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FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: MAYRA JOLI	Daytime Telephone:	0) FILE OF THE CLERK
New Member of or Candidate for State: FL  U.S. House of Representatives District:  Candidates – Date of Election:	27 Check if Amendment	(Office Use Only)
STATUS  New Officer or Employee Staff Fill  Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	F 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 unearmed 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?	during the reporting 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?	nt or arrangement with an or in the current calendar Yes No
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?	han \$5,000 from a Yes X No
ATTACH THE CORF	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	SWER "YES" QUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH	1 - 1	OF THESE 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?	e on Ethics and certain other "excepted trusts" need not be disclos	ed. Have you excluded Yes 🔲 No 🔀
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearmed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	I' income, or liabilities of a spouse or dependent child because they mittee on Ethics.	/ meet all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: MAYRA JOLI Page\_ 2 ef

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BLOCK A						00	8	BLOCK B	-										밀	BLOCK C	.,													BLOCK D	옩	•											
Assets and/or Income Sources					5	差	0	Š	Value of Asset	Ä								Ϋ́	<u> </u>	Type of Income	ğ	<b>5</b>										₹	ē	泵	<u>=</u>	ខ្ល	Amount of Income	-									
Identify (a) each asset held for investment or production of income and with a fair market value succeeding \$1,000 at the end of the reporting period and (b) any other peopriable asset or source of income which generated more than \$200 in "unearned" income during the year.		indicate value of asset at use a valuation method o specify the method used. If an asset was sold duriculated only because it goes "None."	alue nationaly	of a of a otho beco	etho d us solo	tato adot	fing men	the ated	he na nepo inco	Indicate value of asset at dose 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."	ket v	perio Value valu	e sh	you dis		(K) H	X-D	or 52	S He de la composition della composition de la composition de la composition della c	Check all columns that apply, that generate tax-deferred in ADM (A), IRA, or 529 accounts), the "Tax-Deferred" column. Interest, and capital gareinvested, must be discloser and capital to tax-bla and capital tax in tax-bla and capital tax in tax-bla and capital tax-	Pair (Pair (	Check all columns that apply. For accounts that generals tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividende, Interest, and capital gains, even if relivested, must be disclosed as income for eseats held in taxable accounts. Check	For assets for which you checked "Tax-Deferred" in Bl assets incicate the category of income by checking capital gains, even if reinvested, must be disclost Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or depo	asse ets ir itali ck 7		For assets for white assets indicate the capital gains, even Check "None" if no "Column XII is for	en t	etsh	heck ny or ny or was	ted ean	ment of care	by d	neck neck	in Bl	ed a	s in py	id in	# 50 전 6 전 8 전 8 전	Heck:	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 gains, even if relivvested, 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.	None Div	in t	lumin nds, axat		rest lcco	una e	<u> </u>
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		2, 2	호조	설	hav hav	2 P	콜음	*Column M is for assets held by yo child in which you have no interest.	Ē	*Column M is for assets held by your spouse or dependent child in which you have no interest.	<u>s</u>	¥ ₽.	ġ		를	3	3 5	<u>∓</u> 8	를 들	"None" if the asset gene during the reporting period.	Tate	"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.	Ī		ı	1	1	1	1	1	1	1	_		ı		Ι"	1	1	1	ł	ł	1		1											1	1		ĺ	1		1	1	1	1	1			!
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over	>	00	C	0	т	ıi.					<u> </u>	~		Z								,	_	=	=	~	∠ 5	V M M VIII	≦Î	≨	ᆽ	×	×	≚	-1	=	=	⋜ ,	~   ĕ	Preceding	≨	¥ear	모	×	×	×	. <u>=</u> 1
provide a complete address or description, e.g.,	-																																														
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For an ownership interest in a privately-held business final is not publicly treated, state the name of the business, the nature of its activities, and its geographic location in Block A.	<b>3</b> 1																					ne or Farm Inc				• • •																					
Exclude: Your personal residence, including second homes 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.	.·													•		•				•		, Partnership Incor											-	)*							,				·	•	
If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.												+		1,000,000							л ——	ecify: e.g.												1,000,000												1,000,000	.,000,000
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.	- 17		,000	0-000	00,000	250,000	500.000			-\$5,000,000	<b>-\$25,000,000</b>	1-\$50,000,000	00,000	Asset over \$		3			4810		D/BLIND TRUS				0	500	100	,000	0,000,0	00,000	1,000,000	\$5,000,000	0,000	Income over \$			0	500	X00	,000	0,000	00,000	1,900,000	\$5,000,000		Income over \$	- world (ref )
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	None	\$1-\$1,000	\$1,001-\$18	\$15,001-\$	\$50,001-\$1	\$100,001-	\$250,001-	\$500,001-			\$5,000,001	\$25,000,00	Over \$50,0	Spouse/DO	NONE	DIVIDEND	RENT	INTEREST		CAPITAL	EXCEPTE	Other Type	None	\$1-\$200	\$201-\$1,00	\$1,001-\$2,	\$2,501-\$5,	\$5,001-\$15	\$15,001-\$5	\$50,001-\$1	\$100,001-	\$1,000,001	Over \$5,00	Spouse/DC	None	\$1-\$200	\$201-\$1,00	\$1,001-\$2,	\$2,501-\$5,	\$5,001-\$15	\$15,001-\$5	\$50,001-\$1	\$100,001-\$	\$1,000,001	Over \$5,00		- Character Of
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

MAYRA JOLI

Page 3

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	MAYRA
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## SCHEDULE C - EARNED INCOME

Name:	
MAYRA JOLI	
Page 5 of 8	

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.

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.	income may apply to you after you limit is \$27,765. In addition, certa or staff.	u are on House payroll. The 2016 ain types of income (notably honorar	imit on outside earned income for ia, director's fees, and payments for
	4	Am	Amount
Source (include date of receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500 •78 000
EXAMPLES: Civil War resultable (Oct. 2) Onlario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
THE JOLI LAW FIRM	SALARY	\$271,000.00	\$252,000,00
	SAL ABY	¢166 000 00	6400 060 44
UNIVERSITY OF MIAMI	PROFESSOR	0	\$6,000.00
NW MUTUAL DISSABILITY INCOME	DISABILITY	TBD	0

#### SCHEDULE D - LIABILITIES

Name: MAYRA JOLI Page 6 of 8

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

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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	
	Example	শিহুং Bank of Wilmington, DE	86/5	Mortgage on Rental Property, Dover, DE	·			×						
	DITEC	DITECH FINANCIAL	8/2015	MORTGAGE RENTAL				×						
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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 reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Position Name of Organization
OWNER	THE JOLI LAW FIRM PLLC
DIRECTOR	FASHION NIGHT ON BRICKELL

### SCHEDULE F - AGREEMENTS

Name: MAYRA JOLI	Page_7_of_8
al terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service of any agreement or arrangement that I S. government or configuration in an employee walfare or benefit plan maintained by a formation of the configuration of the configurati	e of absence during the period of government service;

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of abcontinuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee employer.

,		
Date	Parties to Agreement	Terms of Agreement
	NONE	

# 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.

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	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	NONE	

FILER NOTES (Optional)

Name: MAYRA JOLI

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