### **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? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or **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 all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. **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 reporting period: exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: Thomas A. Masino UNITED STATES HOUSE OF REPRESENTATIVES REPORT FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the Receive more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period FINANCIAL DISCLOSURE STATEMENT $\overline{\times}$ 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S State: District Yes Yes X No ěs × Yes Yes Daytime Telephone: Amendment Š Š Š. Š For Use by Members, Officers, and Employees X X $\times$ 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" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the 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. POSTMARK ILLEGHOLE OF 14 CONSULATIVE RESOURCE CENTER 2019 FERSHIZE USA driv33 Shared Staff Filer Type: (If Applicable) Yes Yes Yes Yes Yes Yes Υes Principal Assistant S 0 8 Š 몽 S S 0 **≥** X ${\mathbb Z}$ $\boxtimes$

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## SCHEDULE A - ASSETS & "UNEARNED INCOM

BLOCKB	EARNED INCOME"
BLOCK C	Name: Thomas A.M
BLOCK D	laxino Page
BLOCKE	2 of 14

	time share marathan Fi	Trong Resternan X	からなり	38 Conjac + Co - Freeza X	TTPNE BANK ACCT X	ABC Hedge Fund X	Examples: Smon & Schuster Indefinite	SP, SP Mega Corp. Stock EIF X	in all interest-bearing accounts. If the total is over \$5,000, list very 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 raded, 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 (unless there was rental 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 (CC), or jointly held with anyone  \$1,001-\$15,000  \$10,001-\$250,000  \$250,001-\$50,000,000  \$250,001-\$50,000,000  \$250,000-\$1,000,000  \$250,000-\$1,000,000  \$250,000-\$250,000,000  \$250,000-\$250,000,000  \$250,000-\$250,000,000	the account that exceeds the reporting thresholds.  A B C D E F G H I J K L  For bank and other cash accounts, total the amount	Assets and/or Income Sources  Value of Asset  Liberitify (a) each asset held for investment or indicate value of asset at close of the reporting period. If you use a production of income and with a fair market value valuation method other than fair market value, please specify the method and (b) any other reportable asset or source of if an asset was sold during the reporting period and is included only income that generated more than \$200 in "unearned" because it generated income, the value should be "None."  *Column M is for assets held by your spouse or dependent child in which the condition than the condition that the condition that the condition the value for each asset held in the condition that the condition the condition that the condition that the condition that the condition the condition that the condition that the condition the value for each asset held in the condition that the condition the condition that the conditi
X		×		×	×	Partnership	N. januara X		Spouse/DC Asset over \$1,000,000*  NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of income (Specify: e.g., Partnership Income or Farm Income)  None  \$1-\$200  \$201-\$1,000		BLOCK C  Type of income  Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.
×						×		*	\$1,001-\$2,500  \$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 Asset with Income over \$1,000,000*	IX X XI IIIV IIV IV V	Amount of Income  For assets 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, immeret, and capital gains, even if relinvested, 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.
5								S(part)	no transactions that exceeded \$1,000.	Leave this column blank if there are	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (part)).

-	
	Assets and/or Income Sources
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SCHEDULE A - ASSETS & "UNEARNED INCOME"



004704 AX421901

National Operations Center P.O. Box 1047 Charlotte, NC 28201-1047

> Insured(s): Policy Number:

Thomas A Marino

Plan:

Flexible Premium Variable Life Insurance

Face Amount: \$750,000.00
Death Benefit: \$750,000.00

Associate Name: Associate Phone:

Associate Phone: Service Center Phone: Date: (610) 660-4427 (800) 777-6510 January 14, 2019

**Brian Kennedy** 

Page:

