MAY 04 2018

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTES
Name: SETA GROSSMAN D	Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: 10.S. House of Representatives District: 2. FILER Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant to $\frac{1}{2}$ to $\frac{1}{2}$	A \$200 penalty shall be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	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? or b. Receive more than \$200 in unearmed 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	able positions during the reporting lendar 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?	No 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?	arrangement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes 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?	\$5,000 from a Yes No No
ATTACH THE CORRE THIS FORM INCLUDES ONLY TH	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT		H OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	n Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded child?	lave you excluded Yes 🔲 No 💢
EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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.	come, or liabilities of a spouse or dependent child because they medee on Ethics.	et all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: SETA GOSSMAN Page_ D

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Low		, SLAWEH CASH	ATLANTIC CAPE YOLK	KAUFF MANN FD	ABC Hedge Fund	Simon & Schuster	Mega Corp Stock	more than \$1,000 in interest-bearing soccurits. For ental 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 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 have 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 income source is that of your spouse (SP) or dependent child (CD.) 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.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	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 "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Assets and/or Income Sources	BLOCK A
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Name: SETH GNOSSMAN Page 5 of 18

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Name: JEW GNOSSMAN Page of 10

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Assets and/or income Sources Value of Asset Type of Incom Amount of income Transaction purchases (P), lastes (S), or exchanges (E) exceeding \$1,000 in the reporting xe xe ntal and other real property held for a a complete address or description, ty," and a city and state. 286,001,510,000 286,001,5100,000 289,001,5100,000 289,001,5100,000 21,000,000,515,000,000 21,000,000,515,000,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 \$6,001-\$15,000 22 St. 45,000 14200 \$1-4200 SP Maga Carp. Stock Simon & Schuste MS STOK SUK WELLS PONCO MONGAN STANKY GOVD MAN-PATER POR PM

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Use additional sheets if more space is required.

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SCHEDULE C - EARNED INCOME

Name: SET	
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Page of O	

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 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. 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.

Source (include date of receipt for honoraria)	Type		Amount
Comment of the competition in th	- ype	Current Year to Filing	2 of Presenting Year
	Honorarium	\$0	\$500
Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
LAW PROTICE MULLIPLE CLIENTS	BUSINESS	\$9,000 551	000,827
ATHITICAPE COMM COLLEGE	Sprand	101	2042
EGG HIMBON TUP PUBLIC SCHOOLS SPOUSELY	Spouse y	101	853, 400

SCHEDULE D - LIABILITIES

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

			SB		SP, DC, JT		
		M-G-W	J64	Example			
		WELLS FANGO MITG	NOT KNOWN	First Bank of Wilmington, DE	Creditor		
		6/2017		5/98	Date Liability Incurred MO/YR		
	11-4-1	MOJEVEZ ON MOJNA		Mortgage on Rental Property, Dover, DE	Type of Liability		
				·	\$10,001- \$15,000	>	
					\$15,001- \$50,000	₩.	
	,	*			\$50,001- \$100,000	c	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m	moun
					\$500,001- \$1,000,000	п	Amount of Liability
					\$1,000,001- \$5,000,000	6	ability
					\$5,000,001- \$25,000,000	ı	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	٠	
					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.

REAL JOHN JAN 194000	BONN) MEMBER
9/11/ hile 13010-1 hine8/7	EXEC DIRECTOR
Name of Organization	Position

SCHEDULE

SCHEDL	SCHEDULE F – AGREEMENTS	Name: SETH GNOSSUMM	Page O of
Identify the d continuation a employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer.	ve with respect to: future employment; a leave of absence during the period of government service; ernment; or continuing participation in an employee welfare or benefit plan maintained by a former	riod of government service; an maintained by a former
Date	Parties to Agreement	Terms of Agreement	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

フタカ

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. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

•		T
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
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