PRELIMINARY INFORMATION - ANSWER EACH OF IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: **UNITED STATES HOUSE OF REPRESENTATIVES EXEMPTION** – Have you excluded from this report any other assets, "unearmed" 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. **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 exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: 2017 FINANCIAL DISCLOSURE STATEMENT from this report details of such a trust that benefits you, your spouse, or dependent child? reporting period? exceeding \$1,000 during the reporting period? TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded REPORT FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the b. Receive more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period 1 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S. District: State: THESE QUESTIONS · ※ |<u>×</u> 新 Yes Yes 🗡 Yes ¥es X Daytime Telephone: Š Amendment S N Š Ž 8 Ù For Use by Members, Officers, and Employees 区 A 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? 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? ATTACH THE CORRESPONDING SCHEDULE IF 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 Form A Officer or **Employee** Employing Office Termination Date of Termination: individual who files more than 30 days late. A \$200 penalty shall be assessed against any M/W 19,8448-12, BAJ2: 52 DELIVERED Page 1 of 7 LEGISLATIVE RESOURCE CENTE: PALLMINGSENIMING OF LIFE LIFE CE Shared Staff Filer Type: (If Applicable) YOU ANSWER "YES" Yes Y88 Yes ¥**8**8 Yes Yes ₹8 Principal Assistant z š Z Ž Ö Ş 8 X X X

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×	7	ス	ス		 	×	 -		\$250,001-	\$500,000					_	G	1	Column M is for assets hera by Your spouse or dependent child in which you have no interest.	If an esset was sold during the reporting period and is included only because it generated income, the value should be "None."	Indicate value of asset at close of the reporting period. If you use a valuation method other then fair market value, please specify the method used.	Value of Asset	BLOCK B
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				_					CAPITAL (GAINS								asset generated no income during the	column. Dividends, interest, and cap if reinvested, must be disclosed assets held in taxable accounts. Ch	Check all columns that apply. For generate tax-deferred income (such as 529 accounts), you may check the	Type of Income	BLO
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						Partnership Income	Royalties			of Income g., Partnership	income or	Farm Income)		****					Ital gains, even as income for ack "None" if the	401(k), IRA, or Tax-Deferred		
							_		None							_		*Column XII is for assets held in which you have no interest.	Dividence, interest, and capital gains, even if must be disclosed as income for assets held accounts. Check "None" if no income was earned o	For assets for which you checked "Tax-Deferred" in Block C, may check the "None" column. For all other assets indicate category of income by checking the appropriate box bel		
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					-		-			Asset with Inco	ome over	\$1,000,000*				¥		Column XII is for assets held by your spouse or dependent child n which you have no interest.	Dividends, interest, 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.	Stock C, you indicate the box below.		
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		•		•				S(part)	S, S(part), or E			•			Leave this column blank if there are no transactions that exceeded \$1,000.	follows: (S (part)).	an asset was sold, please indicate as	In the reporting period.	sales (S), or suchanges (E) exceeding \$1,000	Indicate if the asset had purchases (P),	Transaction	BLOCK E

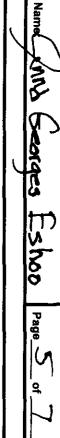
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SCHEDULE C - EARNED INCOME

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EXCLUDE: Military pay (such as National Guarc NCOME LIMITS and PROHIBITED INCOME: To naddition, certain types of income (notably hore Source (incomples: Sale of Maryland Sale of M
INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. Source (include date of receipt for honoraria) Source Sale of Manyland Sale of M
INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensatin addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiducia Source (include date of receipt for honoraria) Keene State State of Maryland Ontario County Board of Education The County Board of Education Maryland Ontario County Board of Education
EXCLUDE: Military pay (such as National Guard or Roserve 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 staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (rolably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. Source (include date of receipt for honoraria) Kare Staff rate was \$27,765. The 2018 limit is \$28,050. Type Source (include date of receipt for honoraria) Type Safe of Members Source (include date of receipt for honoraria) Legislative President Source Staff Source St
\$ \$27,765. The 2018 limit is \$: Amount \$6,000 \$18,000 \$18,000 \$18,000 N/A \$ 13,317. \2

SCHEDULE D - LIABILITIES



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

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			2002	March	5/15	Liability Incurred MO/YR	7	
) ' /	Washardon D.C.	(Rossial-not heated	Mortgage on Residence	Mortgage on Rental Property, Dover, DE	Type of Liability		
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						\$25,000,001- \$50,000,000	_	
						Over \$50,000,000	د	
						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 programments) and positions schools of an horozery partner.

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					Position	callona nero in any rengrota, accien, natemar, or political s
			OR .		Name of Organization	- osumis ireid ill any tenginos, social, li aternat, di political entites (sucri as political parties and campagn organizations); and positions solely or an nonotary nature.

SCHEDULE F - AGREEMENTS

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SCHEDULE G -- GIFTS

some gifts require prior approval of the Committee on Ethics. Report the source (by name), a brief description, and the value of all giffs 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

Service Street address of the Service Service Service Service Services	DELINO.	
Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
	None	

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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	Name:	
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	Eshao	
	Page 7	
	of 7	

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.

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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	٧	۲ :	Z
Habitat for Humanity (charity fundraliser)	Mar. 3-4	DC-Boston-DC	Υ	Y	Υ
The Aspen Institute	feb 18-24	Work D. C Was Dellie India +	Ves	Ves	5
	2017	Hyderabed, Indu-Wesh. D. C.	-	-	
The Govt. of armenia	Set 17-22	Santhaneises, CA Verevan	Ka	1	No
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