1

THOMAS A MARINO 358 KINLEY DR COGAN STATION PA 17728

	oses a calendar				
Transactions Being Confirmed Gross Premium	Investment Option	Effective Date 01/14/2019	<u>Amount</u> \$950.00	Units	Unit Price
Net Premium	AXA LgCap Val Managed Vol	01/14/2019	\$184.30	08.0	227.74
Net Premium	AXA Mid Cap Value Managed Volatility	01/14/2019	\$184.30	0.57	320.58
Net Premium	AXA/AB Small Cap Growth	01/14/2019	\$92.15	0.26	353.37
Net Premium	EQ/Capital Guardian Research	01/14/2019	\$92.15	0.30	298.44
Net Premium	EQ/Common Stock Index	01/14/2019	\$138.22	0.58	234.39
Net Premium	Multimanager Core Bond	01/14/2019	\$230.38	1.38	165.92

SUMMATEMENT OF THE TRANSPORT OF THE PROPERTY O		
pening Policy Account Value as of 10/10/2018	\$194,142.71	
Premiums	<b>\$4,7</b> 50.00	
Withdrawals	\$0.00	
Insurance Costs	(\$2,298.76)	
Other Charges	(\$174.50)	
Investment Gain/(Loss)	(\$7,612.93)	
Inding Policy Account Value as of 01/14/2019	\$188,806.52	

### POLICY ADSOLUTE VALUE BY ANY STAIRN SOCIETY AS SECON APOLIC

				Allocati	ions for
	<u>Amount</u>	<u>Units</u>	Unit Price	Premiums	<u>Deductions</u>
Guaranteed Interest Account - Loaned *	\$59,885.21	N/A	N/A	0%	0%
AXA LgCap Val Managed Vol	\$24,469.41	107.44	227.74	20%	20%
AXA Mid Cap Value Managed Volatility	\$27,005.85	84.23	320.58	20%	20%
AXA/AB Small Cap Growth	\$16,458.85	46.57	353.37	10%	10%
EQ/Capital Guardian Research	\$16,127.47	54.03	298.44	10%	10%
EQ/Common Stock Index	\$22,295.65	95.12	234.39	15%	15%
Multimanager Core Bond	\$22,564.08	135.98	165.92	25%	25%
Policy Account Value **	\$188,806.52			100%	100%

<sup>\*</sup> Represents the amount set aside to secure your policy loan plus interest credited on that amount.

<sup>\*\*</sup> The cash surrender value is your policy account value less any policy loans and accrued loan interest. The effective annual interest rate for the Guaranteed Interest Account is 3.00% until 10/10/2019.



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### **SCHEDULE B - TRANSACTIONS**

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	Report any	dependent resulted in Exclude tr purchase o a portion of	Capital Ga the "capital the capital	* Column K	SP, DC, JT	ŞÞ	98															
	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting beriod of any security or real property held by you, your spouse, or your	dependent child for investment or the production of income, Indude transactions that dependent child for investment or the production of income, Indude transactions shall 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.	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.	* Column K is for assets solely held by your spouse or dependent child		Example	d UI	रचित	N N													
	sale, or exc	estment or the sestment or the ses. Provide between your representative resonal resold, please of	s transaction unless it was on Schedule	solely held i		Mega Co	mam Properties	SSDUISKIG- BASSONS CALLING	Rental property				:									
	hange tran	he production a brief de a brief de u, your spour spour spour spour spour choose "par	n resutted in is an asset i A.	by your spor	<b>A</b>	Mega Corp. Stock	393	5006	8													
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	\$1,000 in	ransactions ge transactions hildren, or income. If transaction.	s of \$200, d nt, and disc					SINC														
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### SCHEDULE C - EARNED INCOME

Name: \ \	\
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Zarizz	
Page O of 1	π .

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.

INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior start" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	fiduciary relationship) are totally prohit	ited.
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension Snouse Sneach	\$18,000 \$1,000
Ontario County Board of Education	Spouse Salary	N/A
None	ļ	
		!
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	

### SCHEDULE D - LIABILITIES

Name: Thomas A Marino	
Page 6 of 14	

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. period. 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 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

							A	Amount of Liability	of Lia	bility				
		Date		>	00	c	P	m	π	ø	Ξ	_	,	y) ^
sp. DC, JT	Creditor	Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/15	Mortgage on Rental Property, Dover, DE				×							
77	WELLS FARGO MORTGAGE	10/05	martgage Kental				<b>×</b>				] ]			
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### 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

### SCHEDULE F - AGREEMENTS

Name: Thomas A. Marino	
Page 7 of 14	

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

### **SCHEDULE G – GIFTS**

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 prior approval of the Committee on Ethics.

