UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	WUL 而 2 2018 Page 1 of 子
Name: MARY (JEAN) CHARBONNEAU Da	Daytime Telepnone:	18 JUL -9 PH12: 32
New Member of or Candidate for State: 44 U.S. House of Representatives District: 31X Candidates – Date of Election: 1044.06, 3018	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Ty Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant to to I	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	HESE 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 In 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?	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?	rrangement with an Yes No he current calendar
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?	No 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
ATTACH THE CORRESPONDING THIS FORM INCLUDES ONLY THE SCHEDUI	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 IN	OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	QUESTIONS
TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" nor this report details of such a trust that benefits you, your spouse, or dependent child?	thics and certain other "excepted trusts" need not be disclosed. Have you excluded	ave you excluded Yes No
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.	me, or liabilities of a spouse or dependent child because they meet all three tests for on Ethics.	all three tests for Yes No

	ļ				Examples:	DC, Mega	SP,	\$5,000, list every financial institution where then \$1,000 in interest-bearing accounts. For rental and other real property held for investment than \$1,000 in interest-bearing accounts. For rental and other real property held for investment of the provide a complete address or description, and a city and state. For an ownership interest in a privately-held busin that is not publicly traded, state the name of business, the nature of its activities, and geographic location in Block A. Exclude: Your personal residence, including sechomes and vecation homes (unless there was reincome during the reporting period); and any final interest in, or income derived from, a fed retirement program, including the Thrift Savings P if you report a privately-traded fund that is Excepted Investment Fund, please check the "throw source is that of your spouse (SP) dependent child (DC), or jointly held with anyone (in the optional column on the far left. For a detailed discussion of Schedule A requirement please rafer to the instruction booklet.	For bank and other cash a	For all IRAs and other retirement plans (such -401(k) plans) provide the value for each asset hele the account that exceeds the reporting thresholds.	Identify (a) each asset held production of income and with exceeding \$1,000 at the end of and (b) any other reportable asse which generated more than tincome during the year. Provide complete names of stoc (do not use only ticker symbols).	Assets and/or	вго
				NBC Hedge Fund X	Simon & Schuster	Mega Corp Stock	EIF	\$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. 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 fromes and vacation homes (unless 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 of 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.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over	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.	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 pendu and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Assets and/or Income Sources	BLOCK A
						7		None	<u> </u>				
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			-	_	+	-	+	\$200,001-\$1,000,000 \$500,001-\$1,000,000	3.	1	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 "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.	Value of Asset	χ̈́
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			<u> </u>	 	Ļ	-	- 11	Spouse/DC Income over \$1,000,000*	ĕ	-	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital galns, 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 in which you have no interest.	Amount of Income	BLOCK D
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Name: MARY (JEAN) CHARBONNEAU PAGE 3_ OF_

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

Name: MARY (JEAN) CHARBONE AL POR 7

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.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff 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 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for

	4	Am	Amount
Source (illicidae date of receipt for nortoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State or Maryland State (Oct. 2) Contain County Board of Education	Spouse Speech Spouse Salary	\$20,900 \$0	\$/5,000 \$1,000 N/A
MYNDESTON (HANGED) ELYDNAJ MANDES THISE	Social Security	085 44	08834
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SCHEDULE D - LIABILITIES

exceeded \$10,000.

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

Name:// MAY (JEAN) CHARBONNEALL Page_ <u>Q</u>

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 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

DC, JT		
Example		
Creditor First Bank of Wilmington, DE		
Incurred MO/YR	Date	
Type of Liability Mortgage on Rental Property, Dover, DE		
\$10,001- \$15,000	>	
	60	
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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 reportings period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

		MM	Position
			Name of Organization

SCHEDULE F - AGREEMENTS

Name: MARY (JEAN) CHARBONNEAU Page 6 of 7

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
	NA	

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.

government and any information considered confidential as a result of a	gerenment and any interment considered as a result of a printeges industrial procedure of tare. For the repeat interment instead of contracting to
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
N/B	

Email:			X.	e)	l.		1,	NOTE NUMBER
MARY. CHARBONNEAU QUAHOO, COM (978) 491-1634		has been overlooked, I will send it in as an amendment.	HAVE been AWAY FOR the month of JUNE 2018. IF ANYthing	FINANCIAL INSTABILITY has CAUSED hOUSING INSTABILITY.	Medical Serbacks (years) had detected Financial passess.	Numerous Non Dryments of Commissions.	Filed has taken the bount of years of No Child Sugars and	NOTES

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.

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

IESISLATIVE RESOURCE CER

Indicate Your Status: (Select One)

Dear Madam Clerk:

Over \$5,000 Threshold Not Exceeded 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.

Withdrawal
 of Candidacy

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): MARY (JEAN) CHARBONNEAU

State: MASSAChuSetts District: Six (6)

(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