AL DISCLOSURE STATEMENT  New Member of or Candidate for State: V1  Candidates - Date of Election: 09//8  Candidates - Date of Election: 09//8  For New Members, Candidates, and New Employees  Por New Members, Candidates, and New Employees  28  Check if Amendment	N 20 MT Page 1 of
New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office:  Shared  Principal Assistant  Period Covered: January 1, 30/6 Individual who files more than 30 days late.	assessed against any re than 30 days late.
PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	
<ul> <li>A. Did you, your spouse, or your dependent child:</li> <li>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?</li> <li>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</li> </ul>	NO V
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. 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?	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?  Ves V. Did you receive compensation of more than \$5,000 from a yes single source in the current year and two prior years?	No C
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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 Yes from this report details of such a trust that benefits you, your spouse, or dependent child?	es No 🚺
<b>EXEMPTION</b> – 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.	No J

## SCH

EDULE A – ASSETS & "UNEARNED INCOME"	Name:	Boyl Adson Pa	Pageof
	2000		
BLOCK A BLOCK B	BLOCK C	BLOCK D	
ets and/or Income Sources Value of Asset	Type of income	Amount of Income	
a) each asset held for investment or Indicate value of asset at close of the reporting period. If you Check all columns that apply. For accounts For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other of income and with a fair market value use a valuation method other than fair market value, please that generate tax-deferred income (such as assets indicate the category of income by checking the appropriate box below. Dividends, interest, and \$1,000 at the end of the reporting period, specify the method used.  401(k), IRA, or 529 accounts), you may check capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. The control of income was samed or generated.  Check "None" if no income was samed or generated.	te reporting period. If you Check all columns that apply. For accounts For assets for which you fair market value, please that generate tax-deferred income (such as assets indicate the catolical adv1(k), IRA, or 529 accounts), you may check capital gains, even if reporting period and is the "Tax-Deferred" column. Dividends, check "None" if no income the purpose the property of the capital gains, even if	units For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all othe he as assets indicate the category of income by checking the appropriate box below. Dividends, interest, and ineck capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts nds, Check "None" if no income was earned or generated.	neck the "None" column. For all other x below. Dividends, interest, and r assets held in taxable accounts.

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	Condo - Conolido	SHS ON VIVO SHS	ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.  SP, EFF	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.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second nomes and vacation homes (unless there was rental noome and vacation homes (unless there was rental noome during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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.	ro bark and other cash accounts, total the amount in 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.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting pending the promoted and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.	Assets and/or Income Sources	BLOCK A
	**	X	×	Indefinite	>	\$50,001 \$100,00 \$250,00 \$500,00 \$1,000, \$5,000, \$25,000 Over \$5	\$15,000 -\$50-000 -\$100,000 1-\$250,000 1-\$500,000 1-\$1,000,000 001-\$5,000,000 001-\$50,000,000 0,000,000								*Column M is for assets held by your spouse or dependent child in which you have no interest.		Value of Asset	вгоск в
			Parthership	Royaties	,	NONE  DIVIDE  RENT INTERE  CAPITA  EXCEP  TAX-DE				me or Farm Inco	ome)		<u> </u>		""""""""""""""""""""""""""""""""""""		Type of income	BLOCK C
X			× ×	×	3	\$201-\$1 \$1,001- \$2,501- \$5,001- \$15,001 \$100,00 \$1,000, Over \$5 Spouse None \$1-\$200 \$2,501- \$1,001- \$2,501- \$5,001- \$15,001 \$100,00	,000 \$2,500 \$5,000 \$5,000 \$515,000 \$515,000 \$510,000 \$1,41,000,000 01,45,000,000 DC Income over \$1  ,000 \$2,500 \$5,000 \$515,000 \$15,000 \$11,000,000 \$11,000,000 \$11,000,000 \$11,000,000 \$11,000,000 \$11,000,000 \$11,000,000	0,000,0	000				Current Year Preceding Year		8	ts For assets for which you checked "fax-Deferred" in Block C, you may check the "None" column. For all other is 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. Check "None" if no income was earned or generated.  Fig. Check "None" if no income was earned or generated.  Output: The "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

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SCHEDULE A -- ASSETS & "UNEARNED INCOME"

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### SCHEDULE C - EARNED INCOME

Name: Koyd Nelson Page\_\_\_of\_\_\_

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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. 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. EBYINOK Examples: DEAS - DOPT CR Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
Stale of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education それがよ FURTIE SALARY Honorarium Salary Spouse Speech Spouse Salary Type **Current Year to Filing** 40,000 \$20,000 \$0 N/A Amount 27,000 Preceding Year \$76,000 \$1,000 N/A

#### SCHEDULE D - LIABILITIES

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	Name: Boyd/Palson
	Pageof

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. 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 \*Column K is for liabilities held solely by your spouse or dependent child.

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		സഭപ	Example								
		wells fareo	First Bank of Wilmington, DE	Creditor							
		10/01	5/98	Liability Incurred MO/YR							
		mortster	Mortgage on Rental Property, Dover, DE	Type of Liability							
				\$10,001- \$15,000	>						
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				Over \$50,000,000	<u> </u>						
				Over \$1,000,000* (Spouse/DC Liability)	*						

#### SCHEDULE E - POSITIONS

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 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 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

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#### SCHEDULE F - AGREEMENTS

Name: Page 9

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

# 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
Ехатрів:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

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