MAY 15 2018

LEGICLATIVE PERCUROR COVERS

2016 MAY 25 PM 12: 33

U.S. I. JUE OF REPRESENDATIVES

	STATES HOUSE OF REPRESENTATIVES L DISCLOSURE STATEMENT	For New Members, Ca	FORM B ndidates, an	nd New Employees		Page 1 of <u>8</u>					
Name:_	Richard S. Rosell	Daytime Telephone	):		11/						
FILER	New Member of or Candidate for U.S. House of Representatives Candidates – Date of Election:    15			Check if Amendment	(Office	use Only)					
STATUS	New Officer or Employee Employing Office:		Period Covern to May	ed: January 1, 2016		be assessed against any nore than 30 days late.					
a. Own any end of the Make mo asset dure.  C. Did you or honoraria, or preporting period.  D. Did you, you	reportable asset that was worth more than \$1,000 at the reportable asset that was worth more than \$1,000 at the reporting period? grame than \$200 in unearmed income from any reportable ring the reporting period?  Your spouse have "earmed" income (e.g., salaries, pension/IRA distributions) of \$200 or more during the od?  Our spouse, or your dependent child have any reportable than \$10,000) at any point during the reporting period?	No S F. D Sn c cale	the current cal id you have any utside entity du ndar year up th	reportable positions duri- endar year up through the y reportable agreements uring the reporting period prough the date of filing? compensation of more that year and two prior year	e date of filing?  or arrangements with or in the current  an \$5,000 from a single	Yes No X					
!	ATTACH THE CORI THIS FORM INCLUDES ONLY	RESPONDING SCHEI THE SCHEDULES TH									
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS											
	etails regarding "Qualified Blind Trusts" approved by the Committee ails of such a trust that benefits you, your spouse, or your depende		cepted trusts*	need not be disclosed. H	lave you excluded from	Yes No X					
	<ul> <li>Have you excluded from this report any other assets, "unearned" option? Do not answer "yes" unless you have first consulted with the</li> </ul>		es of a spouse	or dependent child beca	use they meet all three	Yes No X					

