PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS

	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	NLY THE SCHEDULE	THIS FORM INCLUDES ON
No.	5,000 from a ears?	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?
Yes 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?	Yes 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?
Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	X No.	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?

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

₹	Yes	EXEMPTION Have you excluded from this report any other assets, "uneamed" 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.
N ₀	Yes	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?

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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느ద 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 For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in Provide complete names of stocks and mutual funds (do not use only ticker symbols). or an ownership interest in a privately-held busin or rental and other real property held for investment he account that exceeds the reporting thresholds. exceeding \$1,000 at the end of the reporting period, or a detailed discussion of Schedule A requirements lease refer to the instruction booklet. rental property," and a city and state. you so choose, you may indicate that an asset come source is that of your spouse (SP) spendant child (DC), or jointly held with anyone (J the optional column on the far left. xclude: Your personal residence, including secon eographic location in Block A. nore than \$1,000 in interest-bearing accounts. scome during the year. you have a privately-traded fund that is an Excepte vestment Fund, please check the "EIF" box. come during the reporting period); and any financia terest in, or income derived from, a federa ovide a complete address trement program, including the Thrift Savings Plan 130 130 130 Assets and/or Income Sources ጸ 7 and vacation homes (unless there was renta Exemples: <u>a</u> ELECTED OFFICIALS publicly traded, STATE RETIRETENT PLAN more Simon & Schuster Wega Corp Stock **BLOCK A** 잌 KETIKE MAN PUM ä 쟔 state or description, \$200 in "unearned ₫ activities, t or source of income ₹ investment or name and of 4 × If an asset was sold during the reporting period and included only because it generated income, the value shou specify the method used. *Column M is for assets held by your spouse or depende child in which you have no interest. Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please > None. • \$1-\$1,000 \$1,001-\$15,000 o Z 7 o ď \$15,001-\$50-000 J M ETER × \$50,001-\$100,000 п Value of Asset TEA \$100,001-\$250.000 TI **BLOCK B** × ø \$250,001-\$500,000 2 2 TINE T I \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 _ 1 _ \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 _ Over \$50,000,000 _ Spouse/DC Asset over \$1,000,0001 ĸ Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check a column. Dividends the "Tax-Deferred" column. Dividends interest, and capital gains, even it reinvested, must be disclosed as income for assets held in taxable accounts. Checi "None" if the asset generated no income NONE luring the reporting period. × DIVIDENDS RENT Type of Income INTEREST BLOCK C **CAPITAL GAINS** EXCEPTED/BLIND TRUST imes imesTAX-DEFERRED Royalbas Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all othe assets indicate the category of income by checking the appropriate box below. Dividends, interest, ark capital galins, even if reinvested, must be disclosed as income for assets held in taxable accounts Check "None" if no income was earned or generated. imes imesNone *Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 = × \$201-\$1,000 ≡ ₹ \$1,001-\$2,500 Current Year < × \$2,501-\$5,000 ≤ × \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × Amount of Income × Over \$5,000,000 BLOCKD ≚ Spouse/DC Income over \$1,000,000* $\times \times$ \$1-\$200 = × \$201-\$1,000 = ₹ \$1,001-\$2,500 Preceding Year **∀** \$2,501-\$5,000 \$5,001-\$15,000 ≨ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000* ≚

Use additional sheets if more space is required

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Spouse/DC Income over \$1,000,000*			1			1	1 ,		- 1			- 1		

SCHEDULE C - EARNED INCOME

Name: BRUCE MHEELER Page 4

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. 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 EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff

	I	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium Salarv	\$0 \$20,000	\$500 \$76,000
EXAMPLES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
ARIZONA STATE RETIREHONT PLAN	RENSION	23,000	25,010
AKIZONA ELECTED OFFICIALS RETIREMENT PLANT	PEN SION	4,000	2/2

SCHEDULE D - LIABILITIES

Amount of Liability
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			
		z/7	First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	65	
				\$50,001- \$100,000	ဂ	-
			×	\$100,001- \$250,000	0	l _⊳
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				\$500,001- \$1,000,000	71	t of Li
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				\$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
		N / ★	Name of Organization

SCHEDULE F - AGREEMENTS

				•
	Name:	BRUCE	BRUCE WHEELERL	Page _ of
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ny agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of governmen	spect to: futi	ıre employment; a	leave of absence during the period of	of government service;
current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by	or continuing	participation in ar	າ employee welfare or benefit plan m	naintained by a former

Identify the date, parties to, and general terms of ar continuation or deferral of payments by a former or employer.

	Date	Parties to Agreement
PLANS (AZ STATE RETIZERANT PLAN AND ELECTED DEFICIALS KETIREHANT PLAN)	10/06	10/06 STATE OF ACIZONA AND MISELF
Kenretras f		

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
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	2 7	
, L	a month, a c	

								er - 7/Life	NOTE NUMBER
					They bluck_ 10/25/17	100% ACCURATE THANKS TO HER PATIENCE AND QUIDANCE.	I AM CONFIDENT THIS FINANCIAL DISCLOSURE STATEFIENT IS	HAVING SPOKEN WITH TANKA IN THE COMMITTEE ON ETHICS OFFICE,	NOTES

Use additional sheets if more space is required.