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? <u>or</u>
b. Receive more than \$200 in unearned income from any reportable

¥ < < < > No

E. Did you hold any rep period or in the current

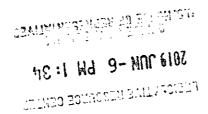
asset during the repean Provide

#E 000 /	nortable agreement or arrangement with an reporting period or in the current calendar Ye of filing?	ortable positions during the reporting Yes calendar year up through the date of filing?	
\	Yes		
	No	8	
	<		(X
			o

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? 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? THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" 11/03/2020 ž 0 <u>100</u> Š F. Did you have any repo outside entity during the I year up through the date single source in the current year and two priory page 2 J. Did you receive compe 3 No.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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 Yes No VI	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 No Y
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SCHEDUL

LE A - ASSETS	ILE A ASSETS & "UNEARNED INCOME"	Name: Joe Profit	ofit Page 2 of 8
		BI OCY O	2.044.0
BLOCK A	BLOCK B	вгоск с	BLOCK D
d/or income Sources	Value of Asset	Type of Income	Amount of income
asset heid for investment or ne and with a fair market value at the end of the reporting period, portable asset or source of in period more than \$200 in "unearmed" rear.	rivestment of indicate value of easet at close of the reporting period. If you market value use a valuation method other than fair market value, please conting period, specify the method used. It is difficult to the method used to the value and is included in "unearmed" only because it generated income, the value should be "None."	u Check all columns that apply. For accounts ethat generate tax-defenred income (such as 401(t), IRA, or 529 accounts), you may check the Tax-Defenred column. Dividends, thereast, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check	asset held for investment of Indicate value of asset at dose 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 oth me and with a fair market value use a valuation method other than fair market value, please that generate tax-deferred income (such at assets indicate the category of income by checking the appropriate box below. Dividends, Interest, at asset indicate the category of income by checking the appropriate box below. Dividends account the "Tax-Deferred" column. Dividends gains, even if relinvested, must be disclosed as income for assets held in taxable account the "Tax-Deferred" column. Dividends if no income was earned or generated. Those "Yours beautiful in which you have no interest for assets held by your spouse or dependent child in which you have no interest for assets held by your spouse or dependent child in which you have no interest for assets held by your spouse or dependent child in which you have no interest for assets held by your spouse or dependent child in which you have no interest for assets held by your spouse or dependent child in which you have no interest for assets held by your spouse or dependent child in which you have no interest for assets held by your spouse or dependent child in which you have no interest for assets held in taxable accounts. Check

ងន្តរុ	For by \$5,00 more For a \$5,00 more For a F	#01(k	Provid (do no	ldenti produ excee		٦
Елапрев	For bank and other cash accounts, 53,000, lest every financial mass, 53,000, lest every financial mass, 53,000, lest every financial mass, 53,000 in Interest-but 53,000 in Interest-but more than \$1,000 in Interest-but more than \$1,000 in Interest-but mass, the nature of its part financial mass, the nature of its geographic location in Block A. Exclude: Your personal reside financial mass, the nature of its geographic location in Block A. The mass of the personal reside financial mass, the nature of its geographic location in Block A. The mass of the personal residence in, or income deriversed financial financ) plens) provi count that so	ncome during the year. ncome during the year. Provide complete name (do not use only ticker a	dentify (a) each as production of income axceeding \$1,000 at to and (b) any other reportant (b) any other reportant (c) and (c) (c	Lasets an	
Maga Corp Stock Simon & Schueller ABC Hedge Fund X	For bank 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. 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 (including second homes and vacation homes (including seriod); and any financial income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including se Thirt Savings Plan. If you report a privately-traded fund that is an excepted investment Fund, please check the "Eifbox." If you so choose, you may indicate that an asset of 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.		o men 4200 in Orbaneo so of stocks and mutual funds lymbols).	asset held for investment or ne and with a fair market value of the end of the reporting period, bortable asset or source of income	Assets and/or income Sources	BLOCK A
Indiffrate	None > \$1.51,000	3	orky because it generated income, the value should b "None." "Column M is for assets held by your spouse or depender child in which you have no interest.	Indicate value of sessit 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.	Value of Asset	втоск в
×	\$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000	-	ncome, the value should by by your spouse or dependent rest.	of the reporting period. If you then fair market value, please reporting period and is included	Asset	X 8
×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST		reinvested, must be disclosed as income for assets held in taxable accounts. Choo "None" if the asset generated no income during the reporting period.	Check all columns that all that generate tex-defense 401(k), IRA, or 529 account the "Tax-Defensed" columns that the "Tax-Defensed" columns that the text of the t	Type of Income	вгоск с
Royathes Partnershy Income	TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None		income Check income		₹ 	
*	\$1-\$200 = \$201-\$1,000	C	Column XII is for a	For assets for which assets indicate the capital gains, even Check "None" if no		
×	\$2.501-\$5,000 < \$5,001-\$15,000	Current Year	ssets held by your	hyou checked "Tax category of incom n if reinvested, m income was earne		
	\$1,000,001-\$5,000,000 × Over \$5,000,000 × Spouse/DC Income over \$1,000,000* Mone		spouse or depend	 Deferred" in Block by checking the ust be disclosed or generated. 	Amount of Income	BLOCK D
×	\$1-\$200 = \$201-\$1,000	Pre	lent child in which y	k C, you may check appropriate box b as income for as	Income	0
*	\$5,001-\$15,000	Preceding Year	ımın XII is for assets held by your spouse or dependent child in which you have no interest	assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all oth its indicate the category of income by checking the appropriate box below. Dividends, interest, ar tal gains, even if reinvested, must be disclosed as income for assets held in taxable account ck "None" if no income was earned or generated.		
	\$1,000,001-\$5,000,000 × Over \$5,000,000 ×		~	i. For all oth Interest, as in account		

