#### IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or 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? IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction three tests for exemption? EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet al reporting period? exceeding \$1,000 during the reporting period? A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: 2017 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES REPORT TYPE FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the . Receive more than \$200 in uneamed income from any reportable end of the reporting period? or Kichard Do not answer "yes" unless you have first consulted with the Committee on Ethics 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S. State: District: **\*** 3 i X \* **₹** ž K Daytime Telephone: Amendment 8 8 ₹ 0 <u>z</u> For Use by Members, Officers, and Employees X X 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" ieu of paying you for a speech, appearance, or article during the reporting period? Did any individual or organization make a donation to charity in reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period? Employee Officer or **Employing Office** Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTER 18 MAY -9 PH 1:36 DELIVERED age 1 of 1/2 Staff Filer Type: (If Applicable) Shared 3 **3 %** 3 3 **3** Xes Xes Principal Assistant 중 3 중 Š Z 8

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SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Richard M. Nolan Page 2 of 10

<b>-</b> . I	IRA - value advantage	IRI	SP SEP - Value toge	cat noc	or franzen Bank - moner	JT River Wood Bank- MAKE	ABC Hedge Fund X	Examples:	SP   Magar Corp. Stock EF	For bank and other cash accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For revital and other real property held for investment, provide a complete actives 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 boatton in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial inferent program, including the Thirth Sevings Plan. If you report a privately-traded fund that is an Excepted investment Fund, please check the "Elifox."  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 bookies.	For all \$\mathbb{TA} and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	BLOCK A  Assets and/or income Sources identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).
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								_	<u>.                                    </u>	\$1-\$1,000 œ		Indicate value of as valuation method off used. If an asset was sol because it generated "Column M is for easy you have no interest.
٥	X	X								\$1,001-\$15,000		washoo wethoo wethoo
undeternined						X		8		\$15,001.\$50,000		BLOCK B  Value of Asset  Value of Asset  Indicate value of asset at close of the reporting period. If 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 is included only because it generated income, the value should be "Nome."  **Column M is for essets held by your spouse or dependent child in which you have no interest.
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₹.			X	X	X					\$100,001-\$250,000 m		BLC line at me at me the v
8		) 					×			\$250,001-\$500,000 a	1	BLOCK B  BLOCK B  Value of Asset t close of the report an fair market value, an fair market value, fring the reporting per me, the value should and by your spouse or
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										Spouse/DC Asset over \$1,000,000*		
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	X	X	X	X	X	X		<u> </u>		INTEREST		Type columns the columns the columns the columns of the columns, you remained, in the columns of
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5				<u> </u>		<u> </u>	L_	_		EXCEPTED/BLIND TRUST		BLOCK C Type of Incomi Check all columns that apply. F generate tax-deterred income (such i \$280 accounts), you may check th column. Dividende, inferrest, are even if reinvested, must be disch for sesets held in taxable account if the accets generated no income du period.
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يق							Partnership Income	Royalies		Other Type of Income (Specify: e.g., Parinership Income or Farm Income)		b or accounts that as 401(t), IRA, or a "Tax-Deferred" d capital garies, based as income s. Check 'None' ring the reporting
										None		TOOK TOOK
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							×			\$2,501-\$5,000 <		BU THOUST OU chec OU chec To column by chem by chem and ca and
				X			L_			\$5,001-\$15,000		BLOCK D BLOCK D mount of Incom ou checked "far-Defe "column. For all ohy by checking the apy and capital gains, as income for ass "None" if no incor "None" if no incor seets held by your a
				L			L_			\$15,001-\$50,000 <u>\$</u>	_	
							L_	_		\$50,001-\$100,000	_[	BLOCK D  Amount of Income  Amount of Income  Amount of Income  r which you checked "far-Deferred" is income by checking the appropriat income, and capital gains, even schoed as income for assets he Check "None" if no income we is for assets held by your spouse to out have no interest.
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							L			Over \$5,000,000		BLOCK D  Amount of Income  Amount of Income  Amount of Income  For assets for which you checked "fax-Deferred" in Block C, you callegory of income by checking the appropriate box below, by-deenest, 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 it which you have no interest.
							<u> </u>	_	<u></u>	Spouse/DC Asset with Income over \$1,000,000°	بِـِـا	
									S(part)	Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold. please indicate as follows: (S (part)).	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) acceeding \$1,000 in the reporting period.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Richard M. Nolan

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of 10

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent chair for investment or the production of income, include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction. \* Column K is for assets solely held by your spouse or dependent child. Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. **SCHEDULE B - TRANSACTIONS** Example Mega Corp. Stock Vonc Asset Purchase Type of Transaction Sale Partial Sale Exchange Name: Check Box if Capital Gain Exceeded \$200 × (MODAYR) or Quarterly, Monthly, or Bi-weetly, if applicable Date 3/8/17 \$1,001-\$15,000 > \$15,001-\$50,000 œ \$50,001-\$100,000 c \$100.001-0 \$250,000 Amount of Transaction \$250,001m \$500,000 \$500,001-\$1,000,000 71 \$1,000,001-\$5,000,000 Page\_ 6 \$5,000,001-Ŧ \$25,000.000 \$25,000,001-<u>`</u>ユ \$50,000,000 10 Over \$50,000,000 ے Over \$1,000,000° (Spouse/DC Asset) ~

Use additional sheets if more space is required.

### SCHEDULE C - EARNED INCOME

Name:	
Richard	
M. Nolan	
Page 5 of /0	

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 a 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.

### SCHEDULE D - LIABILITIES

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. If the means 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); bans 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.

				ر با در با		
			Example			
		none	First Bank of Wilmington, DE	Creditor		
			5/15	Date Liability Incurred MO/YR		·
			Mortgage on Rental Property. Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	w	
				\$50,001- \$100,000	C	
			×	\$100,001- \$250,000	0	A
				\$250,001- \$500,000	m	mount
				\$500,001- \$1,000,000	Τ1	Amount of Liability
				\$1,000,001- \$5,000,000	<b>a</b>	bility
		 		\$5,000,001- \$25,000,000	<b>=</b>	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	٤	
	:			Over \$1,000,000* (Spouse/DC Liability)	*	

#### **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

Position	Position Name of Organization
none	

### SCHEDULE F - AGREEMENTS

	Name:
	· Richard M
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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.

		1/1/2000	Date
		myself and the state of Minnelote	Parties to Agreement
		1/1/2000 mysulf and the state of Minnylote Frontinued participation in Pursion Plan	Terms of Agreement

#### SCHEDULE G - GIFTS

prior approval of the Committee on Ethics. Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require

Source	•	Description	Value
Example: Air, Joseph Smith, Arlington, VA	gton, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
rood			

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

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Name:
Richard
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Notas
Page 8 of 10

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

	Source	Dute(e)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (YA)	Family Member Included? (Y/N)
	Government of China (MECEA)	71-9 dny	DC-Beijing, China-DC	Y	Υ	Z
Examples:	Habital for Humanity (charity functraiser)	Nate: 3-4	DC-Boston-DC	Y	۲	Y
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					rone	Examples: XYZ Magazine		Source	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA		
						Article	Speech	Activity	sponsor of an event to a charitable org		Name: Richard M. Nojan	
						Aug. 13, 2017	Feb, 2, 2017	Date	event to a charitable organization in lieu of paying an honorarium to you. A		M. No (a) Page_	
					economic de management de mana	\$500	\$2,000	Amount	an honorarium to you. A		36 9 of 10	

FILER NOTES (Optional)

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