UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	For New Members,	FORM B For New Members, Candidates, and New Employees	AUG 1	AUG 1 9 2019 LEGISLATIVE RESOURCE CENTER
Name: Frank Acosta	Daytime Telephone:	one:	2919 SEP	2019 SEP -5 PH 1: 22
New Member of or Candidate for State: MX U.S. House of Representatives District: Plym Candidates – Date of Election:	Phymouth 11th	Check if Amendment	Office U.	Chice Use Only)
New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1,to	A \$200 penalty shall be assessed against a individual who files more than 30 days late.	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE	THESE QUESTIONS	IONS		
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 I	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	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?	\$ 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?		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?	* X	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	from a	Yes
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	HE SCHEDULES .	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BO</u>	INFORMATION	- ANSWER <u>BOTH</u> OF THESI	TH OF THESE QUESTIONS	
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ner from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain oth nt child?	ner "excepted trusts" need not be disclosed. Have you excluded		Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent clexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a stee on Ethics.	spouse or dependent child because they meet all three tests for	et all three tests for Yes	*

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	KIC	SCB	645	A&C Hedge Fund X	Exemples: Simon & Schuster	Mega Corp Stock	ron a detailed discussion or schedule A requirements, please refer to the instruction booklet.	that of your sp DC), or jointy held I column on the far	If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	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.	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.	al and other real property held for it, provide a complete address or n, e.g., "rental property," and a city and	ror battle and other cash accounts, fotal 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.	in the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	"uneamed" income during the year.	exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of	Identify (a) each asset held for investment or production of income and with a fair market value	Assets and/or Income Sources	BLOCK A	SCHEDOLE A - ASSETS &
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SCHEDULE C - EARNED INCOME

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 LINITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you arter you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. 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.

	•	Am	Amount
Source (include date of receipt for notionalia)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Salary Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Ļ	Spouse Salary	N/A	N/A
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SCHEDULE D - LIABILITIES

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reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	t owed during the reporting
y real property including mortgages on their personal residence. Exclude : Any mortgage on your personal residence old furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	ou are personally liable); and

Report liabilities of over \$10,000 owed to any one creditor at any time during the period. New Members: Members are required to report all liabilities secured by exceeded \$10,000. 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 (unless you rent it out or are a Member); loans secured by automobiles, househo *Column K is for liabilities held solely by your spouse or dependent child

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					SP. DC, JT		
				Example			
				First Bank of Wilmington, DE	Creditor		
				5/16	Date Liability Incurred MO/YR	_	
		- Trivial		Mortgage on Rental Property, Dover, DE	Type of Liability		
			,		\$10,001- \$15,000	>	
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					Over \$1,000,000* (Spouse/DC Liability)	*	

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.

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			Position	period and the current calendar year. First-year candidates
			Name of Organization	period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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LE F - AGREEMENTS		
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te, 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.	spect to: future employment; a leave of absence during the period o	ท์ government service;
r 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	or continuing participation in an employee welfare or benefit plan ma	aintained by a former

OCHEDOLE F - AGREEMENTO	Name:	Pageof
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.	spect to: future employment; a leave of absence during the period or continuing participation in an employee welfare or benefit plan m	of government service; maintained by a former

Date **Parties to Agreement** Terms of Agreement

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.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

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