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

	<u> </u>	
Name: Richard	Love	Page 2 of 8

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BLOCK A						BL	ОСК	В					l				BLOC	CK C													BL	OCK	D										- [
Assets and/or Income Sources	ĺ						of i												ome		Í										unt				-								1
identity (a) each seet hald for investment or production of incomes and with a fair market value acceeding \$1,000 at the end of the reporting period and (b) any other responsible seast or source or income which generated more than \$200 in tweemed income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbole). For all RPAs and other retirement plans (such as \$01(k) plans) provide the value for each seast heid in	indication	n es uded uid biu iumn	oni: Ni Mile	was y be one."	cern	dium e it be he	ng th gent	your	portir d ind	ng sa some	eriod the	veiu veiu	1120	horasi hovas r sta	ted,	nd i must held e" if	be the	disci	peine, osed	eritor arabor arabor	ome	or B Wher and scoo Colu	aseis assei ospiti unts mri Xi	for was indicated and control of the	hich teate the t	You di he co rven ne" fi ets he	heck stage if re he in	ed "T ry of I investi comi your	ex-D incor sted, wes	Me by Ma B earn	red" in y che et br ned e r dep	n Blackin e di or ge cend	ock ing the epio eneral ent c	C, you apply sent ted.	propr as i	ny ch lete i ncor	neck box to ne fr	the 1	None Dh sets o inte	i' cok riden heis rest.	erren edea, le de la de	For Merc Naxa	\$ £ 1
he account that exceeds the reporting thresholds.			_		_	Ē				ï	Д.	Τ.	Т	T	1	7	Τ	Т	Τ	Γ	П				Cur	TON	ŧ Ye	at.		_		Τ				Pre	ced	ing	Yes				]
For bank and other cash accounts, total the amount in all florest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	^	В	С	D	E	F	8	H	'	1	K	•										1		N	٧	W	*	~	x 3	x is	Q X			'	*		У	W	VIII	ťΧ	×	20	×
For rental and other real property held for investment, provide a complete address or description, e.g., rental property,* and a city and state.													١							1	ĺ											l											
For an conseputely interest in a privately-held business that is not publicly traded, atale the name of the pusiness, the nature of its activities, and its peographic location in Block A.													l																														
Exclude: Your personal relidence, including second horrow and vacation homes (unless there was resist income during the reporting period); and any fitancial interest in, or income derived from, a federal referement program, including the Thefit Sevings Plan.																															,												
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	1											900						١,		1		١									8		1										Over \$1,000,000
If you so choose, you may indicate that an asset o income source is that of your spouse (SP) or dependent child (DC), or jointly held with enyone (JT) in the optional column on the far left.	•	8	\$1,001-\$15,000	615,001-480-000	\$50,001-\$100,000	\$100,001-4250,000	000'009-100'0578	\$300,001-\$1,606,000	\$1,000,001-45,069,890	\$5,000,001-\$25,000,000	525,000,001-466,000,000	Court peopleto, Johnson		Ę		1	CAPTAL GARG	CATION COMP.	TAX-DETERMED		Carrer i you ou instanti		1,046	\$1,001-62,500	000,001-100,000	\$6,001-\$15,000	1-950,000	\$50,001-\$100,000	Section 4 through	17 JULY 101 - 40,000,000	Over 10,000,000	MAC SHARING CARL		1	\$4.001.62 PM	ES 104.44 MIT	\$5.001-616.000	\$15,001-\$50,000	\$60,001-\$100,000	6100,001-61,000,000	81,000,001-46,500,000	Over \$5,006,000	ADC Income over
For a detailed discussion of Schedule / requirements, please refer to the instruction booklet.	ş	\$1-\$1,000	\$1,001	\$15,00	\$50,00	\$100,0	000023	)0'00S\$	\$1,000	95,000	28.00	Service Control	9	DAMPONE	P. B.	MERSE	95		3	1	5	ş.	\$1-\$200 ener, 44 res	10013	12 ESH	100798	\$15.00		Tank	100		o do		Mary of the	4 00.4	Š	9	\$15.00	96 198	6,007	\$1,000	S S	Spoul
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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:	 	 Page_3 of	8

RLOCK A Assets and/or income Sources  Value of Asset  Type of Income  Current Year  Preceding Year  A B C D D D D D D D D D D D D D D D D D D																																											
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### SCHEDULE C - EARNED INCOME

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Halling: Close	<del>2000</del> <del>   </del>	~ (	<u> </u>

List the source, typs, and amount of serned 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 payroli. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honorarie, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source /include date of receipt for honorogia			Amo	unt
;	Source (Include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
Examples:	ABC Trede Association, Bellimore, MD (Auly 15) State of Maryland Civil Wer Roundtable (Oct. 2) Ontario County Board of Education	Honorarken Salary Spouse Speech Spouse Salary	\$0 \$20,000 \$0 N/A	\$500 \$76,000 \$1,000 N/A
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## SCHEDULE D - LIABILITIES

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Name:			en	Page	of

Report liabilities of over \$10,000 owed to any one creditor at any time 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 k 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 liabile); 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.

							A	moun	t of Li	ability				
SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	٨	В	c	0	E	F ∴8	9. 8	01- 000	001- 000	r \$50,009,000	r \$1,000,000* buse/DC Lisbility)
	Exemple First Bank of Wilmington, DE	5/96	Mortgage on Famile Property, Dover, DE	\$10,001-	\$15,001- \$50,000	\$100,000	x \$280,001-	\$250,001-	\$600,001-	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001-	Over \$50	Over \$1, (Spouse
	Cot Bank	2008	Chilent Loop		X									
	Sollie Mae	2008	Student Loan	1	X									
ST	Coto Bank	2003	Student Loan	×										
	Charl Bank	2014	Mortgage						X					
	BMO Hanis Book	20K	Equity Line			X		}						

### **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

Position	Name of Organization
NONE	

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Name: Kickey	Kovell	Page 6 of 8

Date	Parties to Agreement	Terms of Agreement			
	NONE				

## 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				
	VONE					
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BMO Managed Asset Allocation Program - Aggressive Balanced Strategy |

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Date is of December 14, 1645

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BMO Managed Asset Allocation Program - Aggressive Balanced Strategy (

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