UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	DEC 20 2017 Page 1 of 1
FOR New Member	For New Members, Candidates, and New Employees	EGISLATIVE RESOURCE CENTER
Name: Jefferson Van Drew Daytime Telephone:		08 JAN 11 PM 2: 08
New Member of or Candidate for State: $\sqrt{3}$ U.S. House of Representatives District: 2 Candidates - Date of Election: $6/4$ $20/8$	Check if Amendment	S. HOUSE OF REPRESENTATIVES (Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: 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	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? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ugh the date of filing? Yes No No
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?	ortable agreement or arrangement with an reporting period or in the current calendar of filing?
D. Did you, your spouse, or your dependent child have any reportable Yes No X	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	r years?
ATTACH THE CORRESPONDING SCHEDULE IF YOU	-	
THIS FORM INCLUDES ONLY THE SCHEDULES THAT TOO AKE	SIDAL TOO AND NEWGINED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	N - ANSWER <u>BOTH</u> OF THES	TH OF THESE 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?	other "excepted trusts" need not be disclosed.	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 cl exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	a spouse or dependent child because they meet all three tests for	et all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Jefferson Van brow <u>o</u>

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~		J .	7.	_			-	H	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 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. Excludie: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting peniod); and any financial interest in, or income derived from, a federal eitherment 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 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.	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 reportion thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value succeeding \$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.	Ş	
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					Partnership Income	Royalties			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		None if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividents, interest, and capital gains, even if relivestied, must be disclosed as income for assets but in transhe accounts. Check		
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SCHEDULE C - EARNED INCOME

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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.

					DENTIST	NIS STATE SENATOR	Ontario County Board of Education	ABC (rade Association, Baltimore, MD (July 15) State of Maryland State of Maryland State of Maryland		Source (include date of receipt for honoraria)
				•	SALARY	SALARY	Spouse Salary	Salary		Type
					87,000	47,436	N/A	\$20,000	Current Year to Filing	
				•	85,500	X1 2h	N/A	\$76,000 \$76,000	Preceding Year	Amount

SCHEDULE D - LIABILITIES

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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. (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 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

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			•	NONE	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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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, fratemal, 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	Name of Organization
<i>b</i>	UNPAID CHAIRMAN PEER REVIEW
CHAIRMAN PEER REVIEW	ATLANTIC, CAPE MAY DENTAL SOCIETY
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SCHEDULE F - AGREEMENTS

	Name:	Page of
ent or arrangement that you have with re	ent or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	of government service;
nolover other than the U.S. government:	mployer other than the U.S. government: or continuing participation in an employee welfare or benefit plan maintained by a former	aintained by a former

Identify the date, parties to, and general terms of any agreemen continuation or deferral of payments by a former or current emp

	12/16	Date	
	MYSELF + N.J.	Parties to Agreement	
	PENSION	Terms of Agreement	

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.

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	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	NONE	
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FILER NOTES (Optional)

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