UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	For New Members,	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Jesse Jensen	Daytime Telephone:	ione:	2019 NOV -7 PH 1: 23
New Member of or Candidate for State: WA U.S. House of Representatives District: OX Candidates – Date of Election:		Check if Amendment	U.S. HÖHSE ÖF REPRESE HÄRTIVES (Office Use Only)
STATUS New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1,to	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	F THESE QUEST	TIONS	
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? OI 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	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 Yes reporting period?	* C	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
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?	8	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	RESPONDING SCH	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S" D COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	TINFORMATION	I - ANSWER <u>BOTH</u> OF THES	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?	e on Ethics and certain of ent child?	her "excepted trusts" need not be disclosed.	Have you excluded Yes 🔲 No 💢
EXEMPTION — Have you excluded from this report any other assets, "unearned" inconte, 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.	I" income, or liabilities of a nittee on Ethics.	spouse or dependent child because they ma	et all three tests for Yes . No X

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

\$ X	¥		Rental Property - Taccom, My	ABC Hedge Fund ×	Examples	Mega Corp Stock	C F	For bank and other cash accounts, total the amount A & C D E F A5,000, list every financial institution where there is more than \$1,000 in interest-basing accounts. If the lottel is over \$5,000, list every financial institution where there is more than \$1,000 in interest-basing accounts. For nentral 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 that is not publicly traded, state the name of the business that is not publicly traded, state the name of the business that is not publicly traded, state the name of the business that is not publicly industry and activation 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 from a selection of sevenge Plan. Excepted investment Fund, please check the 'EIF' box. If you ac 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 (LT), in the optional column on the far left. For a detailed discussion of Schedule A Rose \$1.5,001,515,000,000 \$11,000,000 \$11,000,000 \$11,000,000 \$11,000,000 \$11,000,000	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each easet held in the eccount that exceeds the reporting thresholds.	(do not use only licker symbols). Child in which you have no interest.	Unsamed income during the year. be "None." be "None."		Income and		Assets and/or income Sources Value of Asset	BLOCK ♠ BLOCK B
×	X	X	×	7.00	Ra	×		\$5,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 \$25,000,000 SpouseDC Asset over \$1,000,000* E NOME DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED	-	period.		-	generate tax-deferre IRA, or 529 account	porting period. If you Check all columns that apply. For accounts tha	Type of Income	BLOCK C
X	X	×	×	Partnership X	Royalises	×		Other Type of Income (Specify: a.g., Partnership Income or Ferm Income) None — \$1,5200 = \$201-\$1,000 = \$1,001-\$2,500 \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≤ \$15,001-\$10,000 ≤ \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Over \$5,000,000 × Spouse/DC Income over \$1,000,000* ≤ \$1,001-\$2,500 = \$2,001-\$1,000 = \$1,001-\$2,500 ≤ \$2,001-\$10,000 ≤ \$1,001-\$2,500 ≤ \$1,001-\$2,000 ≤ \$1,001-\$1,000,000 ≤ \$1,000,001-\$1,000,000 ≤ \$1,000,001-\$1,000,000 ≤ \$1,000,001-\$1,000,000 ≤ \$1,000,001-\$1,000,000 ≤ \$2,000-\$1,000,000 ≤ \$2,000-\$1,000,000 ≤ \$3,000-\$1,000,000 ≤ \$3,000-\$1,000,000 ≤ \$3,000-\$1,000,000 ≤ \$3,000-\$1,000,000 ≤ \$3,000		rajorum).	leld. In •Column XII is for assets held by your spouse or dependent child in which you have no interest. ■ 88860	Check	A second for minor you consider the character in come of your property investor. In white committee the character of the character by checking the appropriate box below. Dividends, into come for second in the character of the c	The speeds for which you checked "Tay Deformed" in Block C you may check the "Noos" column	Amount of Income	arock o

