UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For New Memb	FORM B For New Members, Candidates, and New Employees	TEGISTYLIAE NESONNOR CHALL.
Name: SAMULL (COUCH) Daytime Telephone		18 TAY 10 TH 1: 52
New Member of or Candidate for State: U.S. House of Representatives District: A  FILER Candidates Date of Election:	Check if Amendment	(Office Use Only)
STATUS  New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office:  Shared  Principal Assistant	Period Covered: January 1	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	STIONS	
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 unearned income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting 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 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
D. Did you, your spouse, or your dependent child have any reportable Yes Wo liability (more than \$10,000) at any point during the reporting period?	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
ATTACH THE CORRESPONDING SCHEDULE IF YO	CHEDULE IF YOU ANSWER "YES"	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	)N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	QUESTIONS
TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	other "excepted trusts" need not be disclosed. Have you excluded	lave you excluded 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	et all three tests for

# SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name:

Page.

오

that is not publicly traded, state the name of business, the nature of its activities, and geographic location in Block A. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, its every financial institution where there is For rental and other real property held for investment provide a complete address or description, e.g. For all IRAs and other retirement plans (si 401(k) plans) provide the value for each asset production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income exclude: Your personal residence, including secon tomes and vacation homes (unless there was rentered to the contract of the c For an ownership interest in a privately-held busin rental property," and a city and state more than \$1,000 in interest-bearing accounts the account that exceeds the reporting thresholds. Provide complete names of stocks and mutual funds (do not use only licker symbols). or a detailed discussion of Schedule A requirement lease refer to the instruction booklet tierest in, or income derived from, a federi etirement program, including the Thrift Savings Plan you so choose, you may Indicate that an asset come source is that of your spouse (SP) spendent child (DC), or jointly held with anyone (J you have a privately-traded fund that is an Excepte westment Fund, please check the "EIF" box. the optional column on the far left. Assets and/or Income Sources provent region CIK SIESEN Examples during the reporting period); and any financi tin, or income derived from, a feder (a) each asset more than \$200 SA STOCI ABC Hedge Fund Simon & Schuster Mega Corp Stock for investment t plans (such sach assethak in "unearned £ federa 띢 None \*Column M is for assets held by your spouse or dependen child in which you have no Interest. If an asset was sold during the reporting period and included only because it generated income, the value should Indicate value of esset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. ъ be None. \$1-\$1,000 æ \$1,001-\$15,000 C \$15,001-\$50-000 o × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 77 BLOCK B \$250,001-\$500,000 G X \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \_ \$5,000,001-\$25,000,000 ـ \$25,000,001-\$50,000,000 **×** Over \$50,000,000 Spouse/DC Asset over \$1,000,000\* Z Check all columns that apply. For account that generate tax-deferred income (such as NONE hite "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, during the reporting period. generate tax-deferred income (such as DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Parinersh Royallies Other Type of income (Specify: e.g., Partnership income or Farm Income) capital gains, even if reinvested, must be disclos Check "None" if no income was earned or generated. For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. None 'Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 × \$201-\$1,000 **=** \$1,001-\$2,500 ₹ \$2,501-\$5,000 Current Year < × \$5,001-\$15,000 ≤ × ≦ \$15,001-\$50,000 \$50,001-\$100,000 ≦ \$100,001-\$1,000,000 ≂ \$1,000,001-\$5,000,000 Amount of Income Over \$5,000,000 × BLOCK D ¥ Spouse/DC Income over \$1,000,000\* None \$1-\$200 = × \$201-\$1,000 ≡ \$1,001-\$2,500 ₹ Preceding Year \$2,501-\$5,000 < ≤ × \$5,001-\$15,000 ≨ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 ≂ \$1,000,001-\$5,000,000 × Over \$5,000,000 × Spouse/DC Income over \$1,000,000\*

Use additional sheets if more space is required

SCHEDULE A - ASSETS	& "UNEARNED INCOME"			
		Name:		Pageof
BLOCK A	вгоск в	вгоск с	вгоск р	0
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	ncome
			Current Year	Preceding Year
				IX X XI IIIV IIV IV V V V X
	L DOO'			
	,000 0,000 50,000 00,000 ,000,000 55,000,000	INS BUND TRUST	00 00 000 0,000 0,000 0,000 0,000	00 00 000 000 0,000 0,000 0,000,000
	None \$1,51,000 \$1,001-\$15,000 \$1,001-\$15,000 \$15,001-\$50,001 \$50,001-\$100,0 \$250,001-\$250, \$500,001-\$1,00 \$1,000,001-\$5,00 \$5,000,001-\$25 \$25,000,001-\$25 \$25,000,001-\$25	NONE DIVIDENDS RENT INTEREST CAPITAL GAIN EXCEPTEDIBLI TAX-DEFERRE	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$50,001-\$10,00 \$100,001-\$1,00 \$1,000,001-\$0,00 \$50,000,001-\$0,00 \$50,000,001-\$0,00 \$50,000,001-\$0,00 \$50,000,001-\$0,00	\$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,00 \$100,001-\$1,00 \$1,000,001-\$5,00
SP. ASSET NAME GIF				
BENTAL DROPO	X			
MILECAND, NJ	Ļ			
20TAL	X			
VI NECKLID IT				
RENTAL	ス			
المراجعا م				
Strong.	X			
VI LECTON JUT				
IRA	X	×	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	-			

## SCHEDULE C - EARNED INCOME

Name:	
Pageof	

	Name:	Pageof
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	iployment by the U.S. government) totaling \$200 or more during the	le 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	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.	penefits 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.

							ABC Trade Association, Baltimore, MD (July 15)  State of Maryland	Comment of the second of the s	Source (include date of receipt for honoraria)
						Spouse Salary	Honorarium Salary	. y po	Type
						N/A	\$0 \$20,000	Current Year to Filing	3 4
						\$1,000 N/A	\$76,000	Preceding Year	Amount

#### SCHEDULE D - LIABILITIES

Name:	Pageof
porting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	ant owed during the reporting
sal property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence	nde on volli nersonal 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. period. New Members: Members are required to report all liabilities secured by re Report liabilities of over \$10,000 owed to any one creditor at any time during the rep

5		Ехатрю	SP, DC, JT			
First Bank of Wilmington, DE			Creditor			
5/98	5/98		Date Liability Incurred MO/YR			
Mortgage on Rental Property, Dover, DE	Mortgage on Rental Property, Dover, DE		Type of Liability			
			\$10,001- \$15,000	Α		
			\$15,001- \$50,000	80		
			\$50,001- \$100,000	c		
×	×		\$100,001- \$250,000	ם		
			\$250,001- \$500,000	FF3	moun	
			\$500,001- \$1,000,000	77	Amount of Liability	
			\$1,000,001- \$5,000,000	G	ability	
			\$5,000,001- \$25,000,000	±		
			\$25,000,001- \$50,000,000			
			Over \$50,000,000	-		
	ł		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.

VICE PRESIDENT JULIEY SOCUTION		OWNER BELVEDERE PROPE	PALTHER PARCE PAR RATHE	Position
JCUTI ON S	TMUSIO	PROPERTES	$\mathcal{O}$	Name of Organization

### SCHEDULE F - AGREEMENTS

a dition even that the manual		
remark that you have with remark to: future employment is love of change during the posted of comment and income	Name:	
	Pageof	

Terms of Agreement	Date Parties to Agreement	·
ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former	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 in employer.	lde cor em
		]
· 43°		

# 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