UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	FEIST VILVE BESSIEDE SENTER 1 of 7
Name: JAHNINU NALBANKIAN	تعمد Daytime Telephone	2019 SEP -5 PM 1: 18
New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election: 11/03/2	Check if Amendment	יוָכּ. װְסָּטֵּלֶּבֶּ כַּרְ מְבֵּיִצְּבֶּצְבֵּּצְבֵּּצְבֵּּצְבְּּצִּבְּצְבֵּצְבְּּצְבֵּצְבְּּצְבְּּצְבְּּצְבְּ (Office Use Only)
New Officer or Employee Employing Office:	Staff Filer Type (If Applicable): Shared Principal Assistant to Tube 36, 25, 19	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	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 b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No 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 reporting period?	No 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 K
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	s\$5,000 from a Yes No No
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE) COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE	INFORMATION - ANSWER BOTH OF THESI	QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics from this report details of such a trust that benefits you, your spouse, or dependent child?	and certain other "excepted trusts" need not be disclosed.	Have you excluded Yes No No
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 answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they meditee on Ethics.	st all three tests for Yes No No

SCHEDULE

A XOC	A - ASSETS &
BLOCK B	A - ASSETS & "UNEARNED INCOME"
BLOCK C	Name: JOHN
BLOCK D	NUNALBAUDIAN
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The Native	Amcapulle Tenn		UNION BANK	ABC Hedge Fund X	Examples: Simon & Schuster	SP, Mega Corp Stock	in the account that exceeds the reporting thresholds. For bank and other cash accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. 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. Exclude: Your personal residence, including second homes and vacation homes (unfees there was rental income during the reporting penol); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held to the population through the provide the provider through the provider thro	unearmed income during the year. Provide complete names of stocks and mutual funds (do not use only ficker symbols).	r investment or fair market value reporting period, set or source of than \$200 In	Assets and/or Income Sources	BLOCK A
	X	×	*	×	Indefinite	×	None \$1-\$1,000 \$1-\$15,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$1,000,001-\$50,000 \$1,000,001-\$50,000 \$25,000,001-\$50,000 \$5,000,001-\$50,000 \$5,000,001-\$50,000 \$5,000,001-\$50,000 \$5,000,001-\$50,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,00			Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should	Value of Asset	BLOCK B
	Swing	×		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)		taxable accounts. Check Yook if the asset generated no income during the reporting period.	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. Dividends, interest, and capital gains, even if reinvested, must be capital gains, even if reinvested, must be	Type of Income	вгоск с
	, X	X	×	×	×	×	None — \$1.\$200 = \$201-\$1,000 = \$1.001-\$2,500 \$2,501-\$5,000 <		*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 may check the "None" column, assets indicate the category of income by checking the appropriate box below. Dividends, in capital gains, even if reinvested, must be disclosed as income for assets held in taxable Check "None" if no income was earned or generated.	Amount of income	BLOCK D
	×			×	×		\$2,501-\$5,000		nich you have no interest.	heck the "None" column. For all other oox below. Dividends, interest, and or assets held in taxable accounts.		

Use additional sheets if more space is required.

NEARNED INCOME"
Name: JOHNNY NALBANDIAN
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Assets and or Income Sources **Tourness**
None
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1000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10
Second S
SECOND CONT 452,000,000
Second S
Second S
SS,000,001-\$22,000,000
SS,000,001-\$22,000,000
SESSION_001-\$30,000.000 X
Over \$50,000,000 F
SpouseDC Asset over \$1,000,000" ≥
NONE DIVIDENOS RENT NITTREST CAPITAL QAMS EXCEPTED/BUIND TRUST TAX-DEFERRED Chert Type of Income (Specify: e.g., Patherminip Income or Farm Income) Patherminip Income or Farm Income) Patherminip Income or Farm Income)
DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEDBLIND TRUST TAX.DEFERRED Characteristic income of Farm Income) Partnership income or Farm Incom
None
NITEREST CAPITAL GAMS
Cher Type of Income (Specify: e.g., Pathership Income or Farm Income)
Cher Type of Income (Specify: e.g., Pathership Income or Farm Income)
Cher Type of Income (Specify: e.g., Pathership Income or Farm Income)
Cher Type of Income (Specify: e.g., Partnership Income or Farm Income)
None
S1-5200
\$201-\$1,000
\$1,001-\$2,500 \$2,501-\$5,000 \$3,501-\$15,000 \$4,5001-\$100,000 \$5,5001-\$100,000 \$6,500,001-\$1,000,000 \$6,500,000,000 \$6,500,000 \$6,500,
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\$1,000,001-\$5,000,000 × Over \$5,000,000 ≥
\$1,000,001-\$5,000,000 × Over \$5,000,000 ×
Spouse/DC income over \$1,000,000*

SCHEDULE C - EARNED INCOME

Name JOHNNY NALBANNAN Page 4 of 7

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. INCOME LINITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. AMEKHYE FOODS (FROZEN) FOOD DISTRO, fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff Examples: Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education SECTAL SECRETALISA Salary Spouse Speech Type Current Year to Filing **Amount** Preceding Year \$1,000 \$500 \$76,000

SCHEDULE D - LIABILITIES

}	Name: JOHNNU
	NALBANDIAN
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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 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.

	•				SP. DC, JT						
				Example							
			φ	First Bank of Wilmington, DE	Creditor						
3				5/16	Date Liability Incurred MO/YR						
	- A-1		ф	Mortgage on Rental Property, Dover, DE	Type of Liability						
					\$10,001- \$15,000	¥					
		i			\$15,001- \$50,000	В					
					\$50,001- \$100,000	C					
				×	\$100,001- \$250,000	Ð	ļ				
					\$250,001- \$500,000	m	moun				
					\$500,001- \$1,000,000	'n	t of Li				
					\$1,000,001- \$5,000,000	ø	Amount of Liability				
					\$5,000,001- \$25,000,000	=					
					\$25,000,001- \$50,000,000						
					Over \$50,000,000	د					
					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.

period and the current calendar year. First-year candidates	period and the current calendar year. First-year candidates and new employees report positions fred in the current calendar year and the province years.
Position	Name of Organization
DWNER + SOLF PROPRETER	AMERIANE FOODS (FROZEN FOOD DISTRIBUTION)
	(
1.	

SCHEDULE F - AGREEMENTS

Name JOHNNY NALBAN	
DIAN Page 10 of 7	

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.	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
M/N	
CHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE)F \$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 curr customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fe government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat	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
NA	

(Optional)	FILER NOTES



							And a company of		NOTE NUMBER
						:			
							•	N/A	
									Z
						:			NOTES
		5.5							
	Add to story the			A A A A A A A A A A A A A A A A A A A					
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