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

# **SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**

Name: Thomas AMpsino	
Page 8 of 14	

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 or were paid by you and reimbursed by the sponsor.

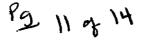
**EXCLUDE**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign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

me mer.						
	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	· Y	4	z
Examples:	Habiat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	· ~	~	~
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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

					Examples: XYZ Magazine		Source
					Article	Speech	Activity
					Aug. 13, 2017	Feb, 2, 2017	Date
					\$500	\$2,000	Amount

							NOTE NUMBER
							NOTES



### 4th Quarter 2018 Statement





0017977 02 AB 0.405 02 00110 LADMD012 743R C7JR 000010 PTC CUST ROLLOVER IRA FBO THOMAS A MARINO 358 KINLEY DRIVE COGAN STATION PA 17728

Your Financial Professional: Brian Kennedy (610)660-4427 40 Monument Road Bala Cynwyd, PA 19004

Go Paperless! View your statements and trade confirmations anytime with the click of a button. Going paperless is convenient, secure and environmentally friendly. To go paperless, click on the LPL AccountView link accessible through your financial advisor or institution website.

Your Investment Advisor Firm: AXA Advisors

### **Retirement Account**





Value on January 1, 2018

Value on October 1, 2018

Value on December 31, 2018

\$65,657<sup>.46</sup>

\$70,762.22

\$60,916.70

since the last statement

### **Account Summary**

	<b>4th Quarter</b> 10/01 - 12/31/2018	<b>Year to Date</b> 01/01 - 12/31/2018
Starting Value of Assets Held at LPL Financial	\$70,762.22	\$65,657.46
Contributions / Inflows	_	_
Distributions / Outflows	<del></del>	-
Increase / Decrease in Market Value <sup>1</sup>	(\$14,782.56)	(\$9,960.32)
Dividends, Interest, Capital Gains	\$4,937.04	\$5,179.56
Fees / Expenses	-	\$40.00
Total Ending Value (December 31, 2018)	\$60,916.70	\$60,916.70
Total Change in Value of Assets Held at LPL Financial	(\$9,845.52)	(\$4,740.76)





Increase/decrease in Market Value reflects the impact of changes in the value of securities held in your LPL Financial account, as well as the impact of any transfers of sacurities into or out of your account during the statement period.

### letirement Account

12414

### **Retirement Summary**

	2018
Retirement Contributions applied to	_
Retirement Distributions applied to	<u></u>
Attribut Maintenance fee due May 31, 2019	\$40.00

### **Asset Allocation** As of 12/31/2018

1. Mutual Funds, ETFs and Closed-End Funds	99.07%	\$60,353.03
Cash and Cash Equivalents	0.93%	<b>\$</b> 563.67
8. Equities and Options	_	_
7. Fixed Income		-



### **Retirement Account**

13 % 14



### **Account Holdings**

As of December 31, 2018

Cash and Cash Equivalents

Description Cash

**Total Cash and Cash Equivalents** 

Current Balance \$563.67

\$563.67

Mutual Funds, ETFs, and Closed-End Funds

Security ID / Description	Quantity Price (\$)	Market Value (\$)	Cost Basis (\$) Purchase Cost (\$) <sup>3</sup>	Unrealized Gain / Loss (\$)	Estimated Annual Income (\$)° Est 30-Day Yield°
ABIYX AB INTL VALUE ADVISOR CL #	403.527 \$11.64	4,697.05	8,957.36 7,350.00	(4,260.31)	108 2.43%
<b>WGIFX</b> CAPITAL WORLD GROWTH & INCOME CL F2 <sup>R</sup>	255.395 \$42.75	10,918.13	11,757.40 7,350.00	(839.27)	<i>207</i> 2.17%
<b>GFFFX</b> GROWTH FUND OF AMERICA CL F2 <sup>R</sup>	912.221 \$42.62	38,878.85	35,796.25 18,200.00	3,082.60	254 0.68%
<b>EEM</b> ISHARES MSCI EMERGING MARKETS ETF	150 \$39.06	5,859.00	7,761.50 7,761.50	(1,902.50)	147 2.52%
Total of Mutual Funds, ETFs, and Clo Funds	osed-End	60,353.03	64,272.51 40,661.50	(3,919.48)	716

R Dividends and/or capital gains distributed by this security will be reinvested.

