HAND

UNITED STATES HOUSE OF REPRESENTATIVES 2017 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	<i>] [[</i>
		U.S. HOUSE OF REPRESENTATIVES
Name: Elise Marie Stefanik	Daytime Telephon :-	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER X Member of the U.S. State: NY House of Representatives District: 2	Officer or Employee	Employing Office: Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT X 2017 Annual (Due: May 15, 2018)	Amendment	Termination Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF	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 uneamed income from any reportable asset during the reporting period? 	Yes X No F. Did you have any reportable a outside entity during the reportin year up through the date of filing	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar $${\tt Yes}$$ No $$X$$ year up through the date of filing?
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No X 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?	dependent child receive any an \$390 in value from a single Yes $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$
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?		or your dependent child receive any ves X No ursements for travel totaling more than ves la No le source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes X No t. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	on make a donation to charity in Yes No X
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes X No ATTACH THE CORRES	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT,	OR TRUST INFORMATION - ANS	WER EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? the Committee on Ethics for further guidance.	l Public Offering during the reporting period? If you answered 'y	If you answered "yes" to this question, please contact
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child?	nittee on Ethics and certain other "excepted trusts" need not be d	not be disclosed. Have you excluded from Yes No X
EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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.	ned" income, transactions, or liabilities of a spouse or your depe lted with the Committee on Ethics.	ident child because they meet all Yes No X

Use additional sheets if more space is required.

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SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name

Elise Stefanik

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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. If you so choose, you may indicate that an asset of income source is that of your spouse (SP) of dependent child (DC), or plonly held with anyon (JT), in the optional column on the far left. 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. For all RQAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental and other real property held for investmen Provide complete names of stocks and mutual funds (do not use only licker symbols). etirement program, including the Thrift Savings Plan. identify (a) each easet held for investment or production of income and with a fair market value rental property," and a city and state. omes and vacation homes (unless there was rental come during the reporting period); and any financial terest in, or income derived from, a federal acceeding \$1,000 at the end of the reporting period, of (b) any other reportable asset or source of come that generated more than \$200 in "unexmed" come during the year. ctude: Your personal residence, including secon Assets and/or income Sources Held Through Adirondack Trust) Key Bank Fixed Rate IRA Adirondack Trust Fixed Rate IRA Examples -Key Bank Certificate of Deposit -Adirondack Trust Certificate of report a privately-traded fund that is ed investment Fund, please check the (See Note 1 Regarding Assets detailed discussion of Schedule ents, please refer to the instruction booklet æ ABC Hedge Fund Simon & Schuster Maga Corp. Stock or description, 9.6 4 × If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." None *Column M is for essets held by your spouse or dependent child in which you have no interest. Indicate value of asset at close of the reporting period. If you valuation method other than fair market value, please specify the n > \$1-\$1,000 • indeficite \$1,001-\$15,000 n \$15,001-\$50,000 0 \$50,001-\$100,000 >< ш Value of Asset \$100,001-\$250,000 BLOCK B \$250,001-\$500,000 × Θ \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001,\$25,000,000 \$25,000,001-\$50,000,000 * Over \$50,000,000 ۳. 8 Spouse/DC Asset over \$1,000,000 E a Check all columns that apply. For accounts that For the process of the columns that apply. For accounts that For the generalite bax-deferend excerne (such as 401(t), IRA, or middle accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, Dividends, interest, and capital gains, Dividends, interests, and capital gains, Dividends, interests, and capital gains, Dividends, interests, and capital gains, Dividends, and if the asset generated no income during the reporting get NONE DIVIDENDS RENT INTEREST Type of income CAPITAL GAINS EXCEPTED/BLIND TRUST ᆽ × TAX-DEFERRED Hoyalees Other Type of Income Partnership (Specify: e.g., Parinership Income or Farm Income) critigory of incoma by checking the appropriate Direktends, interest, and capital gains, even if must be disclosed as income for assets held accounts. Check "None" if no income was generated. For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the × None *Column XII is for assets held by your spouse or depender child in which you have no interest. \$1-\$200 \$201-\$1,000 × \$1,001-\$2,500 ₹ Amount of Income \$2,501-\$5,000 < × \$5.001-\$15,000 ≤ BLOCK D \$15,001-\$50,000 ≦ \$50,001-\$100,000 ≦ \$100,001-\$1,000,000 × late box below.

