	ir deletral of payments by a former of current employer other than the class gove	сопшивают от орветві сі раутиств оу в тотпет сі ситет в присует сивт ще сто. устопнитаці, от ситетниці ретификат в присует велега стологи рет пентально су в тотпет сторого.
Date	Parties to Agreement	Terms of Agreement
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SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arfington, VA	Sives Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itherary, 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 Campeign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filter.

Emple: Holdit for furnity (minity (minity (minity)) (minity) (mini		Source	Date(s)	City of Departure-Destination-City of Return	> <u>₹</u>	Lodging? (Y/N)
Hobar for Humanity (control) fundance) A. Nowake. Mar. 3.4		Government of China (IAECEA)	11-9-finy	осный биевст		٧
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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List the source, activity (i.e., speech, appearance, or article), clate, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	sor of an event to a charitable orga	nization in lieu of paying en	honorarium to you. A
Source	Activity	Date	Amount
Exemples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2017 Aug. 13, 2017	\$2,000 \$500
Oocc			