STATUS	FILER	Name:	UNITED STA	
New Officer or Employee S Employing Office: S	New Member of or Candidate for State: CA U.S. House of Representatives District: 52 Candidates – Date of Election: Nov. 2008	OMAR QUDEAT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	
Staff Filer Type (If Applicable): Shared Principal Assistant toto	Check if Amendment	Daytime Telephone:	FORM B For New Members, Candidates, and New Employees	
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	(Office Use Only)	U.S. HOUSE OF THE STATIVES	Page 1 of LEGISLATIVE RESOURCE CENTER	DELIVERED

Employing Office:	Shared Principal Assistant	Period Covered: January 1,to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
RELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	<u>∷H</u> OF THESE QUES	STIONS	
 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 unearned income from any reportable asset during the reporting period? 	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	the reporting n the date of filing? Yes No No
2. Did you or your spouse have "earned" income (e.g., salaries, nonoraria, or pension/IRA distributions) of \$200 or more during the eporting period?	Yes 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?	rangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable iability (more than \$10,000) at any point during the reporting period?	Yes No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	5,000 from a Yes No lears?
ATTACH THE C	ATTACH THE CORRESPONDING SCHEDULE IF YOU AN INCLUDES ONLY THE SCHEDULES THAT YOU ARE RE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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?	Yes No L
EXEMPTION – Have you excluded from this report any other assets, "unearned" 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.	Yes No E

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: OMAR QUDART

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Charles of the State of the Control	scanna account interes		America	segretary washings	ABC Hedge Fund X	Examples: Simon & Schuster	C, Mega Corp Stock	(P)	or a detailed discussion of Schedule A requirements, lease refer to the instruction booklet.	you so choose, you may indicate that an asset or nonne source is that of your spouse (SP) or ependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	you have a privately-traded fund that is an Excepted westment Fund, please check the "EIF" box.	xclude: Your personal residence, including second ornes and vacation homes (unless there was rental toome during the reporting period); and any financial toerest in, or income derived from, a federal strement program, including the Thrift Savings Plan.	or an ownership interest in a privately-held business nat is not publicly traded, state the name of the usiness, the nature of its activities, and its eographic location in Block A.	or rental and other real property held for investment, rovide a complete address or description, e.g., rental property,* and a city and state.	or pank and omer cash accounts, total the amount in the interest-bearing accounts. If the total is over 5,000, list every financial institution where there is we than \$1,000 in interest-bearing accounts.	or all mass and other retirement plans (sour assort(s) provide the value for each asset held in the account that exceeds the reporting thresholds.	rovide complete names of stocks and mutual funds to not use only ticker symbols).	lentify (a) each asset held for investment or roduction of income and with a fair market value xceeding \$1,000 at the end of the reporting period, nd (b) any other reportable asset or source of income hich generated more than \$200 in "unearned" come during the year.	Assets and/or Income Sources	BLOCK A	
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	_				Partnership Income	Royalties			Other Typ	oe of Income (S	pecify: e.	g., Partnership Inco	me or Farm Inco	ome)			ю іпсотне	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			
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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & "UNEARNED INCOME"	
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SCHEDULE C - EARNED INCOME

Name:
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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.

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

professional services involving a nationary relationship) are totally profittined for members and service statis	Stati.		
	•	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
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Spouse Speech	\$20,000	\$76,000 \$1,000
Ontario County Board of Education	Spouse Salary	N/A	NA
U.S. Department of Defense	males	\$30,557.15	\$ 126,958.80
		\ \ \ \	
Jos, Army becalle	5alany -	\$ 10+0.52	\$ 5 799, 75
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SCHEDULE D - LIABILITIES

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. New Members: Members are required to report all liability Report liabilities of over \$10,000 owed to any one creditor at any ti (unless you rent it out or are a Member); loans secured by automo

levere bank 10 12/12 Frederal somment toland common	Example First	SP, DC, JT		
US Bank Homes Revere bank Frderal Gove				
eral bour	First			
mont the	First Bank of Wilmington, DE	Creditor		
(2) 12) 12 12 (2) 12 14 (2) 12 25 (2) 12	5/98	Date Liability Incurred MO/YR		
mortgage student loans	Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

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. 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

Prosee utor	U.S.Department of Defense
Captan	U.S. Army Reserve

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ULE F - AGREEMENTS	Name: OMAR QUDRAT	Page of
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;	spect to: future employment; a leave of absence during the period of	f government service;
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	or continuing narticination in an employee welfare or benefit plan ma	hintained by a former

Identify the da continuation o employer.	ate, parties to, and general terms of any agreement or arrangement that you had or deferral of payments by a former or current employer other than the U.S. government. Parties to Agreement	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
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.

government and any information considered comidential as a result of a	government and any minimation considered confidential as a result of a privileged relationship recognized by law. Do not repeat information instead on scriedure c.
Source (Name and City/State)	Brief Description of Duties
Exemple: Doe Jones & Smith, Hometown, Homestate	Accounting Services