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UŅITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - 20 (4) For use by candidates and new employees	AUG 13 2019 1 or G	199 1 of (L
Name: )A&LENE SEN 6ER Daytime Telephone:	2013 7.11 7.11 7.11 7.11 7.11 7.11 7.11 7.	
	(Office Use Only)	
Filer Candidate for the State: TIMOUS Date of House of Representatives District: Election: III 4 2014 Amendment	A \$200 penalty shall be assessed	assessed
Status  New officer or  Employing Office:	more than 30 days late.	Wile likes
In all sections, please type or print clearly in blue or black lnk.		
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes Vo  No  If yes, complete and attach Schedule I.	efore the date r two years?	Š
<ul> <li>II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?</li> <li>Yes</li> <li>No</li> <li>If yes, complete and attach Schedule II.</li> </ul>	angement Yes	No No
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule III.	5,000 from <b>Yes</b>	No V
Each question in this part must be answered and the appropriate schedule attached for e	ule attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH O	EACH OF THESE QUESTIONS	S
<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	t be Yes	No V
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, 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.	pendent child Yes	No☑

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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

	Name
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more during the preceding calendar year. For a 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. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or

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#### ş ent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. DC, Examples: please refer to the instruction booklet. income source is that of your spouse (SP) or depend-If you so choose, you may indicate that an asset or the Thrift Savings Plan. ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income For a detailed discussion of Schedule II requirements, derived from, a federal retirement program, including homes and vacation homes (unless there was rental income during the reporting period); any deposits totalthat is not publicly traded, state the name of the busi-Exclude: Your personal residence, including second location in Block A. For an ownership interest in a privately-held business provide a complete address. For rental or other real property held for investment, provide only the name of the institution holding the in the account that exceeds the reporting thresholds citic investments), provide the value for each asset held (do not use ticker symbols). the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at ness, the nature of its activities, and its geographic account and its value at the end of the reporting period. For retirement accounts which are not self-directed, have the power, even if not exercised, to select the speplans) that are self-directed (i.e., plans in which you For **all IRAs** and other retirement plans (such as 401(k) Provide complete names of stocks and mutual funds more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated Identify (a) each asset held for investment or production CIFTN ANICO SCHWAS Asset and/or income Source FIFTH THIRD CASA PARIMENS BAUKERY SP Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY accounts **BLOCK A** 2F2 None > of reporting year. If you use a income, the value should be only because it generated reporting year and is included method used. market value, please specify the valuation method other than fair If an asset was sold during the Indicate value of asset at close "None." \$1 - \$1,000 Φ メ Indefinite \$1,001 - \$15,000 ດ \$15,001 - \$50,000 D Value of Asset ᄂ \$50,001 - \$100,000 m BLOCK B × \$100,001 - \$250,000 П \$250,001 - \$500,000 G \$500,001 - \$1,000,000 r \$1,000,001 - \$5,000,000 ٦ \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 Over \$50,000,000 r NONE if reinvested, must be disclosed deferred income (such as 401(k) the reporting period asset generated no income during as income. Check "None" if the plans or IRAs), you may check the "Tax-Deferred" column. **Dividends**, ments allow you to choose specific invest-Check all columns that apply. For interest, and capital gains, even retirement accounts that do DIVIDENDS RENT Type of Income or that generate INTEREST CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST TAX-DEFERRED Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None $\sim$ \$1 - \$200 = \$201 - \$1,000 ≘ Current Year \$1,001 - \$2,500 ₹ and capital gains, even if reinvested, must appropriate box below. Dividends, interest, the category of income by checking the income was earned or generated. be disclosed as income. Check "None" if no "None" column. For all other assets, indicate Deferred" in Block C, you may check the For assets $\times \times$ \$2,501 - \$5,000 < \$5,001 - \$15,000 XI VII VIII IX \$15,001 - \$50,000 \$50,001 - \$100,000 Amount of Income for which you checked "Tax-\$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × BLOCK D Over \$5,000,000 ≚ None $\overline{\omega_{\tau}}$ えい \$1 - \$200 = × \$201 - \$1,000 = Preceding Year \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 $\times$ < ≤ \$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

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name DARLONE SCNEEK

	 	DC JT, SP,	Con
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			Continuation Sheet (if needed)  BLOCK A  Asset and/or Income Source
		None   \$1 - \$1,000   \$1,001 - \$15,000   \$15,001 - \$50,000   \$50,001 - \$100,000   ™	e Valu
		\$100,001 - \$250,000 TI \$250,001 - \$500,000 D \$500,001 - \$1,000,000 T \$1,000,001 - \$5,000,000 - \$5,000,001 - \$25,000,000 C	BLOCK B
		\$25,000,001 – \$50,000,000 $\nearrow$ Over \$50,000,000 $\nearrow$ NONE DIVIDENDS	
		RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED	BLOCK C
		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
		None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 ₹	Name DARCONE
		\$5,001 - \$15,000 \(\leq\$\) \$15,001 - \$50,000 \(\leq\$\) \$50,001 - \$100,000 \(\leq\$\) \$100,001 - \$1,000,000 \(\text{X}\)	_
		\$1,000,001 - \$5,000,000   ×	BLOCK D  Amount of Income
		\$201 - \$1,000	me rage
		\$100,001 - \$1,000,000 \times \$1,000,000 \times \$ \$1,000,001 - \$5,000,000 \times \$ Over \$5,000,000 \times \$	

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#### SCHEDULE III — LIABILITIES

Name DARWENE SENGER

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. ling of you or your spouse. Report *revolving charge accounts (i.e., credit cards)* only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

			SP, DC, JT
		Example: First Bank of Wilmington, DE	Creditor
		May 1998	Date Liability Incurred mo/year
		Mortgage on 123 Main Street, Dover, DE	Type of Liability
			\$10,001— \$15,000
			\$15,001— \$50,000
			\$50,001— \$100,000
		×	\$100,001— D Am
	 		\$250,001— m \$500,000 m
	:		\$250,000 D \$250,000 F \$500,000 F \$1,000,000 G \$5,000,000 G
			40,000,000
-			\$5,000,001— <b>±</b>
			\$25,000,001—_ \$50,000,000
			Over \$50,000,000

#### SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary parties

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Position	Z	2	
Name of Organization			

### **SCHEDULE V — AGREEMENTS**

Name DALLENE SENGER

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Identify the date service; continu efit plan mainta	Identify the date, parties to, and general terms of any agreement or arrangement with service; continuation or deferral of payments by a former or current employer other the effit plan maintained by a former employer.	Identify the date, parties to, and general terms of any agreement or arrangement 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	Terms of Agreement
-	2	
-		

# SCHEDULE VI -- COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services

GPO: 2012

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