Namo: Jesse Jensen

Page of 5

ABBET NAME The Zon (AMZ) Fidelity Conign St Fidelity Conign St Fidelity Conds Fidelity Conds Fidelity Charter	Assets and	
ABBET NAME ABBET	Assets and/or Income Sources	BLOCK A
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Over \$50,000,000 -		
SpousefDC Asset over \$1,000,000° ≥		
NONE		
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INTEREST	¥	
CAPITAL GAINS	ğ	вгоск с
EXCEPTED/BLIND TRUST	귫	S
TAX.DEFERRED	Type of Income	Ė
Other Type of Income (Specify: e.g., Partnership (ncome or Farm Income)		
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\$201-\$1,000 ==		
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\$100,001-\$1,000,000 🖂		
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\$ TOUGHT (MOUND)		

SCHEDULE C - EARNED INCOME

an the filer's current empi	
oyment by	Vame:
the U.S. ome exceed	75.77
han the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer source for other spouse earned income exceeding \$1,000. See examples below.	Namo: Irsse Jensen
e reporting period.	Page 4 of 5
For both the file	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

•	,	07	
\$ 96, 380.86	4	Salary (Gras Pan)	DaVita
145 ELL 115 24.	1 126,503,35	Spencer Salary (grashy)	Janes
\$ 61,362.79	# 170,978.43	Salary (Grastan)	Amazon
N/A	N/A	Spouse Salary	Ontario County Board of Education
\$78,000	\$20,000	Spiary	Examples: State de Banderd Company (5)
Preceding Year	Current Year to Filing	246.	
Amount		Type	Source (include date of receipt for honoraria)
e reporting period. For both the file of t	ent) totaling \$200 or more during th too. See examples below. By Security Act. By may apply to you after you are on the security addition, certain types of the security addition, certain types of the security and the security and the security are on the security and the security and the security and the security are security and the security and the security and the security are security and the security and the security and the security are security and the	employment by the U.S. governme se earned income exceeding \$1,00 d benefits received under the Socia nd prohibitions on types of income was \$28,050. The 2019 limit is \$2 for Members and senior staff.	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 file 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 outside earned income limit and prohibitions on types of income may apply to you after you are on House payroil. The 2018 limit or outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. 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.

SCHEDULE D - LIABILITIES

Name: Jesse Jawson Page 5 of 5 Of 5 White reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting red by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence usehold furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and your spouse. Report a revoluting there appeared to the reporting period of the r
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(unless you rent it out or are a Member); loans secured by automobiles, household furniture, or liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Reposexceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time durin period. New Members: Members are required to report all liabilities secu

			DC, JT		-			
Ford	Freedo	Example	Creditor					
Ford Mular co	Ganly of Amorica Asto Loan	First Benk of Wilmington, DE						
81/8	91/4	5/16	Date Liability Incurred MO/YR	•				
Loga bulance on Vehicle (SUV)	The /tgage on Kental, Tagen VATA Loan balance on Viside (Trus)	Mortgage on Rental Property, Dover, DE	Type of Liability					
	\$\$		\$10,001- \$15,000	>				
	X		\$15,001- \$50,000	œ				
$ \times$			\$50,001- \$100,000	n				
		×	\$100,001- \$250,000	0				
			\$250,001- \$500,000	m	Amount of Liability			
	<u> </u>		\$500,001- \$1,000,000	771	t of Li			
			\$1,000,001- \$5,000,000	Ø	bility			
			\$5,000,001- \$25,000,000	I				
			\$25,000,001- \$50,000,000	-				
		<u> </u>	Over \$50,000,000	-				
			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	penou and the current carendal year. This type at California tes
		Name of Organization	person and the current carefular year. First-year carondates and new emproyees report positions field in the current carefular year and two previous years.

Name: Name: dentify 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 a	Pageof
Date Parties to Agreement	Terms of Agreement
CHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	OF \$5,000 PAID BY ONE SOURCE
eport sources of compensation received by you or your business affustomers of any corporation, firm, partnership, or other business entovernment and any information considered confidential as a result of	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 currents 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.
Source (Name and City/State)	Brief Description of Duties
Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Name: Page_

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