JT JT		78.8	> 0
Primerica Sprint	JT Century Link, Inc JT WalMart JT Under Armour, Inc. JT Snap, Inc	ASSET HAME	SCHEDULE A - ASSE
		q	
 <<	< < < <	\$1-\$1,000 to	ASSETS & "UNEARNED INCOME" BLOCK B Plock B Value of Asset
		\$15,001-\$50,000 D	V _e
		\$100,001-\$250,000 TO \$250,001-\$500,000 CO \$500,001-\$1,000,000 TO	RNEU INC
		\$1,000,001-\$5,000,000 — \$5,000,001-\$25,000,000 —	
		\$25,000,001-\$50,000,000 >> Over \$50,000,000 >>	
<	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Spouse/DC Asset over \$1,000,000" NONE DIVIDENDS	
<		RENT INTEREST	Type B _L
		CAPITAL GAINS EXCEPTED/BLIND TRUST	Name: Jo
	· .	TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
	1272	None	Profit
		\$1-\$200 == \$201-\$1,000 \(\frac{\pi}{2}\)	
		\$1,001-\$2,500 < \$2,501-\$5,000 <	
		\$2,501-\$5,000 < 2 3 3 4 4 5 5 5 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6	
		\$100,001-\$1,000,000 \(\text{\tilde{\text{\tilde{\text{\tilde{0}}}}}\) \$1,000,001-\$5,000,000 \(\tilde{\text{\tilde{\text{\tilde{0}}}}\) \(\text{\tilde{\text{\tilde{0}}}}\) \(\text{\tilde{\text{\tilde{0}}}}\)	a
	X	Over \$5,000,000 ≿ Spouse/DC income over \$1,000,000* ≧ None	BLOCK D Amount of Income
\		\$1.5200 == \$201.\$1,000 ==	Income
		\$1,001-\$2,500 < \$\bar{2}\$ \$2,501-\$5,000 < \$\bar{2}\$ \$5,001-\$15,000 \leq \$\bar{2}\$ \$15,001-\$50,000 \leq \$\bar{2}\$	Page 3
		\$15,001-\$50,000 § 6 \$50,001-\$100,000 §	9
		\$1,000,001-\$5,000,000 ×	8
		Over \$5,000,000 Spouse/DC Income over \$1,000,000°	

SCHEDULE C - EARNED INCOME

Name: Joe Profit Page 4 of 8

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 family 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

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. 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 2017 limit on outside earned income Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments

	ı	Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Cot. 2)	Spach Spach	\$20,000 \$0	\$76,000 \$1,000
Ontario County Board of Education	Spouse Salary	NA	N/A
Walmart	Spouse Salary	\$33,260	\$48,000
Transition Focus Group, LLC.	1099		\$7,456
Social Security	Socal Security	\$22,095	\$31,033
Stratelogic, Inc	1099	\$4,000	

SCHEDULE D - LIABILITIES

Name: Joe Profit Page 5 잋 Ь

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

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2			IBM C	IBM C	Example			
SCHEDING E BOSITIONS			IBM Credit Union	IBM Credit Union	First Bank of Wilmington, DE	Creditor		
			04/16	01/17	5/98	Date Liability Incurred MO/YR	!	
			Auto Loan	Credit Card	Mortgage on Rental Property, Dover, DE	Type of Liability		
						\$10,001- \$15,000	*	
						\$15,001- \$50,000	в	
						\$50,001- \$100,000	c	
					×	\$100,001- \$250,000	0	
						\$250,001- \$500,000	(F)	Amount of Liability
						\$500,001- \$1,000,000	711	t of Lia
			,			\$1,000,001- \$5,000,000	ရ	ability
	-					\$5,000,001-		
				<		\$25,000,000		
			<	<	-		- -	
			<	<	-	\$25,000,000 \$25,000,001-		

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

Position	Name of Organization
President	Multi-Media Communications Group
Chairman	Youth United for Prosperity Foundation
President	Transition Focus Group, LLC
Chief Strategic Officer	Stratelogica, Inc

SCHEDULE F - AGREEMENTS

Name: Joe Profit Page 6 잋 þo

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

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.

•	4	
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Homelown, Homestate	Accounting Services
Z	None	

FILER NOTES (Optional)

Name: Joe Profit

Page_7__ of 8_

							NOTE NUMBER	
						None		
							NOTES	

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Cheryl L. Johnson, Clerk Office of the Clerk, U.S. House of Representatives Legislative Resource Center B-81 Cannon House Office Building Washington, DC 20515-6601 Dear Madam Clerk: Indicate Your Status: This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives. ver \$5.000 Threshold Not Exceeded I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a

Withdrawal of Candidacy

(Select One)

This is to notify you that under the laws of the state of _ I withdrew my candidacy for the U.S. House of Representatives on _____

Note: If your Financial Disclosure Statement was due before the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type) District:

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

copy of which has been provided to me by the Clerk.