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in the reporting Leave this column blank if there are no transactions that exceeded \$1,000. If only a portion of an asset was sold, please indicate as follows: (S (part)). É indicate if the , S, S(part), or E Transaction BLOCK E

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BLOCK A BLOCK B BLOCK C Assets and/or Income Sources Value of Asset Type of Income An	CHEDULE A – ASSETS & "UNEARNED INCOME" Name: Elise Stefanik
BLOCK D Amount of Income	
BLOCK E Transaction	Page 3 of 9

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SCHEDULE C - EARNED INCOME

Name: Elise Stefanik Page 5 of 9

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. 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.

						Media Group of America		Examples:	7		INCOME LIMITS and \$28,050. In addition, or
						of America	Ordano County Board of Education	State of Maryland	Keone State	Source (include date of receipt for honoraria)	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 (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.
						Spouse Salary	Spouse Splany	Legislative Pension	Approved Teaching Fee	Туре	compensated at or above the *senior staff olving a fiduciary relationship) are totally pro
						N/A	N/A	\$18,000	\$6,000	Amount	rate was \$27,765. The 2018 limit is shibited.

SCHEDULE D - LIABILITIES

Name: Elise Stefanik Page 9 2 Ø

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. 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 exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child

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Adirondack Trust Capitol Federal Bank Adirondack Trust Capitol Federal Bank T/11 (Law)	ς Ş Ş	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$00,000	\$50,001- \$100,000	\$50,001- \$100,000 \$100,001- \$250,000	\$50,001- \$100,000 \$100,001-	\$50,001- \$100,000 \$100,001- \$250,000	\$50,001- \$100,000 \$100,001- \$250,000 \$250,000 \$500,000	\$50,001- \$100,000 \$100,001- \$250,000 \$250,000 \$500,001- \$1,000,000	\$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,000 \$5,000,000	\$50,001- \$100,000 \$100,001- \$250,000 \$250,000 \$500,000 \$1,000,001- \$5,000,000 \$5,000,000 \$25,000,000
Adirondack Trust 6/16 Capitol Federal Bank 7/11		**************************************	5/15	Mortgage on Rental Property, Dover, DE					×	×	×	×	×	×	×
Capitol Federal Bank 7/11		Adirondack Trust	6/16	Business loan to EMS DC Properties (Personally Liable)					X	X	X	X	х	X	Х
	S	Capitol Federal Bank	7/11	Mortgage on residential real estate (Lawrence, KS)		1 1		Х	X	Х	Х	X	X	X	X
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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.

Position Senior Advisory Board Member	Harvard Institute of Politics

SCHEDULE F - AGREEMENTS

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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 least continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an expectation of the payments of payments by a former or current employer other than the U.S. government; or continuing participation in an expectation of the payments of the	
ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	

Date	Parties to Agreement	Terms of Agreement
	(NONE)	

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.

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	Source	Description	Value
Example:	Mr. Jaseph Smith, Arlington, VA	Silver Platter (pnor determination of personal friendship received from the Committee on Ethics)	SACO
		(See Note 2 Regarding Gifts)	THE PARTY AND TH

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Page 8 of 9

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.

Name:

Elise Stefanik

the filer 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

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	Source	Dato(s)	City of Departure-Destination-City of Return	Lodging? (Y/M)	Food? (Y/N)	Family Member Included? (YM)
	Government of Chine (MECEA)	Aug. 6-11	DC-Belling, China-DC	¥	۲	Z
Examples	oles Hebilat for Humanity (charity fundralsor)	Mar. 34	DC-Bester-OC	*	*	¥
Har	Harvard Institute of Politics	Oct. 16-17	DC-Boston-Hudson Falls, NY	Y	Z	N
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