FORM B FOR New Members, Candidates, and New Materials Daytime Telephone. A	Page 1 of)? LEGISLATIVE RESOURCE CENTER 17 OCT 10 AM 10: 47 U.S. HOUSE OF REPRESENTATIVES (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 in the current calendar year up through the date of filing? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	uring the reporting hrough the date of filing? Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No Sear up through the date of filing?	t or arrangement with an Yes X No
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 No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	than \$5,000 from a Yes 🔏 No 📗
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 OF THE	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?	d. Have you excluded Yes No 🔀
EXEMPTION Have you excluded from this report any other assets, "uneamed" 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.	meet all three tests for Yes No X

Name: Frank T DOMARIA

Page 2 of

Use additional sheets if more space is required.	Fate inational Page	Citizano Bons	Estava 68 Palaces	Entreprise Porchet		Examples:	SP, Mega Corp Stock EFF	For a detailed discussion of Schodule A requirements, please refer to the instruction bookfel.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or departed richel (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EiF" box,	income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	Exclude: Your personal residence, including second nomes and vacation homes (unless there was rental	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.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.	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.	>	For all RAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reportion thresholds.	frovide compete names of stocks and mutual funds "colu- (do not use only ticker symbols).			Assets and/or Income Sources	BLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Namo: Frank T. DeMartin
Page 7 of 17

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SCHEDULE C - EARNED INCOME

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	Page 9 of 12	

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.

	-	Am	Amount
source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Chairle County Expend of Engagneri	Spone sees A		
Trank Departing, P.C.	SALARAY	9,000	147,951
Goney's Inc	Spouse Sulary	34,938	40,531
TA Sales	Spouse BUSINES	0	248
Unear plopment	Spouse	0	66
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SCHEDULE D - LIABILITIES

Name: Forant T. DeMartini

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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.

Creditor Liability I Type of Liability Incurred MOYR Example First Bank of Wilmington, DE 5/88 Mortgage on Rental Property, Dover, DE Christy The Christy Tourness I PSG Street Loan Christy The Corporation ZOIS Conservator of Carlo Vintures Christy Mortgage 2009 Surregade of Carlo Vintures			Section 19 19 19 Investment 19 19 19 19 19 19 19 19 19 19 19 19 19	Siring Special	o copporation of the control of the			11		J≱Ì	Amount	Amount of Li	Amount of Liability	Amount of Liability	Amount of Liability	Amount of Liability
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, 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	Name of Organization
General Counsel	No Tunage Inc.
C80	Frank De Martini P.C.
Marke in Bunber	YELAS Real Estate Yeathers LLC
MANACINE Member	GA Gristmus LLC
7	

SCHEDULE F - AGREEMENTS

Name: Frank T. DeMartial

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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
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affilation 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 miorination considered confidential as a result of a privileged relationship recognized by law. Do not repeat into	privileged relationship recognized by law. Do not repeat information listed on schedule C.
Source (Name and City/State)	Brief Description of Duties
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Use additional sheets if more space is required.