	MAY 1 3 2019
UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	2019 MAY 20 AN IO: 10
Name: POTTONY T POTTONHADO Daytime Telephone	H.3. House of herhebenikhnes
New Member of or Candidate for State: QA U.S. House of Representatives District: LLACETONING Check if Amendment FILER	(Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Period Covered: January 1, 2018 Employing Office: Shared Principal Assistant to Decamber 31, 2018	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	
 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 in the current calendar year up through the date of filing? b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period or in the current calendar year up through the date of filing? 	sporting 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? 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?	ment with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable 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?) from a Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	APLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ESTIONS
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?	nu excluded Yes No
EXEMPTION – Have you excluded from this report any other assets, "unearned" 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.	ee tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Anthony T Portartino Page 2 of 6

Use additional sheets if more space is required.	at Partners Great Union	or Capital One	ST CHADANK		Examples:	SP, EIF OC. Mega Corp Stock	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 (urbes 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 report 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 (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.	BLOCK A Assets and/or Income Sources Identity (a) each asset held for investment or in production of income and with a fair market value un exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of it, income which generated more than \$200 in unearmed income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). 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. For bank and other cash accounts, total the amount in all interest-bearing accounts, the thotal 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.
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Name: Anthony J Portantino Page 5 or

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

Name: Arthory J. Portental Page (of 8

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.

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Salary Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Chiano County Board of Education	Spouse Salary		3
Warner Bros Consumer Products	Sousesilary	NA	2/12
State of California	Salary	104, 118,00	104,087.66

SCHEDULE D ILIABILITIES

Name: Arthory Poterrix Page_

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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 fiabilities 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 (D. Dredit 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.

	1		SP.			- excess
	Ditech	Example				exceeded \$10,000.
		First Bank of Wilmington, DE	Creditor	,		Contill N is for liabilities tent solely by your spouse of department of the
	12/06	5/16	Liability Incurred MO/YR	}		iely by your apor
	Milano De W Secumento	Mortgage on Rental Property, Dover, DE	Type of Liability			age of achouncement crime.
			\$10,001- \$15,000	>		
			\$15,001- \$50,000			
			\$50,001- \$100,000	n		
	X	×	\$100,001- \$250,000	0		
+			\$250,001- \$500,000	m	moun	
			\$500,001- \$1,000,000	TI	Amount of Liability	
			\$1,000,001- \$5,000,000	ø	ability	
			\$5,000,001- \$25,000,000	x		
			\$25,000,001- \$50,000,000	_		
			Over \$50,000,000	ے] [
			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	Position Name of Organization
Member	Senta Monica Conservancy Advisory Board (uncompensated)
Advisory Board Member	Advisory Board Member Professional Child Development Associates (uncompensated)
Advisor's Board Member	Advisor's Board Member Hermanian Sycamore's (uncompensated)
Board Member	CA State Gnocide Commission

SCHEDULE F - AGREEMENTS

Name: Antrony J. Portantino Page 8

identify the da continuation of employer.	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer.	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
90 [C]	12) 06 Cary of Ly Canada Flintridge	Member of CALPERS Penson Play for 84 of the
,		()

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.

	Source (Name and City/State)	Brief Description of Duties
Exa□ple:	Doe Jones & Smith, Hometown, Homestate	Accounting Services