UNITED STATES HOUSE OF REPRESENTATIVES	FORM B For New Members, Candidates, and New Employees	FOR MINN LAND.
Name: Robert neil Cheader	Daytime Telephone	2017 HAY 24 PM 1:55
New Member of or Candidate for State: 4. U.S. House of Representatives District: 20 Candidates – Date of Election:	Check if Amendment	U.S. ROUSE OF REPUESEATAL TYES (Office Use Only)
New Officer or Employee Employing Office:	Staff Filer Type (If Applicable): Period Covered: January 1, Shared Principal Assistant 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	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 b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	the reporting hes No Ho
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes 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?	arrangement with an Yes No K
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No No
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	"COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	INFORMATION - ANSWER BOTH OF THESE QUESTIONS	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?	on Ethics and certain other "excepted trusts" need not be disclosed. In thild?	lave you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they meet all three tests for the on Ethics.	t all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

			Name:		Page of
		:			
BLOCK A		BLOCK B	BLOCK C	BLOCK D	
Assets and/or Income Sources	Val	Value of Asset	Type of Income	Amount of Income	Ō
Identify (a) each asset held for investment or			Check all columns that apply. For accounts		may check the "None" column, For all other
production of income and with a fair market value exceeding \$1,000 at the end of the reporting period,		iner man fair market value, piease	401(k), IRA, or 529 accounts), you may check	assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.	ate box below. Dividends, interest, and me for assets held in taxable accounts.
and (b) any other reportable asset or source of income which generated more than \$200 in "unearned"		If an asset was sold during the reporting period and is included only because it generated income, the value should	the "Tax-Deferred" column. Dividends, interest, and capital gains, even if	Check "None" if no income was earned or generated.	
income during the year.	_		reinvested, must be disclosed as income for assets held in taxable accounts. Check	Column XII is for assets held by your spouse or dependent child in which you have no interest	in which you have no interest.
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		*Column M is for assets held by your spouse or dependent child in which you have no interest.	"None" if the asset generated no income during the reporting period.		
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.				Current Year	Preceding Year
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.	5 C C				
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	: :-		me)		
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.	N 40 W		ne or Farm Inco		
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental hoome during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrit Savings Plan.		•	., Partnership Incor	0,	0.
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.				\$1,000,00	\$1,000,00
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.	5,000 50-000 100,000	\$500,000 \$1,000,000 1-\$5,000,000 1-\$25,000,000 01-\$50,000,000	GAINS D/BLIND TRUS	,500 ,000 5,000 50,000 100,000 \$1,000,000 1-\$5,000,000 00,000 C Income over	,500 ,000 5,000 5,000 100,000 \$1,000,000
For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	None \$1-\$1,000 \$1,001-\$1 \$15,001-\$ \$50,001-\$	\$1,000,00 \$5,000,00 \$25,000,0 Over \$50,0	TAX-DEF	\$1,000,00 Over \$5,0 Spouse/D None \$1-\$200	\$1,000,00 Over \$5,0
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ABÇ Hedge Fund X		×	Partnership 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. SCHEDULE C - EARNED INCOME **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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

SCHEDULE D - LIABILITIES

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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 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 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 *Column K is for liabilities held solely by your spouse or dependent child.

				SP, DC, JT		
		n	Example			
		N/A (no credit)	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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				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, 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 and the current colored was reported.

Position	Position Name of Organization
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SCHEDULE F - AGREEMENTS

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

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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	l

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.

		g =
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	h h	n/A
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CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

Indicate Your Status: (Select One)

> Threshold Not Exceeded

Withdrawal of Candidacy

The Honorable Karen L. Haas, Clerk Office of the Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601 Dear Madam Clerk: This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives. I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk. This is to notify you that under the laws of the state of ______ I withdrew my candidacy for the U.S. House of Representatives on _____ [Note: If your Financial Disclosure Statement was due before the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.] Name (Please Print or Type): Robert Neil Cheader

State: Colifornia District: 20

Date: 5/15/70/7

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601