<b>Total Account Holdings</b>	Market Value (\$)	Cost Basis (\$) Purchase Cost (\$)4	Unrealized Gain / Loss (\$)	Estimated Annual Income (\$)°
	60,916.70	64,836.18 41,225.17	(3,919.48)	716

### **Activity Summary**

	<b>4th Quarter</b> 10/01 - 12/31/2018	<b>Year to Date</b> 01/01 - 12/31/2018
Securities Purchased	_	<del></del>
Securities Sold	_	_

Activity Summary continued on next page...



<sup>3</sup> Purchase Cost equals Cost Basis of Equities and Mutual Funds less any reinvested dividends and interest.

Refer to the statement message titled ESTIMATED ANNUAL INCOME (EAI) AND ESTIMATED YIELD (EY) for information on how this figure is calculated.

<sup>4</sup> Purchase Cost equals Cost Basis less any reinvested dividends, interest, Fixed Income and Alternative Investments.

### **Retirement Account**

### H of 14

### **Activity Summary** Continued

	<b>4th Quarter</b> 1φ/01 - 12/31/2018	<b>Year to Date</b> 01/01 - 12/31/2018
Contributions / Inflows	! -	-
Distributions / Outflows	-	
Dividends, Interest, & Capital Gains	\$4,937.04	<b>\$</b> 5,179.56
Fees / Expenses <sup>6</sup>	· -	\$40.00

### **Account Activity**

December 1 - December 31, 2018 (Since last statement)

Date	Transaction Type	Description/Security ID	Price(\$) Quantity	Amount
12/17/2018	Cash Dividend	AB INTL VALUE ADVISOR CL 121718 401.51300 ABIYX		\$24.37
12/17/2018	Dividend Reinvest	AB INTL VALUE ADVISOR CL REINVEST AT 12.100 ABIYX	 2.014	(\$24.37)
12/19/2018	Long-Term Capital Gain	CAPITAL WORLD GROWTH & INCOME CL F2 121918 241.66700 WGIFX	_ _	\$511.25
12/19/2018	Cash Dividend	CAPITAL WORLD GROWTH & INCOME CL F2 121918 241.66700 WGIFX		\$77.68
12/19/2018	LT Capital Gain Reinvest	CAPITAL WORLD GROWTH & INCOME CL F2 REINVEST AT 42.900 WGIFX	_ 11.917	(\$511.25)
12/19/2018	Dividend Rein <b>vest</b>	CAPITAL WORLD GROWTH & INCOME CL F2 REINVEST AT 42.900 WGIFX	 1.811	(\$77.68)
12/24/2018	Long-Term Capital Gain	GROWTH FUND OF AMERICA CL F2 122418 808.44400 GFFFX	<u>-</u>	\$3,896.70
12/24/2018	Cash Dividend	GROWTH FUND OF AMERICA CL F2 122418 808.44400 GFFFX	<u>-</u>	\$339.47
12/24/2018	LT Capital Gain Reinvest	GROWTH FUND OF AMERICA CL F2 REINVEST AT 40.820 GFFFX	95.461	(\$3,896.70)
12/24/2018	Dividend Reinvest	GROWTH FUND OF AMERICA CL F2 REINVEST AT 40.820 GFFFX	 8.316	(\$339.47)
12/24/2018	Cash Dividend	ISHARES MSCI EMERGING MARKETS ETF 122418 150 EEM	<del>-</del>	\$87.57

Fees and expenses include account, custodial and advisory fees assessed during the statement period.

