	79877MAN ILLEMELE
UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	Page 1 of C
Name: Donglas Wright Daytime Telephone:	U.S. House of Refridebanding
New Member of or Candidate for State: X U.S. House of Representatives District: Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 12, 144 Candidates - Date of Election: Private Character Lay 14, 144 Candidates - Date of Election: Private Character Lay 14, 144 Candidates - Date of Election: Private Character Lay 14, 144 Candidates - Date of Election: Private Character Lay 14, 144 Candidates - Date of Election: Private Character Lay 14, 144 Candidates - Date of Election: Private Character Lay 14, 144 Candidates - Date of Election: Private Character Lay 14, 144 Candidates - Date of Election: Private Character Lay 14, 144 Candidates - Date of Election: Private Character Lay 14, 144 Candidates - Date of Election: Private Character Lay 14, 144 Candidates - Date of Election: Private Character Lay 14, 144 Candidates - Date of Election: Private Character Lay 14, 144 Candidates - Date of Election: Private Character Lay 14, 144 Candidates - Date of Election: Private Character Lay 14, 144 Candidates - Date of Election: Private Character	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> 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 any reportable asset during the reporting period? b. Receive more than \$200 in unsamed income from any reportable asset during the reporting period? Yes K. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes Section 1. Did you hold any reportable positions during the reporting period?	ng the reporting Yes No X
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? 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?	arrangement with an Yes No X
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 I No Single source in the current year and two prior years?	n \$5,000 from a Yes X No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THES	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?	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 child because they meet all three tests for exemption? Do not enswer "yes" unless you have first consulted with the Committee on Ethice.	et all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 2 of 6

Name: Doylas Wright

BLOCK A	BLOCK B	BLOCKC	a socia	
A		1		
Assets and/or income sources	Value of Asset	Type of Income	Amount of Income	
identify (a) each asset held for investment or	Indicate value of asset at close of the rep	Check all columns that apply. For	or sesses for which you checked "Tex-Deferred" or Block C. you may	check the Mone column For all other
produced to moone and with a lost manual value exceeding \$1,000 at the end of the reporting period.	Line a vakuation memind other than this manual value, please appecify the method used.	Fet generals ter-directed income (such as 401(k), IRA, or 529 accounts), you may chack	If income by checking the appropriate	box below. Dividends, intersel, and
and (b) any other reportable seset or sounce of Income which generated more than \$200 in "uneamed"		the TacDeferred column. Dividends.	res cemed or generated.	
income during the year.	Tene.	reinverted, must be disclosed as income. for sessis held in trustile accounts. Chart	Column XII is for assets held by your spouse or dependent child in which you have no interest	which you have no interest.
Provide complete names of stocks and mutual funds (do not use only licker symbols).	"Column M is for essets hald by your spouse or dependen child in which you have no interest.	at generated no i		
For all IRAs and other retrement plans (such as				
the account that acceeds the reporting thresholds.				
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the 1658 is over 25,000 for each favority bear after them the	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		8 8 7 XX XX XX XX	N V W W W K X X
move then \$1,000 in interest bearing accounts.				
For rental and other real property held for investment, provide a complete address or description, e.g.,				
Territor property, and a tay and state.		fac		
For an ownership interest in a privately-hald business that is not exhibit traded water the period of the	V 4	MHoou		
business, the nature of its activities, and its prographic location in Block A.				
Evaluate: Your concoral residence including second		0 84		
homes and vacation homes (unless there was naria	Photograph of the control of the con			
income curing the reporting period, and any Marcha Interest in, or frooms derived from a federal interest contains including the Table Stations Disa				
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Excepted Investment Fund, please check the TERF box.			20 1000 1	00,000
T you so choose, you may indicate that an essential	900		0	_
income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT).	000 00 000 000 000 000 000 000 000 000	CSI	000 000 000 000 000 000 000 000 000	000 000 000
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For a detailed decussion of Schabule A requiements, please refer to the instruction booklet.	415.15.00.12 100.12 100.02 100.03	NONE DIVIDED TAXON	### ##################################	1-100,12 1-100,81 1-100,81 1-100,01 100,001,1 128,144(

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Douglan Wight

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Name: Douglas Write 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) locating \$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.

The 2017 limit on outside INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House paymil. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

I limit on outside earned income for aria, director's fees, and payments for	Amount	Preceding Year	0098	\$76,000	31,000 WA	000 051 ¢	\$ 35,000						
ou are on House payroli. The 201 ain types of Income (notably honora	An	Current Year to Filing	98	000 023	OK NA	\$62,000	4 26,000						
moone may apply to you after yo limit is \$28,050. In addition, cert x staff.	þ	ed (Honoratum	Selecy	Spouse Spiery	SHAM	Salanz	,					
INCOME. LIMITS and PYCHIBITED INCOME: Be somed that the income imit and prohibited income may apply to you after you are on House payroll. 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 fluctionship) are totally prohibited for Members and senior staff.		source (include date of receipt for nonorana)	ABC Tinde Amodalion, Betimone, MD Club. 15)	Examples: Sale of Markerd	Ortano County Board of Education	DEATH Office I manne (Down)	(Ross Roads Courseling (Karel)						

SCHEDULE D - LIABILITIES

Page of C

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. Excludie: Any mortgage on your personal residence (unless you are secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and sabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the betance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

CASAF Crast CARD	BBAT Commercial Long	Example First Bank of Wilmington, DE	SE, T Creditor			Comment of the Commen
1/2017	8/10	<i>Q //2</i>	Liability Incurred MO/YR			ower by you alv
Credit Chrol Paramol		Mortgage on Rental Property, Dover, DE	Type of Liability			iomical rate every by your aposes or department date.
×			\$10,001- \$15,000	>		
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			Over \$50,000,000			
			Over \$1,000,000* (Spouse/DC Liability)	*		

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 insultation other than the United States. Exclude: Positions held in any religious, social fraternal, or

	,	N/k	Position,
			on , Name of Organization

SCHEDULE F - AGR

		Date	Identify the date, particontinuation or defendemployer.	SCHEDULE F
	NA	Parties to Agreement	Identify the date, perties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a lea continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing perticipation in an employer.	SCHEDULE F AGREEMENTS
		Terms of 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.	Name: DouglAS Wright Page 6 or 6

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 type 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	
302	SEE schedule 'C'		
	and the state of t		