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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For Ne	<b>FORM B</b> For New Members, Candidates, and	FORM B andidates, and New Employees	MAY 1.5 2017	Page 1 of X
Name: Wondy Reed Daytim	Daytime Telephone		71117 22 E	<u>. 5</u>
New Member of or Candidate for State: CA  U.S. House of Representatives District: 23  Candidates - Date of Election: Nov (2)	2018	Check if Amendment	(Office Use Only)	<b>y)</b>
New Officer or Employee  Employing Office:		Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	nd against any 10 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	SE QUESTIONS	NS		
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. Make more than \$200 in unearned income from any reportable asset during the reporting period?	人	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting period Yes date of filing?	₹ <b>∑</b>
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. Do 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 the current calendar	\(\frac{1}{8}\)
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	K	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 single Yes	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR	CORRESPONDING SCHEDULE IF YOU ARI	OULE IF YOU ANSWER "YES"  AT YOU ARE REQUIRED TO COMPLETE	COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	RMATION - A	NSWER BOTH OF THESE QUESTIONS	QUESTIONS	
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?	and certain other "ex	cepted trusts" need not be disclosed. Have you excluded from	ve you excluded from Yes	₹   <b>X</b>
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearmed" income, or liabilities of a spouse or dependent c exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	liabilities of a spousics.	e or dependent child because they meet all three tests for	all three tests for Yes	₹ <b>/</b> X

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## SCHEDULE A -**ASSETS & "UNEARNED INCOME"**

누모육 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 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. all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is provide a complete address or description, rental property," and a city and state. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over (do not use only ticker symbols) or an ownership interest in a privately-held busines or rental and other real property held for investment nore than \$1,000 in interest-bearing accounts. uneamed" income during the year. production of income and with a fair market value sxceeding \$1,000 at the end of the reporting period eographic location in Block A. rovide complete names of stocks and mutual funds come during the reporting period); and any financia terest in, or income derived from, a federa you have a privately-traded fund that is an Excepte vestment Fund, please check the "EIF" box. tirement program, including the Thrift Savings Plan. xclude: Your personal residence, including secon is not (b) any other reportable asset me which generated more th a detailed Assets and/or Income Sources and vacation homes (unless there was renta Examples: <u>8</u> the nature publidy each asset held for investment ailed discussion of Schedule please refer to the instruction booklet ture of ABC Hedge Fund Simon & Schuster Mega Corp Stock discussion BLOCK A its activities, a 잌 than Q and of 9.9 쁶 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 included only because it generated income, the value \*Column M is for assets held by your spouse or depende child in which you have no interest. None > hould be 'None.' \$1-\$1,000 00 \$1,001-\$15,000 O Indefinite 0 \$15,001-\$50-000 × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 т BLOCK B G × \$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \_ ٠... \$5.000 HUI-S25 HUI UU \$25,000,001-\$50,000,000  $\overline{\phantom{a}}$ Over \$50,000,000 \_ over \$1,000,000 Spouse/DC As z check the "Tax-Deterred country Dividends, interest, and capital gains even if reinvested, must be disclosed as even for assets held in taxable income for assets held in taxable that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the Tax-Deferred column. Check all columns that apply. For account accounts. Check None it the assignmented no income during the reporting NONE × DIVIDENDS RENT Type of Income Check "None" INTEREST Name: BLOCK C CAPITAL GAINS EXCE ED/BLIND TRUST TAX-DEFERINED \$ Partnershij Incom Royalties ecify: e.g., Partnership Inco or Farm Income) Other Type of Inco 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. None = × \$1-\$200 = \$201-\$1,000 ₹ \$1,001-\$2,500 < ≤ Current Year × \$2,501-\$5,000 \$5,001-\$15,000 × ≦ \$15,001-\$60,000 O ≨ \$50,001-\$100,000 Ю × \$100,001-\$1,000,000 × Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 BLOCK D Spouse/DC Income over \$1,000,000 ≚ None \$1-\$200 = × \$201-\$1,000 = Page \$1,001-\$2,500 ₹ Preceding Year ~ \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≨ \$15,001-\$50,000 × ≦ 앜 \$50,001-\$100,000 × \$100,001-\$1,000,000  $\infty$ \$1,000,001-\$5,000,000 × ϫ Over \$5,000,000 Spouse/DC Income over \$1,000,000\* ≚

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# SCHEDULE C - EARNED INCOME

	Name:	Wendy	Rood		Page 4 of 8
ther than the filer's current employment by the U.S. government) totaling \$200 or more by the source for other spouse earned income exceeding \$1,000. See examples below.	nployment by t	the U.S. government) the exceeding \$1,000.	otaling \$200 or more d	ring the r	ther than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer by the source for other spouse earned income exceeding \$1,000. See examples below.

List the source, type, and amount of earned income from any source (ot and filer's spouse, list the source and amount of any honoraria. List only

**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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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.

