SEP 0 3 2019

LEGIO ETPUE DESOURCE CENTER
2819 SEP 12 PH 1: 15

1	STATES HOUSE OF REPRESENTATIVES L DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	Page 1 of <u>6</u>							
Name:	Jim Oberness	Daytime Telephone:]							
FILER										
STATUS	New Officer or Employee Staff F Employing Office: Share	Filer Type (if Applicable): d Principel Assistant to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.							
a. Own any end of the b. Receive asset dure. C. Did you or honoraria, or reporting perfer. D. Did you, you	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? gr. b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period? C. Did you or your spouse have "sarned" income (e.g., salaries, honoraris, or pension/IRA distributions) of \$200 or more during the reporting period? D. Did you, your spouse, or your dependent child have any reportable reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE									
EXCLUSIO	ON OF SPOUSE, DEPENDENT, OR TRUS	T INFORMATION - ANSWER BOTH OF THES	BE QUESTIONS							
	etails regarding "Qualified Blind Trusts" approved by the Committeed of details of such a trust that benefits you, your spouse, or dependent	ee on Ethics and certain other "excepted trusts" need not be disclosed, dent child?	. Have you excluded Yes No No							
	 I — Have you excluded from this report any other assets, "unearned Do not answer "yes" unless you have first consulted with the Com-	od income, or liabilities of a spouse or dependent child because they manifeld on Ethics.	eet all three tests for Yes No Y							

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: JTM Oberweif Page 2 of 6

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SCHEDULE A – ASSETS & "UNEARNED INCOME"

Page 4 of 6

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SCHEDULE C -- EARNED INCOME

Name: Jim	Oberveis	Page

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 outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2018 limit on 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.

	_	Amo	ount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (Auly 15)	Honorarium Balary	\$0 \$20,000	\$500 \$74,600
Examples: State of Manyland Child War Roundhable (Oct. 2) Onland County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
State of Ill: NOIS Obervers Dairy - Spouse	Salary	40000	58587
Obervets Dairy - Spouse			
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Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

. . . .

Name: Jim C	berueis	Page 4	of <u></u>

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 liabile); and liabilities need to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the belance at the close of the reporting period exceeded \$10,000. **Column K is for liabilities held solely by your spouse or dependent child.

				10. 10.				<i>A</i>	moun	t of Lia	iability				
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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, 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 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
Charles	Olevueis Daiss
State SENATOR	State of ILLIVOIS

Use additional sheets if more space is required.