UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of 🔀
	For New Members, Candidates, and New Employees	TEGISTATIVE SESSION OF SEVER
Name: ブニッカッカッカッカー Daytime Telephone:	phone:	2017 KAY 19 PM 1: 43
where of or Candidata for		CONTRACTOR SERVICES TO SOLUTION OF THE PROPERTY OF THE PROPERT
FILER New Member Di or Candidate for State: V C Candidates – Date of Election: V DV 18	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, 2016 to 120, 20, 2017	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	ESTIONS	
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. Make more than \$200 in unearmed income from any reportable asset during the reporting period?	Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting period Yes X 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?	F. Do 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
D. Did you, your spouse, or your dependent child have any reportable No No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	s? No Single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO (S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ON - ANSWER <u>BOTH</u> OF THES	E 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?	nother "excepted trusts" need not be disclosed. H	lave you excluded from Yes 🔲 No 💢
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	of a spouse or dependent child because they meet all three tests for	t all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Page 2

		N S Q C	TIAA	ABC Hedge Fund X	Ехатрів:	SP, EIF DC. Mega Corp Stock EIF	\$1-\$1,000	For hank and other cash accounts total the amount in A B C D	nds as	(a) each asset held for investment or on of income and with a fair market value by \$1,000 at the end of the reporting period, any other reportable asset or source of	Assets and/or income Sources	BLOCK A
			×	X		*	\$100,001-\$250,000 \$250,001-\$500,000 \$600,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000	m		of the reporting period. If er than fair market value, e reporting period and is	Value of Asset	ВLОСК В
	**	×	×	Partnership Income	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	<		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.	Type of Income	вьоскс
2 /		X	×	×	×	×	None	Current Year	*Column XII is for assets held by your spouse or dependent child in which you have no interest	For assets for which you checked "Tax-Deferred" in Block C, you other assets indicate the category of income by checking the apand capital gains, even if reinvested, must be disclosed accounts. Check "None" if no income was earned or generated.	Amount of Income	вгоск р
	7 / V		×	* X * * * * * * * * * * * * * * * * * *	X	**************************************	None	Preceding Year	ndent child in which you have no interest.	Block C, you may check the "None" column. For all king the appropriate box below. Dividends, interest, disclosed as income for assets held in taxable generated.	of Income	X D

Use additional sheets if more space is required.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

### SCHEDULE C - EARNED INCOME

Name: Timothy A.W; 1/2 Page 4 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.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. INCOME LINITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

				ACMC, William Mrs	Ridgeneter College, Willow, MN	Dougherty Forms, Remille, MN Solary	Hordwore Houle Express, William, My Salary	Minnesoto House of Representation Salary	Ontario County Board of Education	ABC Trade Association, Baltimore, MD (July 15)  Examples: State of Maryland Cod 2)		Source (include date of receipt for honoraria)
				Sporse Salary	Spouse Saloy	Salary	, Salary	Salary	Spouse Selary	Honorarium Salary	. JP4	Type
				5,260	12,625	<u></u>	3 400%	7875	N/A	\$0 \$20,000	Current Year to Filing	
			2000000	19,000	50, 500	1,650	Dr. 3,400	31,500	\$1,000 N/A	\$76,000	Preceding Year	Amount

#### **SCHEDULE D - LIABILITIES**

Name: Page 5

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

						SP. DC, JT
				$\rho_{c}$ :256	Example	
			mi	Pringbook pringly	First Bank of Wilmington, DE	Creditor
				<i>۲۱۱۶</i>	5/98	Date Liability Incurred MO/YR
				Car loon	Mortgage on Renial Property, Dover, DE	Type of Liability
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				X		\$15,001- \$50,000
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1 2 4	ee. Adja	4 , 4 ; 4 . 4 ;	, o ^ 4 , v ~ 4, ; v, £ * ; v, 2, v	4 5 4 3	X - X	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.

_	-	 _	_		_
			State Representative	Position	the current calendar year. First-year candidates and new el
			atasonaily to apato	Name of Organization	the current caternar year. First-year candidates and new employees report positions neigh in the current caternar year and two previous years.

#### S

		Date	Identify the date, partic	SCHEDULE F
		Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation is	SCHEDULE F – AGREEMENTS
		Terms of Agreement	e with respect to: future employment; a leave of absence during the period of government service; imment; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Name: Timothy A.M. Mer Page 6 of 8

# 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.

Sovery light and any imprination considered confidential as a resolution	Severiment and information commented as a result of a business of real particle of the severiment makes on conseque of
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

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#### CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

	The Honorable Karen L. Haas, Clerk	<u> </u>		t "									
	Office of the Clerk, U.S. House of Representatives	<u>်</u>	201	2									
	Legislative Resource Center	51.4 51.4	$\exists$	TORUMINE DE									
	135 Cannon House Office Building	- M	~										
	Washington, DC 20515-6601	23. ·	9	: J									
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ndicate Your Status: Select One)	Dear Madam Clerk:	E.	: : :	n .									
	This is to notify you that I have not yet raised (either through contributions of	or loans f	rom n	ıyself									
Over \$5,000 · Threshold Not	or others) or spent in excess of \$5,000 for my campaign for the U.S. House	of Repres	sentati	ves.									
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaign,	I must file	e a Fin	ancial									
	Disclosure Statement with the Clerk of the House of Representatives according to the deadlines												
	set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a cop	y of whi	ch has	been									
	provided to me by the Clerk.												
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	This is to notify you that under the laws of the state of			,									
Withdrawal	I withdrew my candidacy for the U.S. House of Representatives on			<u></u> ·									
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	from the race, you still must file a Financial Disclosure Statement with the Ho	use.j											
	Name (Please Print or Type): Timothy A. Willer	-											
	State: Minnesoto District:	07											
	Date: 11 May 17												
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(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601