Examples:  ABC Trade Association, Baltimore, MD (July 15) State of Manyland Chief War Roundtable (Oct. 2) Ontario County Board of Education  Amble Local March Cong Conspection  Cong Conspection  Cong Conspection  Cong Conspection  Conspect				
Honorarfulm Salary Spouse Salary Spouse Salary  Spouse Salary  Spouse Salary  (Spouse Salary			:	
Current Year to Filing \$0 \$20,000 \$0 N/A				
Preceding Year  \$500 \$176,000 \$1,000 N/A    0 5 0 00 5 2 000				

## SCHEDULE D - LIABILITIES

Name: Page 5 9 0

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 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		
		Example			
		First Bank of Wilmington, DE	Creditor		
		5/98	Date Liability Incurred MO/YR		
	> <	Mortgage on Rental Property, Dover, DE	Type of Liability		
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			\$25,000,001- \$50,000,000		
			Over \$50,000,000	<u>-</u>	
			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.

	1	Chief Amour al Off bear	Position
		hot Antelone Walken Conservance	Name of Organization

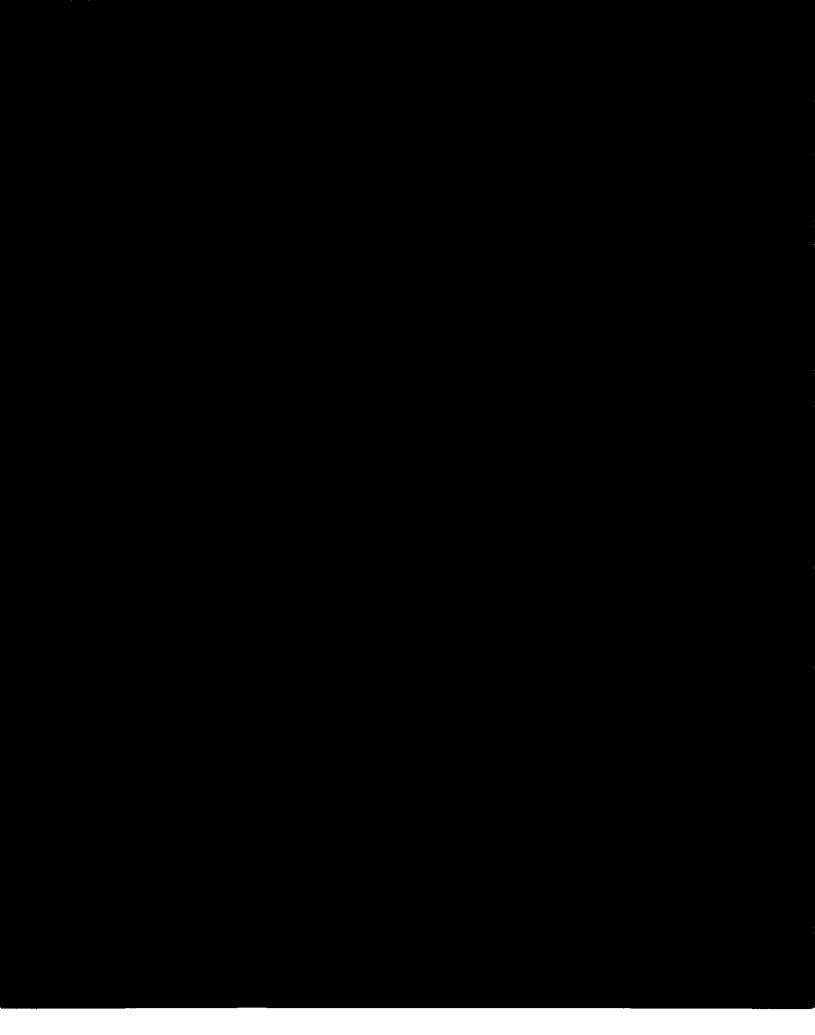
SCHEDL	SCHEDULE F - AGREEMENTS	Name: Wend Cood Page 6 of 8
dentify the di	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in	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	Terms of Agreement
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# 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. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C. Example: Source (Name and City/State) Doe Jones & Smith, Hometown, Homestate **Brief Description of Duties** Accounting Services

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#### CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

Indicate Your Status: (Select One)

Dear Madam Clerk:

Over \$5,000 Threshold Not Exceeded This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

	Withdrawal of Candidacy
Ш	of Candidacy

I withdrew my candidacy for the	he U.S. House of Represen	ntatives on
[Note: If your Financial Discl	osure Statement was due	<b>before</b> the date on which you withdrew
from the race, you still must f	ile a Financial Disclosure	Statement with the House.]
-		~ \
Name (Please Print or Type):	Wendy	Reed
State:CA	7	District: 23

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This is to notify you that under the laws of the state of

RETURN COMPLETED STATEMENT TO:

The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)